



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 business as) and abbreviations as needed

Madera Community Hospital and Madera Community Hospital Foundation

Learning Site Address

Please include Street Address, City, State and Zip

1250 E. Almond, Madera CA 93637

Learning Site/Organizations Website www.MaderaHospital.org

Your Name Sherrie Bakke Title Director, Business Development

Email sbakke@maderahospital.org Phone (including area code) 559-675-5502

Are you the point of contact for the organization? Yes 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? Yes 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 Event Planner

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

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.

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? Yes 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? Yes 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? 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. obtaining supplies and off site orders

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? Yes 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 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? Yes 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 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.

The student will be required to wear a procedure mask

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.

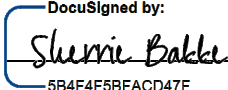
Emergency Plan

Does the learning site have an emergency plan/procedure in place to share with students in case of emergency? Yes No

Are there any concerns as to the internship site's emergency plan or regarding non-working fire-rated doors or blockages to the exits and hallways? Yes No

If there are concerns, please describe.

Please list anything else that has not been covered that might impact the safety and well-being of the students.

Printed Name Sherrrie Bakke Signature 
Date Completed 8/12/2020

Reviewed by Fresno State University Internship Coordinator
Signature 
Date Reviewed 8/12/2020

Comments:
The student will be driving to pick up supplies. The PPE mentioned is for COVID-19 safety and is appropriate for an Event Planning Internship.
Spoke with the Internship Site Supervisor on 9/2/20. The student intern is covered under the blanket policy for volunteers if she does any driving and will be reimbursed for mileage. The driving will be minimal, if at all.

Review by Fresno State EHS/Risk Manager or Designee
Signature 
Date Reviewed 9/17/2020

Comments:
OK

Approved: Not Approved: