Bluewater District School Board

**File #**

Co-op Department Student Log Sheet

**Owen Sound District Secondary School**

Week

3

For the Week\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Due \_\_\_\_\_\_\_\_\_\_\_\_\_

Student

Placement Teacher Monitor

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  | TASKS AND ACTIVITIES |
| **Monday** |  |  |
|  |  |  |
| Start Time |  |  |
|  |  |  |
| End Time |  |  |
|  |  |  |
| Lunch |  |  |
|  |  |  |
| Hours |  |  |
|  |  |  |
|  |  |  |  |
| **Tuesday** |  |  |
|  |  |  |
| Start Time |  |  |
|  |  |  |
| End Time |  |  |
|  |  |  |
| Lunch |  |  |
|  |  |  |
| Hours |  |  |
|  |  |  |
|  |  |  |  |
| **Wednesday** |  |  |
|  |  |  |
| Start Time |  |  |
|  |  |  |
| End Time |  |  |
|  |  |  |
| Lunch |  |  |
|  |  |  |
| Hours |  |  |
|  |  |  |
|  |  |  |  |
| **Thursday** |  |  |
|  |  |  |
| Start Time |  |  |
|  |  |  |
| End Time |  |  |
|  |  |  |
| Lunch |  |  |
|  |  |  |
| Hours |  |  |
|  |  |  |
|  |  |  |  |
| **Friday** |  |  |
|  |  |  |
| Start Time |  |  |
|  |  |  |
| End Time |  |  |
|  |  |  |
| Lunch |  |  |
|  |  |  |
| Hours |  |  |
|  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  | Supervisor Comments: *Credits will not be awarded if this form is not completed, signed and returned on time***Supervisor Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **This Week**  |  |  |
| Total Hours |
|  |  |  |
| **Previous Log** |  |  |
|  Total Hours to Date |
|  |  |  |
| **Total Hours to Date** |  |  |
|  |  |  |

## **WEEK 3**

a. During my first week at work. I found out that my employer expects me to …….

|  |
| --- |
|  |

b. Where is the First Aid kit located at your workplace?

|  |
| --- |
|  |

c. Which employees are trained in First Aid?

|  |
| --- |
|  |

d. List any specific safety rules at your work place.

|  |
| --- |
|  |