

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 Risk Management @ 559.278.7422.	e Career Development Center @ 559.278.2381 or Fresno State
Learning Site Name	
· · ·	a's (doing business as) and abbreviations as needed
Huron Elementary School	
Learning Site Address Please include Street Address, City, State a 36131 N Street, Huron, CA 93234	and Zip
Learning Site/Organizations Website hes	s.chusd.org
Your Name Ms. Phin-Rizo	Title Principal
Email sphin@chusd.org	Phone (including area code) 559-945-2236
Are you the point of contact for the organiz If "no", what is the name, title, email and ph	zation? ☑ Yes ☐ No none number of the point of contact for the organization?
Will you be supervising the intern at the int If "no", what is the name, title, email and ph supervising the intern.	ternship site? ☑ Yes ☐ No none number of the person from the organization who will be
	Position Information
Internship Position Title Student Volunte	er
NA/hot are the towns of the comparisontial local	ning activity /internation or comica learning)?
	ning activity (internship or service learning)? nroll in an academic course to participate)
What education level are you looking to rec	cruit? ☐ Undergraduate Students ☐ Graduate Students

Internship Supervision

Will the student(s) be supervised on a weekly basis at the learning worksite?

✓ Yes □ No

In the absence of the site supervisor, who will oversee the students?

Please include Names, Titles, email addresses and phone numbers.

Miss Norma Cruz, Vice Principal, ncruz@chusd.org

Mrs. Celia Cruz, Counselor, ccruz@chusd.org

		Client Interaction			
Will students be worki	ng with any of the f	ollowing vulnerable populations: (Please check all that apply			
Minors	Yes ☑ No □	Student will be supervised when working with this population. Yes $\ \ \ \ \ \ \ \ \ \ \ \ \ $			
Elderly	Yes □ No 🛭	Student will be supervised when working with this population. Yes \Box No \Box			
Physical Disability	Yes □ No 🛭	Student will be supervised when working with this population. Yes \Box No \Box			
Intellectual Disability	Yes □ No 🛚	Student will be supervised when working with this population. Yes \square No \square			
Mental Illness	Yes □ No 🛚	Student will be supervised when working with this population. Yes \Box No \Box			
Will students be working with individuals who have a known criminal background or history of violent behavior? ☐ Yes ☒ No					
	Lea	rning Site Information			
Which of the following best describes where students will complete their experience? (Check all the apply)					
•		es			
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? ☐ Yes ☒ No

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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? ☑ Yes ☐ No
Will the internship involve driving on behalf of the learning site? Note: Does not include driving to and from assigned learning site(s). ☐ Yes ☒ 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
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? ☑ Yes ☐ 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 X 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? 口 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? ☐ Yes ☒ 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.

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 st PPE.	cudents are expected to bring their own			
Emergency Plan				
Does the learning site have an emergency plan/procedure in place emergency? ☑ Yes ☐ No	e to share with students in case of			
Are there any concerns as to the internship site's emergency plan doors or blockages to the exits and hallways? ☑ Yes ☐ No	or regarding non-working fire-rated			
If there are concerns, please describe. n/a				
Please list anything else that has not been covered that might impact the safety and well-being of the students.				
Printed Name Ms. Phin-Rizo Signature Date Completed 9/29/2020	Docusigned by: Ms. Pluin Rigo 11DE11B9CB3D41A			
Date Completed				
Reviewed by Fresno State University Internship Coordinator				
3C1FEBAB969E43E	wed 9/29/2020			
Comments: ELA completed. Please see below. Student intern will a Counselors and students and will be supervised at all ti with this site.				
Review by Fresno State EHS/Risk Manager or Designee Docusigned by:				
Signature Toku Hang- Date Review	wed <u>9/30/2020</u>			
7CDC29E8FBFB498 Comments:				
Approved under the authority of the University Risk Mana	ger, Lisa Kao.			
Approved: ☑ Not Approved: □				