

# Murray State University

## Department of Occupational Safety & Health



## Fall 2011 Internship Packet

Online Forms can be found at

[www.murraystate.edu/oshintern](http://www.murraystate.edu/oshintern)

**INTERNSHIP INFORMATION**

**OCCUPATIONAL SAFETY AND HEALTH INTERNSHIP PROGRAM  
MURRAY STATE UNIVERSITY**

**FALL 2011**

To be turned in before internship begins!

Your Name: \_\_\_\_\_ M#: \_\_\_\_\_

**Permanent Address:**

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email During Internship: \_\_\_\_\_

**Emergency Contact:**

Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

Relationship: \_\_\_\_\_

**Company Information:**

Company Name: \_\_\_\_\_

Company Location: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Starting Date: \_\_\_\_\_

Approximate Ending Date: \_\_\_\_\_

**Compensation Package:**

Salary (hr/month): \_\_\_\_\_

Other Benefits (Travel, mileage, housing, etc.): \_\_\_\_\_

**I HAVE REGISTERED FOR THE APPROPRIATE SUMMER INTERN/CO-OP COURSE.**

**YES \_\_\_\_\_ NO \_\_\_\_\_**

**MAKE SURE YOU PAY YOUR COURSE FEES ON TIME!!!**

# INTERNSHIP CHECKLIST

- \_\_\_\_\_ Registered for OSH 371 or 488 or 644
- \_\_\_\_\_ Paid tuition
- \_\_\_\_\_ Submitted **Online Learning Agreement FORM D** by the end of first week of internship (*must be completed with supervisor*)
- \_\_\_\_\_ Mailed in first Weekly Log (Online Cover Page – FORM C) at the end of first week of internship
- \_\_\_\_\_ Called Dr. Kraemer within **first week** of internship
- \_\_\_\_\_ Called Dr. Kraemer **halfway** through internship
- \_\_\_\_\_ Called Dr. Kraemer within **last two weeks** of internship
- \_\_\_\_\_ Notified supervisor of **Online Supervisor Evaluation FORM F** by **November 18**
- \_\_\_\_\_ Met with supervisor about supervisor evaluation results; supervisor submitted **Online Supervisor Evaluation FORM F**; supervisor sent confirmation email to Dr. Kraemer by **November 25**
- \_\_\_\_\_ Submitted **Online Student Evaluation Form E** by **November 25**
- \_\_\_\_\_ Developed a **Digital Picture Series** (1-3 digital pictures)
- \_\_\_\_\_ E-mailed **Digital Picture Series** by **November 30**
- \_\_\_\_\_ Completed 500-600 work hours
- \_\_\_\_\_ **All assignments completed** and turned into Dr. Kraemer by the appropriate dates. *\*Otherwise a grade of INCOMPLETE (I) will be given!*

# WEEKLY LOG CHECKLIST

- |                               |                                |
|-------------------------------|--------------------------------|
| Week 1 _____<br>(date mailed) | Week 7 _____<br>(date mailed)  |
| Week 2 _____<br>(date mailed) | Week 8 _____<br>(date mailed)  |
| Week 3 _____<br>(date mailed) | Week 9 _____<br>(date mailed)  |
| Week 4 _____<br>(date mailed) | Week 10 _____<br>(date mailed) |
| Week 5 _____<br>(date mailed) | Week 11 _____<br>(date mailed) |
| Week 6 _____<br>(date mailed) | Week 12 _____<br>(date mailed) |

# STUDENT RESPONSIBILITIES

## OCCUPATIONAL SAFETY AND HEALTH INTERNSHIP PROGRAM MURRAY STATE UNIVERSITY

1. You must register for OSH 488 or 371 or 644. (3 credits – P/F)
2. You must complete between 500-600 clock hours to receive class credit.
3. **Any falsification of assignments or failure to complete assignments by the appropriate dates can result in an Incomplete (I) for the course.**
4. Students are expected to work hard and be professional at all times.
5. Contact Dr. Kraemer if ANY CONFLICTS or PROBLEMS occur.
6. Immediately notify Dr. Kraemer and company supervisors of any sickness or emergencies which will prevent the performance of assigned duties. This should be followed by a written confirmation to both company and the MSU/OSH department.
7. Call Dr. Kraemer at the following times.
  - within the **first week** of the internship
  - during the **halfway point** of the internship
  - within the **last two weeks** of the internship

