

Internship Site Self-Assessment and Student Acknowledgement of Risks

This form is to be completed as soon as possible once the student has selected an internship assignment. This form is to be completed by the Internship Site Representative and signed by both the Intern and the Internship site representative. The University department's Internship Coordinator will process, follow-up and maintain this document in the student's file

Internship Site: _____ Telephone No: _____
 Address: _____ Email Address: _____
 Internship Contact Name: _____ Title: _____
 Internship Contact Signature: _____

The following check box items are an indication of the safety and security at the Internship 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	N/A
Are emergency plans current?	Yes	No	N/A
Are hazardous materials or hazardous chemical controlled?	Yes	No	N/A
Are all manufacturing tools and equipment guarded?	Yes	No	N/A
Are interns provided with safety training prior to starting work?	Yes	No	N/A
Will intern wear personal protective equipment, if necessary?	Yes	No	N/A
Are working conditions and general environment safe?	Yes	No	N/A
Is there adequate employee parking on site?	Yes	No	N/A
Are parking areas well lit as necessary?	Yes	No	N/A
Is site accessible by public transportation?	Yes	No	N/A
Will interns be restricted from interacting with potentially violent clients?	Yes	No	N/A
Is management and supervisory oversight adequate?	Yes	No	N/A
Is the site located in a crime-free area?	Yes	No	N/A
Interns will not be required to drive as part of their responsibilities?	Yes	No	N/A
Interns will not be required to perform heavy manual labor?	Yes	No	N/A
Is the above site location the only place the intern will work?	Yes	No	N/A

I have evaluated and understand potential health and safety risks associated with this Internship Site. I have undertaken additional research and/or visited the site in response to any **no** answers from the Internship Site. I am able to articulate those risks to student who may choose to intern at this site.

Internship Coordinator's Name: _____

I have read and understand the potential health and safety risks associated with this Internship Site. I have discussed these risks with the department's Faculty Advisor or Internship Coordinator and accept this internship as presented.

Student Name: _____ Student ID No: _____

Address: _____ Telephone No: _____