

## **Employer Site Visit**

Employer Name:	Contact Personnel: (Name/Title)		
Site Address:	Contact Phone:		
Area: (Specific location/team/project)	Contact Email:		
Site visit conducted by:	Contact Personnel:		
(Service Provider name)	(Name/Title)		
Format of site visit:	Contact Phone:		
(in person / virtual)			
Date: (mm/dd/yyyy)	Contact Email:		

Service providers are expected to conduct at least one initial site visit per employer before any placement to confirm a suitable and safe work environment. Site visits prior to a placement is required in order to receive employer financial supports.

At minimum, the site visit must confirm the following policies are in place:

	Yes No Include last reviewed date		Comments
Workplace Health & Safety Policy			
Workplace Violence and Harassment Policy			
Accessibility for Ontarians with Disability			
Policy			
Pay Equity Plan			
Electronic Monitoring of Employees			
Disconnecting from Work			



Along with the employer eligibility criteria assessment, the service provider can inquire various other factors, policies, and practices including, code of conduct, privacy and confidentiality, use of social media, attendance, overtime, conflict resolution, onboarding training, supervision, access to lunch room; workspace etc.

list items below: Comments:					
Based on site visit, the Service Provider dec	ems the si	re to be:			
☐Safe and Suitable		☐Unsafe and Unsuitable			
Comment:		Comment:			
Service Provider Signature		Employe	r Signature	_	
Print Name, Title		Print Nar	 ne, Title	_	