

SUNDALE UNION ELEMENTARY SCHOOL

INJURY AND ILLNESS PREVENTION PROGRAM

December 2020

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INTRODUCTION

Sundale Union Elementary School District has developed this formal Injury and Illness Prevention Program to ensure safe and healthful working conditions for all employees per the California Code of Regulations, Title 8, Sections 1509 and 3203 and Labor Code 6401.7. The program has been designed with the emphasis on the health and safety of all employees.

The Injury and Illness Prevention Plan is intended to establish a framework for Responsibilities, Compliance, Communication, Hazard Identification, Accident Investigation, Hazard Mitigation, Training, and Recordkeeping.

GOALS

Diligent implementation of this program will reap many benefits for the Sundale Union Elementary School District. Most notably it will:

1. Protect the health and safety of employees. Decrease the potential risk of disease, illness, injury, and harmful exposures to district personnel.
2. Reduce workers' compensation claims and costs.
3. Improve efficiency by reducing the time spent replacing or reassigning injured employees, as well as reduce the need to find and train replacement employees.
4. Improve employee morale and efficiency as employees see that their safety is important to management.
5. Minimize the potential for penalties assessed by various enforcement agencies by maintaining compliance with Health and Safety Codes.

RESPONSIBILITIES

The ultimate responsibility for establishing and maintaining effective environmental health and safety policies specific to district facilities and operations rests with the Superintendent. General policies, which govern the activities and responsibilities of the Injury & Illness Prevention Program, are established under his/her final authority.

It is the responsibility of Site Administrators, Supervisors and Managers to develop procedures, which ensure effective compliance with the Injury & Illness Prevention Program, as well as other health and safety policies related to operations under their control. Site Administrators, Supervisors and Managers are responsible for enforcement of this Program among the employees under their direction by carrying out the various duties outlined herein, setting acceptable safety policies and procedures for each employee to follow and ensuring that employees receive the general safety training. Each Site Administrator, Supervisor, and Manager must also ensure that appropriate job specific safety training is received, and that safety responsibilities are clearly outlined in the job descriptions, which govern the employees under their direction. Supervising others also carries the responsibility for knowing how to safely accomplish the tasks assigned each employee, for purchasing appropriate personal protective equipment, and for evaluating employee compliance.

Immediate responsibility for workplace health and safety rests with each individual employee. Employees are responsible for following the established work procedures and safety guidelines in their area, as well as those identified in this Program. Employees are also responsible for using the personal protective equipment issued to protect them from identified hazards, and for reporting any unsafe conditions to their supervisors.

The Superintendent or Designee is responsible for developing and managing this Injury & Illness Prevention Program.

COMPLIANCE

All workers, including Administrators, Directors, Managers, and Supervisors, are responsible for complying with safe and healthful work practices.

Our system of ensuring that all workers comply with the provisions of this program include, but are not limited to, one or more of the following practices:

- ___ Informing workers of the provisions of our IIPP.
- ___ Evaluating the safety performance of all workers.
- ___ Recognizing employees who perform safe and healthful work practices.
- ___ Providing training to workers whose safety performance is deficient.
- ___ Disciplining workers for failure to comply with safe and healthful work practices.

COMMUNICATION

All Administrators, Directors, Managers, and Supervisors are responsible for communicating with all workers about occupational safety and health in a form readily understandable by all workers. Effective two-way communication, which involves employee input on matters of workplace safety, is essential to maintaining an effective Injury & Illness Prevention Program.

To foster better safety communication, our communication system will include one or more of the following items:

- *New worker orientation including a discussion of safety, health policies and procedures.
- *Review of our IIPP.
- *Training Programs.
- *Regularly scheduled safety meetings.
- *Posted or distributed safety information.
- *A system for workers to anonymously inform management about workplace hazards.

Employees are encouraged to bring to the District's attention any potential health or safety hazard that may exist in the work area. The Report of Unsafe Conditions form can be used for this purpose. This form is available in the District Office. You may also submit your concern anonymously by placing it in your Manager's or Supervisor's box.

HAZARD ASSESSMENT

A health and safety inspection program is essential in order to reduce unsafe conditions, which may expose employees to incidents that could result in personal injuries or property damage. Periodic inspections shall be performed by a competent observer in all work sites owned and operated by the Sundale Union Elementary School District.

Scheduled Safety Inspections

_____ Upon initial implementation of this Program, inspection of all work areas will be conducted. All inspections will be documented using the attached forms (or equivalent) with appropriate abatement of any hazards detected.

Thereafter, safety inspections will be conducted at the frequency described below:

_____ Annual inspections of all main office and staff lounge will be conducted to detect and eliminate any hazardous conditions that may exist.

