**STUDENT’S INTERNSHIP HOST SITE EVALUATION FORM**

Host Site Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Representative’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Course:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Instructions:**

Your goal is to find an organizations that will offer you a positive, healthy, safe and educational working environment for your internship experience. Discuss these questions with a knowledgeable representative of the organization.

**Questions:**

Does your organization provide an orientation and/or training to interns regarding:

* Duties and responsibilities of the internship position?  YES  NO
* Health and safety policies and procedures?  YES  NO
* Harassment and discrimination policies?  YES  NO
* Emergency response plan?  YES  NO
* Reporting workplace injuries or illnesses?  YES  NO

Will interns be asked to participate in high risk activities?  YES  NO

Describe activities:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Will interns be working with:

* Minors under the age of 16 while alone or unsupervised?  YES  NO
* “Behaviorally challenged” populations?  YES  NO
* Individuals with known criminal background or history of violent behavior?  YES  NO
* Any hazardous materials or hazardous equipment/machinery/tools?  YES  NO
* Any chemical, biological or radioactive substances?  YES  NO

Will interns be driving their own vehicle on behalf of the organization?  YES  NO

Will interns be traveling outside the U.S.? Where?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  YES  NO

Criminal activity at your organization’s facility:

* Would the facility location be described as a high-crime area?  YES  NO
* Are parking and work areas secure or adequately illuminated?  YES  NO
* Any incidents of criminal activity at the facility within the last year?  YES  NO

If yes, please describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is there anything else not covered that might impact the safety and well-being of an intern?

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