HOME: (270) 759-1850  
OFFICE: (270) 809-6654  
FAX: (270) 809-3630  
OSH OFFICE (Amy/Teala): (270) 809-2488  
E-Mail: [david.kraemer@murraystate.edu](mailto:david.kraemer@murraystate.edu)

7. Complete the **Online Learning Agreement FORM D** with supervisor by the end of the first week of the internship.
8. All interns must complete a **Weekly Log** (Online Weekly Log Cover Page - **FORM C**) by writing and reporting each day's activities in a professional manner. Mail in the Weekly Log **each Monday** during the internship experience. **(A sample of a completed Weekly Log can be found in the internship packet and online.)**

Weekly Logs should be mailed to the following address:

**Dr. David G. Kraemer, Chair**  
**Murray State University**  
**Department of Occupational Safety and Health**  
**157 Industry & Technology Center**  
**Murray, KY 42071-3307**

**Online Forms can be found at [www.murraystate.edu/oshintern](http://www.murraystate.edu/oshintern)**

10. Develop a **Digital Picture Series** (1-3 digital pictures). Get permission from the company first! Email pictures to Dr. Kraemer at [david.kraemer@murraystate.edu](mailto:david.kraemer@murraystate.edu) by **November 30**.
  - one digital picture of you and your supervisor by the name/LOGO of the company
  - digital pictures of intern performing various tasks
  - *Please send in .jpeg format! (No PowerPoint please)*
  
11. Ask your internship supervisor to complete/submit the **Online Supervisor Evaluation FORM F** and send a follow-up confirmation email to Dr. Kraemer at [david.kraemer@murraystate.edu](mailto:david.kraemer@murraystate.edu) toward the conclusion of your internship. **Dr. Kraemer needs to receive the supervisor evaluation and confirmation email by November 25**.
  
12. Complete the **Online Student Evaluation FORM E**. **Dr. Kraemer needs to receive the student evaluation form by November 25**.
  
13. Site visits: An OSH faculty member MAY visit your workplace during your internship.
  - Tour
  - Discuss activities/projects
  - Meet with company supervisor and other personnel

# WEEKLY LOG – INSTRUCTIONS

## OCCUPATIONAL SAFETY AND HEALTH INTERNSHIP PROGRAM MURRAY STATE UNIVERSITY

- Make a log of daily internship activities.
  - Explain the types of experiences you are receiving (projects and assignments)
  - Include duties, thoughts and impressions
  - Cite laws, codes and regulations to which the activities relate
  - Include your personal opinions and those of others
  - Discuss contacts made
  - Briefly explain how experience might help you when you return to campus or go to work
- Log must be typed
- Log must be approved and signed by supervisor!!
- Complete the **Online Weekly Log Cover Page FORM C** and attached it to the top of your daily internship activities.
- Be sure to update the dates, number of hours worked during the reporting period, and the cumulative hours worked to date with each log you turn in.
- A sample of a weekly log can be found in the internship packet and online.

**FORM C**

Weekly Log

**Name of Intern:** \_\_\_\_\_

Professional Internship

Name of Company/Agency \_\_\_\_\_

Complete Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone Number \_\_\_\_\_

Company Website Address \_\_\_\_\_

**Reporting Period: From** \_\_\_\_\_ **To** \_\_\_\_\_  
Date Date

**Number of Hours Worked During Reporting Period:** \_\_\_\_\_

**Cumulative Hours Worked to Date:** \_\_\_\_\_

\_\_\_\_\_  
(Name of Supervisor, Title)

\_\_\_\_\_  
Date

## **Monday, June 1**

Today I began working on updating the MSDS manuals. Tonya showed me how and where to place updated MSDS's and the master list of the chemicals in two of the three areas. Next week Von is going to show me how to use the computer to update the chemical listings and to obtain an MSDS on any new chemical. The refinery is going through a bit of a renovation process, therefore there is a lot of excavation and shoring taking place. I spend much of my time going out into the plant with Tonya to monitor and check any excavation work and issues work permits. Von took me on a tour of the plant this afternoon. We discussed the fixed stairways and ladders that he wants me to in research the standards on and conduct a survey to see if they are in compliance. The rest of the day, I spent reading the standards for the fixed ladders and stairways.