_____ Monthly inspections of all potentially hazardous areas (bus barn, cafeteria, janitor closets, gymnasiums, sheds, etc.) will be conducted to detect and eliminate any hazardous conditions that may exist.

Unscheduled Safety Inspections

_____ Additional safety inspections will be conducted whenever new equipment or changes in procedures are introduced into the workplace that presents new hazards.

_____ The Site Administrator will conduct periodic unscheduled safety inspections of all potentially hazardous areas to assist in the maintenance of a safe and healthful workplace.

_____ Safety reviews will be conducted when occupational accidents occur to identify and correct hazards that may have contributed to the accident.

HAZARD CORRECTION

Unsafe or unhealthy work conditions, practices, or procedures shall be corrected in a timely manner based on the severity of the hazards. The District recognizes that hazards range from imminent dangers to hazards of relatively low risk. Hazards shall be corrected according to the following procedures:

1. When observed or discovered.
2. When an imminent hazard exists, which cannot be immediately abated without endangering employee(s) and/or property, we will remove all exposed workers from the area except those necessary to correct the existing condition. Workers who are required to correct the hazardous condition shall be provided with the necessary protection.

ACCIDENT REPORTING/INVESTIGATIONS

This investigation responsibility is assigned to the immediate Supervisor of the worker injured in the accident or exposed to the hazardous substance, or the report of a near-miss incident. Procedures for investigating workplace accidents and hazardous substance exposures include, but are not limited to the following:

1. Interviewing injured workers and witnesses;
2. Examining the workplace for factors associated with the accident/exposure;
3. Determining the cause of the accident/exposure;
4. Taking corrective action to prevent the accident/exposure from reoccurring;
5. Recording the findings and actions taken.

To ensure timely accounting for Workers' Compensation procedures, both employee and supervisor must complete their respective portions on the Supervisor's First Report of Injury /Illness/ Accident available at the District Office.

EMPLOYEE TRAINING

All workers, including Administrators, Directors, Managers, and Supervisors, shall have training and instruction on general and job-specific safety and health practices. Training and instruction are provided:

1. When the IIPP is first established.
2. To all new workers.
3. To all workers given new job assignments for which training has not been previously provided.
4. Whenever new substances, processes, procedures or equipment are introduced to the workplace and represent a new hazard(s).
5. Whenever the employer is made aware of a new or previously unrecognized hazard(s).
6. To supervisors to familiarize them with the safety and health hazards to which workers under their immediate direction and control may be exposed.
7. To all workers with respect to hazards specific to each employee's job assignment.

General workplace safety and health practices include, but are not limited to, the following:

1. Implementation and maintenance of the IIPP.
2. Proper and timely reporting of hazards and accidents to Supervisors.
3. Emergency Action and Fire Prevention Plan.
4. Provisions for medical services and first aid including emergency procedures.
5. The use of chairs, tables, file cabinets and other classroom or office furniture, as a climbing aid, is specifically forbidden.

EMPLOYEE TRAINING - cont'd

6. Prevention of musculoskeletal disorders, including proper lifting techniques.
7. Proper housekeeping, such as keeping stairways and aisles clear, work areas neat and orderly, and promptly cleaning up spills.
8. Prohibiting horseplay, scuffling, or other acts that could tend to adversely influence employee safety.
9. Proper storage to prevent stacking goods in an unstable manner and storing goods against doors, exits, fire extinguishing equipment and electrical panels.
10. Hazard communication, including worker awareness of potential chemical hazards, proper labeling of containers, and Blood Borne Pathogens exposure and prevention.
11. Proper storage and handling of toxic and hazardous substances; include, prohibiting eating or storing food and beverages in areas where they can become contaminated.

RECORDKEEPING

Many standards and regulations of Cal/OSHA contain requirements for the maintenance and retention of records for occupational injuries and illnesses, medical surveillance, exposure monitoring, inspections and other activities relevant to occupational health and safety.

To comply with these regulations, as well as to demonstrate that the critical elements of this Injury & Illness Prevention Program are being implemented, the following records will be kept on file in the District Office for at least the length of time indicated below:

1. Copies of all IIPP Safety Inspection Forms. Retain 5 years.
2. Copies of all Accident Investigation Forms. Retain 5 years.
3. Copies of all Employee Training Checklists and related Training Documents. Retain for duration of each individual's employment.
4. Copies of all Safety Meeting Agendas. Retain 5 years.

RECORDKEEPING - cont'd

The District will ensure that these records are kept in their files and present them to Cal/OSHA or other regulatory agency representatives if requested.

