



Initial Site Visitation Worksheet

To be completed by Faculty Coordinator

This must be completed, signed and dated by Site Supervisor and Faculty Coordinator PRIOR to student starting work experience.

Company Name: _____

Street Address: _____

City/State/Zip Code: _____

Brief description of Company/Organization below

Type of Business: _____ Number of Employees: _____

Hours of Operation: _____

Additional Comments:

- | | | | |
|---|-----|----|-----|
| 1. Does the company have a safety program and is safety training provided to employees? | YES | NO | |
| 2. Are employees provided personal protective equipment? (such as safety glasses, masks, shows, clothing, etc.) | YES | NO | N/A |

If the answer to #2 is yes, list provided safety equipment:

Company Site Supervisor Signature:

Date:

Below - Pitt Community College Use Only

Program Curriculum: _____

Date: _____

Faculty Coordinator Signature Verifying Acceptable WBL Site Location:

Email completed IEVW form to Kurt Simmons in Career Services @ kjsimmons482@my.pittcc.edu