

Barcelona School of Civil Engineering

# WORK PLACE SAFETY FORM

# COLLABORATING ENTITY EXTERNAL INTERNSHIPS

Mr./Ms. ...............................................................................................................................................

With ID number ............................................ , as a tutor of the collaborating entity

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of the internship student ...............................................................................................................

with ID number from Universitat Politècnica de Catalunya.

# I declare that the student in internship

1. Will do the internship in the company spaces *(name and address of the place of work)*

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1. The student is authorized to perform the following activities *(activities in detail, teams, products, processes, etc)*

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1. The student has been explained the safety and health aspects that he/she must follow in the company during the internship.
2. The student has been provided with the personal protection equipment required for the activities they will perform, if needed *(detail the equipment given)*

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1. The student has been provided with the following company health and safety documentation:
   * Welcome manual
   * Site risk identification document and preventive
   * Other health and safety documentation:

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# Signatures

By the collaborating entity Student

*(name and surname of the tutor – electronic signature) (electronic signature)*

............................................. *(place)* , ........ ......................................... from ................... *(date)*