

WORKPLACE INTERNSHIP BASIC FACILITY SAFETY REVIEW (RESOURCE 02-02)

Workplace Name and Location:	
Phone Number:	
Student Name:	
Student Phone Number:	

_____ has completed a safety
Name of Company / Organization

orientation for _____ that includes:
Name of Student

- A. Instructions on workplace safety procedures in case of emergency (flood, fire, other).
- B. Emergency contact procedures.
- C. Safe workplace behaviors.
- D. Requirement to report to work healthy and drug/alcohol free.