

## 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.)

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 busin	ess as) and abbreviations as needed
Learning Site Address Please include Street Address, City, State and Zip	
riease include street Address, City, State and Zip	
Learning Site/Organizations Website	
Your Name Title	F
Email Phone (in	ncluding area code)
Are you the point of contact for the organization? $\ \square$ Yes If "no", what is the name, title, email and phone number of t	
Will you be supervising the intern at the internship site?  If "no", what is the name, title, email and phone number of t supervising the intern.	
Position Inform	ation
Internship Position Title	
What are the terms of the experiential learning activity (into	ernship or service learning)?
☐ Paid ☐ Unpaid (Students must enroll in an acader ☐ Other	nic course to participate)
What education level are you looking to recruit? ☐ Underg	raduate 🗆 Graduate

internship Supervision	
Will the student(s) be supervised on a weekly basis at the learning worksite? $\square$ 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 Personal Residence ☐ 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? $\Box$ Yes $\Box$ 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? $\square$ Yes $\square$ No	

## **SAFETY**

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? $\square$ Yes $\square$ No
Does your organization provide appropriate training regarding COVID-19 as it relates to the student's educational activities? $\square$ 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? $\square$ Yes $\square$ 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? $\Box$ Yes $\Box$ 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? $\Box$ Yes $\Box$ 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? $\Box$ Yes $\Box$ No
Is Personal Protective Equipment (PPE) required in accordance with Cal/OSHA, CDC recommendations. $\square$ Yes $\square$ No
Personal Protective Equipment
Please list all PPE required/used.
Will students receive training on PPE usage at the learning site? ☐ Yes ☐ No
Will the PPE be provided at the learning site? $\Box$ Yes $\Box$ No, but students are expected to bring their own PPE.

## **Emergency Plan**

Does the learning site have an emergency emergency? ☐ Yes ☐ No	plan/procedure in place to share with students in case of
Are there any concerns as to the internshi doors or blockages to the exits and hallwa	ip site's emergency plan or regarding non-working fire-rated ays? $\square$ Yes $\square$ No
If there are concerns, please describe.	
Please list anything else that has not been students.	covered that might impact the safety and well-being of the
Drintad Nama	Signature
Printed Name	Signature
Date Completed	
Reviewed by Fresno State University Inte	rnship Coordinator
Signature	Date Reviewed
Comments:	
Review by Fresno State EHS/Risk Manage	r or Designee
Signature	Date Reviewed
Comments:	
Approved: □ Not	Approved: □