

## Internship - Learning Site Risk Assessment

Organization Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Contact Email: \_\_\_\_\_

ASSESSMENT QUESTION	RUBRIC	RUBRIC	COMMENTS
Will the intern(s) be supervised at least 50% of the time?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Will the intern(s) be working with "behaviorally challenged" populations?	<input type="checkbox"/> NO	<input type="checkbox"/> YES	
Will the intern(s) be working unsupervised with minors?	<input type="checkbox"/> NO	<input type="checkbox"/> YES	
Will the intern(s) be working with individuals who have a known criminal background or history of violent behavior?	<input type="checkbox"/> NO	<input type="checkbox"/> YES	
Would the location be described as a high-crime area; and/or are there concerns about the security and illumination of the parking and work areas?	<input type="checkbox"/> NO	<input type="checkbox"/> YES	
Have there been any incidents of criminal activity at the organization within the past year?	<input type="checkbox"/> NO	<input type="checkbox"/> YES	
Does the placement require working with any hazardous materials, bodily fluids, heavy equipment, or heavy machinery?	<input type="checkbox"/> NO	<input type="checkbox"/> YES	
Are there any concerns regarding the organization's Emergency Plan, or regarding non-working fire rated doors/blockages to the exits and hallways?	<input type="checkbox"/> NO	<input type="checkbox"/> YES	
Will the internship site's emergency plan be made available to CSUSB upon request?	<input type="checkbox"/> YES	<input type="checkbox"/> YES	
In the event that additional, unforeseen risks become apparent, the organization must agree to promptly communicate all risk-related concerns to CSUSB. Accept?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	

***Contacts will be notified if a site visit is required.***

***For Office Use Only:***

Campus Review Signature: \_\_\_\_\_

Evaluation Date: \_\_\_\_\_

NOTES: \_\_\_\_\_