



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: _____

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.

PART A

- | | |
|--|---|
| 1. Is the site environment considered an "office exposure" only site? | Yes ☐ No ☐ |
| 2. Are emergency plans current? | Yes ☐ No ☐ |
| 3. Are hazardous materials or hazardous chemical controlled? | Yes ☐ No ☐ N/A ☐ |
| 4. Are all manufacturing tools and equipment guarded? | Yes ☐ No ☐ N/A ☐ |
| 5. Will the student be provided with safety training prior to starting work? | Yes ☐ No ☐ N/A ☐ |
| 6. Will the student wear personal protective equipment, if necessary? | Yes ☐ No ☐ N/A ☐ |
| 7. Are working conditions and general environment safe? | Yes ☐ No ☐ |
| 8. Is there adequate employee parking on site? | Yes ☐ No ☐ N/A ☐ |
| 9. Are parking areas well lit as necessary? | Yes ☐ No ☐ N/A ☐ |
| 10. Is the above site location the only place the student will work? | Yes ☐ No ☐ |
| 11. Is management and supervisory oversight adequate? | Yes ☐ No ☐ |
| 12. Is the site located in a crime-free area? | Yes ☐ No ☐ |

PART B

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

- | | |
|---|--|
| 1. Will the student be required to drive as part of their responsibilities? | Yes ☐ No ☐ |
| 2. Will the student be required to perform heavy manual labor? | Yes ☐ No ☐ |
| 3. Will the student be interacting with potentially violent clients? | Yes ☐ No ☐ |

Site Representative Name: _____ Title: _____
Site Representative Signature: _____ Date: _____

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.

Faculty Co-op/Internship Department Coordinator Name: _____
Faculty Co-op/Internship 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: _____