

**WORK-BASED LEARNING  
HAZARDOUS TRAINING AGREEMENT  
Canyons School District**



Student Name:	Student Number:
Employer:	Work Site Supervisor:

**RELATED COURSES**

1.	2.
3.	4.

**Date Medical Training Requirements Completed:** \_\_\_\_\_

**Tasks/Objectives:**

The student and work-site supervisor must identify the tasks or objectives the student will be working on during the work-based learning experience. Please list the major tasks on the table below. Also list equipment used and/or potential hazards, which require special precautions (medical procedures, lifting, heights, exposure to chemicals, etc). Include the date the student was trained on the safe use of equipment and/or on the company's safety plan in the last column.

Task/Objective	Equipment/Hazards	Special Precautions	Date of Safety Training
1.			
2.			
3.			
4.			
5.			
6.			

Work-Site Supervisor Signature \_\_\_\_\_ Date \_\_\_\_\_ Student Signature \_\_\_\_\_ Date \_\_\_\_\_

School Supervisor Signature \_\_\_\_\_ Date \_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Date of School Safety Training \_\_\_\_\_ (**Required** in addition to work-site safety training.)

*All districts in the Wasatch Front Consortium do not discriminate on the basis of disability, gender, race, color, national origin, or age in educational programs, activities, or access to facilities.*