## **Tuesday, June 2**

I accompanied Erik to a bimonthly laboratory meeting in which safety issues were addressed pertaining to lab work. Later, as I began respiratory fit testing, I was called away to complete an accident investigation that originally began late Tuesday afternoon. Erik completed the fit test while Richard, Mike, and I went to the accident scene to uncover more facts and to address other deficiencies that came up as a result of the investigation. Erik and I sampled tank 50 for H<sub>2</sub>s and LEL so that workers could gain entry. Once again it's a no go situation. I began learning how to use MACSIN, a hazcom computer program. Erik has proven to be an invaluable source of information. I briefly scanned the ANSI industrial lighting survey recommendation and also reviewed more hazcom information.

## **Wednesday, June 3**

Today I had a busy morning on campus. Julie and I had to do some hazardous waste pickups at the science building and the paint shop at the physical plant. Then we had to check some old containers that are stored at the Physical Plant to see what they were so we would know what to do with them. After that we did some cleaning of drums that are filled with oil after lunch I worked on the computer for a little while. Then I had to do an inventory count of the fire cabinets we received for our storage room. I had a pretty full day of activities and I feel good about the things we got accomplished.



# LEARNING AGREEMENT

**PART I - INTERN FILE**

**Intern Name:** \_\_\_\_\_ **M#:** \_\_\_\_\_

**Permanent Address**

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

**Address during Internship**

***Residence***

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

***Work***

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

**Your Preferred Email Address During Internship:** \_\_\_\_\_

**Internship Organization**

Company Name: \_\_\_\_\_

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

Name of Supervisor: \_\_\_\_\_

Supervisor's Telephone #: ( \_\_\_\_\_ )  
Area Code      Phone

Company Website Address: \_\_\_\_\_

Supervisor's Position/Title: \_\_\_\_\_

**Murray State University**

Faculty Advisor: \_\_\_\_\_

Department: \_\_\_\_\_

Telephone: ( \_\_\_\_\_ )  
Area Code      Phone

Credits to be awarded for internship: \_\_\_\_\_  
Department      Course Number      Credit Hours

**PART II - THE INTERNSHIP EXPERIENCE**

A. **JOB DESCRIPTION:** What will be your job activities during your internship? List regular assignments, special projects, etc.

**B. SUPERVISION:**

Who will be your supervisor?

How much contact will you have with your supervisor?

List any additional training or instruction that you will receive.

Please complete form Online at [www.murraystate.edu/oshintern](http://www.murraystate.edu/oshintern)

**C. COMPENSATION PACKAGE:**

Salary (Hr/Month):

Other Benefits (Travel, Mileage, Housing, etc.):

**PART III - LEARNING OBJECTIVES/LEARNING ACTIVITIES/EVALUATION**

- A. **LEARNING OBJECTIVES:** What are your learning goals during this internship?  
Goals should be specific and measurable.

Please complete form Online at [www.murraystate.edu/oshintern](http://www.murraystate.edu/oshintern)

B. LEARNING ACTIVITIES:

- **On-the-job:** How will your internship help you to achieve your learning goals? List any work activities that will help you and explain their importance.

- **Off-the-job:** What types of off-the-job activities will you be participating in (professional meetings, trips, reading, etc.) that will help you to achieve your learning goals and explain their importance.

Please complete form online at [www.murraystate.edu/oshintern](http://www.murraystate.edu/oshintern)

**C. EVALUATION:**

How will your achievement of your learning goals be measured?

