

## Site Self-Assessment and Student Acknowledgment of Risks

This form is to be completed as soon as possible once a site has been selected for an experiential credit-bearing learning experience (internship, student teaching, clinical, practicum, service learning, field placement, etc...). This form is to be completed by a representative of the site and signed by both the student and the site representative. The University department's experiential learning coordinator will review, sign and maintain this document in the student's file.

Name of Site: \_\_\_\_\_ Telephone No: \_\_\_\_\_

Address: \_\_\_\_\_ Email Address: \_\_\_\_\_

Site Representative Name: \_\_\_\_\_ Title: \_\_\_\_\_

Site Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

The following check box items are an indication of the safety and security at the site. N/A means "Not Applicable". If any item is checked NO, please explain on a separate page.

Is the site environment considered an "office exposure" only site?	Yes	No	
Are emergency plans current?	Yes	No	
Are hazardous materials or hazardous chemical controlled?	Yes	No	N/A
Are all manufacturing tools and equipment guarded?	Yes	No	N/A
Will the student be provided with safety training prior to starting work?	Yes	No	N/A
Will the student wear personal protective equipment, if necessary?	Yes	No	N/A
Are working conditions and general environment safe?	Yes	No	
Is there adequate employee parking on site?	Yes	No	N/A
Are parking areas well lit as necessary?	Yes	No	N/A
Is the above site location the only place the student will work?	Yes	No	
Is management and supervisory oversight adequate?	Yes	No	
Is the site located in a crime-free area?	Yes	No	

If YES to the following, please explain on a separate page:

Will the student be required to drive as part of their responsibilities?	Yes	No
Will the student be required to perform heavy manual labor?	Yes	No
Will the student be interacting with potentially violent clients?	Yes	No

As the on-campus coordinator, I have evaluated and understand the potential health and safety risks associated with this experiential learning site. I have undertaken additional research and/or visited the site and I am able to articulate the identified risks to the student.

Department Coordinator Name: \_\_\_\_\_

Department Coordinator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I have read and understand the potential health and safety risks associated with this site. I have discussed these risks with the department Coordinator and accept this as presented.

Student Name: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_