

Fresno State Learning Site Risk Assessment

This form can be completed either by a representative of Fresno State or the Learning Site.

Information collected to complete this form should be obtained from a knowledgeable representative of the Learning Site who is familiar with the organization's safety policies & procedures and the potential learning activities that Fresno State students will be engaged in as part of their experiential learning activities (experiential learning includes service learning, internships, practicums and field experiences.)

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For assistance, please contact Fresno State Career Development Center @ 559.278.2381 or Fresno State Risk Management @ 559.278.7422.
Learning Site Name
Please list full Company name - Include dba's (doing business as) and abbreviations as needed California Health Collaborative
Learning Site Address Please include Street Address, City, State and Zip 1680 M. Show Ave. Species 61, 93711
1680 W Shaw Ave Fresno, CA 93711
Learning Site/Organizations Website www.healthcollaborative.org
Your Name Brandi Muro Title Senior Director of Programs
Email BMuro@healthcollaborative.org Phone (including area code) 559-244-4512
Are you the point of contact for the organization? \boxtimes Yes \square No If "no", what is the name, title, email and phone number of the point of contact for the organization?
Will you be supervising the intern at the internship site? $\ \square$ Yes $\ \square$ No If "no", what is the name, title, email and phone number of the person from the organization who will be supervising the intern.
Position Information
Internship Position Title RPPC Program Intern
What are the terms of the experiential learning activity (internship or service learning)?
□ Paid □ Unpaid (Students must enroll in an academic course to participate) □ Other
What education level are you looking to recruit? Undergraduate Students Graduate Students Graduate Students Constitution Constitu

Internship Supervision
Will the student(s) be supervised on a weekly basis at the learning worksite? \boxtimes Yes \square No
In the absence of the site supervisor, who will oversee the students? Please include Names, Titles, email addresses and phone numbers.
Client Interaction
Will students be working unsupervised with or have unsupervised access to any of the following vulnerable populations: (Please check all that apply)
☐ Minors ☐ Elderly ☐ Physical Disability ☐ Intellectual Disability ☐ Mental Illness
Will students be working with individuals who have a known criminal background or history of violent behavior? \square Yes \square No
Learning Site Information
Which of the following best describes where students will complete their experience? (Check all the apply)
☐ At a Single Site ☐ At One of Several Sites ☐ At a Single Site, but Doing Related Assignments Off Site ☐ At a Home-Based Business Site ☐ Virtual/Remote ☐ International Location
Please list the address(es) of the additional learning site location(s), if different than the address listed at the top of this form.
Would the location be described as a high-crime area, or are there unmitigated concerns about the parking or work areas being secure or adequately illuminated? \square Yes \square No
HR Policies
Does the learning site have established HR or other policies that will be shared with students regarding work site discrimination, sexual harassment, cell phone usage, internet usage or professional behavior expectations? \boxtimes Yes \square No
Will the internship involve driving on behalf of the learning site? Note: Does not include driving to and from assigned learning site(s). \square Yes \square No
If the intern will be driving on behalf of the location, please describe.
Is a confidentiality agreement required at the learning site? ☑ Yes ☐ No

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Is your organization following Federal, State, and Local (including but not limited to: School District, Health Department) guidelines, requirements and regulations related to COVID-19 to ensure the safety of your staff and program participants? \mathbf{X} Yes \mathbf{D} No
Does your organization provide appropriate training regarding COVID-19 as it relates to the student's educational activities? \boxtimes Yes \square No
Are there concerns with the site's physical location: such as physical, environmental, or inherent hazards that are not addressed adequately by training and security measures? Yes No
If there are concerns, please describe.
Have there been any incidents of criminal activity at the organization within the last year that could potentially impact the safety and security of student interns? \square Yes \square No
If there have been these types of incidents, please describe.
Does the internship require working with any hazardous materials, heavy equipment or heavy machinery, or power tools? ☐ Yes 図 No
If yes, please describe the materials, equipment, machinery or tools.
Where applicable, does the work site provide safety training for all equipment used and other safety procedures at the worksite? \boxtimes Yes \square No
Is Personal Protective Equipment (PPE) required in accordance with Cal/OSHA, CDC recommendations. ☑ Yes ☐ No
Personal Protective Equipment
Please list all PPE required/used. We are working from home right now. If we do go back to the office, masks would be required in common areas.
Will students receive training on PPE usage at the learning site? ☑ Yes ☐ No
Will the PPE be provided at the learning site? ☑ Yes ☐ No, but students are expected to bring their own PPE.

			Emergen	cy Plan	
	earning site ha y?⊠Yes □		plan/proce	dure in pla	ce to share with students in case of
	-	as to the internship e exits and hallwa			n or regarding non-working fire-rated
If there ar	e concerns, pl	ease describe.			
Please list students.	anything else	that has not been	covered th	at might in	npact the safety and well-being of the
Printed Na	ame <u>Brandi M</u>	uro		Signature	DocuSigned by: Brandi Muro
Date Com	pleted <u>8/19/2</u>	020			E022370291FA4CD
Reviewed Signature	DocuSigned by:	te University Inter	nship Coor		ewed <mark>8/19/2020</mark>
Comments This is	3C1FEBAB969E43		p. If it	transitio	ns to in-person, there are no
Review by	Fresno State	EHS/Risk Manager	or Designe	ee	
Signature				Date Revi	ewed 8/19/2020
C	7CDC29E8FBFB49	8			
Comment: Approved		uthority of the	Universit	y Risk Mar	nager, Lisa Kao.

Not Approved: \Box

Approved:

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