



## IPOP: Work Center Safeguard

### Profile Information

Individual Name\*: \_\_\_\_\_ Provider/Program Name: \_\_\_\_\_  
Create Date\*: \_\_\_\_\_ Entered By\*: \_\_\_\_\_ Title: \_\_\_\_\_

### Work Center Safeguard Information

Supervision Comments \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Travel To/From Work

Staff Supports  Independent  Transported by family  Transported by work staff  Other \_\_\_\_\_  
Transported by \_\_\_\_\_  
Type  SE Agency Vehicle  Taxi  Public Transportation  Other \_\_\_\_\_  
Other Comments \_\_\_\_\_

### Consumer Specific Safeguards

Steel-toed boots/other special footwear  Safety glasses  Gloves  Fire evacuation training  Other \_\_\_\_\_  
Fire evacuation training  Room refuge  Independently evacuates building  Gloves Type \_\_\_\_\_

### Adaptive Equipment at Work Center

Adaptive/Special equipment required at work center \_\_\_\_\_  
\_\_\_\_\_

Assistance needed for use of adaptive/special equipment \_\_\_\_\_  
\_\_\_\_\_

Other Safeguards/Physical Limitations \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SIGNATURE**.....**NAME**.....**DATE**.....**TIME**.....am/pm  
**Note:- Required fields are marked with an asterisk (\*)**