Who will evaluate your performance and when?

Get form Online at [www.murraystate.edu/oshintern](http://www.murraystate.edu/oshintern)

**PART IV - INTERNSHIP AGREEMENT**

This learning agreement may be terminated or amended by intern, faculty coordinator or internship supervisor at any time upon written notice, which is received and agreed to by the other two parties.

Intern Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Company Internship Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

MSU Faculty Coordinator: \_\_\_\_\_ Date: \_\_\_\_\_

# INTERN'S EVALUATION

Intern: \_\_\_\_\_ Evaluation Period \_\_\_\_\_  
Student's Name Semester/Year

Employer \_\_\_\_\_ Supervisor \_\_\_\_\_  
Company Name Name

**Directions:** Please evaluate your internship experience using the rating scale below:

<b>5</b> - Excellent	<b>3</b> - Satisfactory	<b>1</b> - Unsatisfactory
<b>4</b> - Above Average	<b>2</b> - Below Average	<b>N/A</b> - Not Applicable

<b>Work Experience</b>	<b>Rating</b>	<b>Comments, Examples</b>
Relationship of work to career goals		
Training received		
Supervision received		
Level of responsibility assigned		
Abilities utilized		
<b>Overall rating of Performance</b>		

<b>Learning Experience</b>		
Learned information, skills, or techniques not learned in class		
Gained career/professional knowledge		
Relationship of academic assignments to work		
<b>Overall rating of Learning</b>		

<b>Personal Development</b>		
Gained greater self-confidence		
Improved understanding of strengths, weaknesses		
Met people who contributed to professional growth		
<b>Overall rating of Development</b>		
<b>Overall rating of Internship Experience</b>		

**Please Respond To The Following Questions.**

What did you like best about your internship experience?

What did you like least about your internship experience?

What would you do differently about your internship experience if given the choice to do it over?

Before:

During:

After:

How did this internship experience affect your educational or professional plans?  
Check one and explain.

Confirmed plans

Changed plans

Other

**Additional comments:**

<hr/> <i>Student's Signature</i> <span style="margin-left: 100px;"><i>Date</i></span>
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# SUPERVISOR'S EVALUATION

Intern: \_\_\_\_\_ Evaluation Period \_\_\_\_\_  
Student's Name Semester/Year

Employer \_\_\_\_\_ Supervisor \_\_\_\_\_  
Company Name Name

**Directions:** Please evaluate the intern's performance objectively, compared to performance of other student employees with similar academic preparation. Please use the scale below:

<b>5</b> - Excellent	<b>3</b> - Satisfactory	<b>1</b> - Unsatisfactory
<b>4</b> - Above Average	<b>2</b> - Below Average	<b>N/A</b> - Not Applicable

Performance Item	Rating	Comments/ Examples
Quality of work (accuracy, thoroughness)		
Technical competence in field		
Completion of assignments		
Uses time effectively		
Oral communication skills		
Written communication skills		
Acceptance of responsibility		
Response to constructive criticism		
Cooperates with co-workers, supervisors		
Self-motivated, seeks assignments		
Interest in work, enthusiastic		
Appropriate appearance, dress		
Demonstrates creativity, originality		
Attendance, punctuality		
Understanding/adhering to rules/procedures		
<b>OVERALL PERFORMANCE RATING</b>		

**Total number of hours worked during this evaluation period:** \_\_\_\_\_



## SUPERVISOR'S EVALUATION – Part II

1. What benefits did you personally or your organization derive from the present internship experience?

2. Does your organization typically groom interns for full-time positions?

Yes  No

3. Were there any deficiencies in the current internship program?

Yes  No

4. Would you consider mentoring other interns in the near future?

Yes  No

**Additional Comments:**

**Return completed evaluation to:**

Dr. David G. Kraemer  
Murray State University  
Department of Occupational Safety and Health  
157 Industry and Technology Center  
Murray, KY 42071

\_\_\_\_\_  
*Supervisor's Signature*      *Date*

\_\_\_\_\_  
*Student's Signature*      *Date*