

Work Experience Employer Risk Assessment Form



Bord Oideachais & Oiliúna
LUIMNIGH & AN CHLÁIR
LIMERICK & CLARE
Education & Training Board

Instructions

Please complete the following form & tick the appropriate box.

Name of Employer:	_____
Address of Employer:	_____ _____
Telephone Number of Employer:	_____
Name of Student:	_____
Student Class (if applicable):	_____ Mobile No.: _____
Proposed days/dates/times of placement:	_____
Description/Nature of Work the student will be undertaking:	_____

- | | | |
|---|------------------------------|-----------------------------|
| 1. Does the student require a Safe Pass? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2. Does a student need a Garda Clearance Form? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3. Will the student be left unsupervised at any time while working? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 4. Will the student be given tasks involving lifting? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

If you stated yes, briefly explain what the students would be lifting:

- | | | |
|--|------------------------------|-----------------------------|
| 5. Will the student be operating any mechanical machinery? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 6. Will the student be working with or near hazardous chemicals? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

If you stated yes, briefly explain:

- | | | |
|---|------------------------------|-----------------------------|
| 7. Will the student need protective clothing and equipment/PPE? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
|---|------------------------------|-----------------------------|

If you stated yes, will you provide the protective clothing and equipment?

Yes <input type="checkbox"/>	No <input type="checkbox"/>
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- | | | |
|---|------------------------------|-----------------------------|
| 8. Will the student be working at a height? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
|---|------------------------------|-----------------------------|

If you stated yes, briefly explain:

- | | | |
|---|------------------------------|-----------------------------|
| 9. Will you familiarise students with building and emergency procedures in the workplace? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
|---|------------------------------|-----------------------------|

Name: _____

Signature: _____ Date: _____

*Thank you for completing this form & for giving the student an invaluable opportunity.
(In the event of an accident, please notify the school immediately)*