A review of these records will be conducted by the Superintendent during routine inspections to measure compliance with the Program. A safe and healthy workplace must be the goal of everyone at Sundale Elementary School District, with responsibility shared by management and staff alike. If you have any questions regarding this Injury & Illness Prevention Program, please contact the District Office at 559-688-7451.

Sundale Union Elementary School
REPORT OF UNSAFE CONDITIONS

DATE: _____

CONDITION(S) NOTED IN THIS LOCATION:

DESCRIPTION OF UNSAFE CONDITION(S):

NAME (OPTIONAL): _____

Below to be filled out by Manager:

ANALYSIS: _____

_____ DATE: _____

RECOMMENDATIONS: _____

_____ DATE: _____

ACTION(S) TAKEN: _____

_____ DATE: _____

RESPONSE TO SUGGESTION: _____

Manager's Name: _____ Manager's Signature: _____

SCHOOLS OF TULARE COUNTY

SUPERVISOR'S FIRST REPORT OF INJURY/ILLNESS/ACCIDENT

(Note: Box Numbers Correspond with 5020 Report)

EMPLOYER/SCHOOL DISTRICT			
1. SCHOOL/SITE NAME & ADDRESS (Number, Street, City, Zip)			1A. SITE PHONE NUMBER
7. EMPLOYEE NAME		8. SOCIAL SECURITY NUMBER	9. DATE OF BIRTH (MM/DD/YY)
10. HOME ADDRESS (Number, Street, City, Zip)		10A. PHONE NUMBER	
11. SEX <input type="checkbox"/> M <input type="checkbox"/> F	12. Assigned Job Title - (NO Initials, abbreviations or numbers)		
17. DATE OF INJURY OR ONSET OF ILLNESS (MM/DD/YY)	18. TIME INJURY/ILLNESS OCCURRED A.M. P.M.	19. TIME EMPLOYEE BEGAN WORK A.M. P.M.	21. UNABLE TO WORK FOR AT LEAST ONE FULL DAY AFTER DATE OF INJURY? <input type="checkbox"/> YES <input type="checkbox"/> NO
22. DATE LAST WORKED (MM/DD/YY)	23. DATE RETURNED TO WORK (MM/DD/YY)	27. DATE OF SUPERVISOR'S KNOWLEDGE OF INJURY (MM/DD/YY)	24. IF STILL OFF WORK, MARK SPACE WITH CHECK MARK <input type="checkbox"/>
29. SPECIFIC INJURY/ILLNESS AND PART OF BODY AFFECTED, MEDICAL DIAGNOSIS IF AVAILABLE, e.g. second degree burns on right arm, tendonitis of left elbow, lead poisoning			
30. LOCATION WHERE EVENT OR EXPOSURE OCCURRED (No., Street, City)		30B. ON EMPLOYER'S PREMISES? <input type="checkbox"/> YES <input type="checkbox"/> NO	
31. DEPARTMENT WHERE EVENT OR EXPOSURE OCCURRED, e.g. shipping dept., playground, lunchroom, classroom, restroom, etc.		32. OTHER WORKERS INJURED/ILL IN THIS EVENT? <input type="checkbox"/> YES <input type="checkbox"/> NO PERSON	
33. EQUIPMENT, MATERIALS AND/OR CHEMICAL THE EMPLOYEE WAS USING WHEN EVENT OR EXPOSURE OCCURRED, e.g. Kitchen utensils, welding torch, scaffold			
34. SPECIFIC ACTIVITY EMPLOYEE WAS PERFORMING WHEN EVENT OR EXPOSURE OCCURRED e.g., mopping floors, loading food onto truck			
35. HOW INJURY/ILLNESS OCCURRED. DESCRIBE SEQUENCE OF EVENTS, SPECIFY OBJECT OR EXPOSURE WHICH DIRECTLY PRODUCED THE INJURY/ILLNESS e.g. custodian went to inspect overflowing sinks and toilets in the restrooms. He/she slipped on wet floors. As he/she fell, he hit his head on the floor and cut head. (USE SEPARATE SHEET IF NECESSARY).			
DID EMPLOYEE GO TO DOCTOR? <input type="checkbox"/> YES <input type="checkbox"/> NO	36. IF YES, NAME AND ADDRESS OF PHYSICIAN/HOSPITAL		36A. PHONE #
SUPERVISOR'S COMMENTS/REQUEST FOR INQUIRY			
1. WERE THERE ANY WITNESSES TO INCIDENT? (Name)		1A. PHONE #	2. DATE DWC-1 GIVEN TO EMPLOYEE (MM/DD/YY)
3. WAS FIRST AID ADEQUATE TREATMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO	4. DID AN UNSAFE CONDITION CONTRIBUTE TO THE INCIDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO	4A. DID AN UNSAFE ACTION CONTRIBUTE TO THE INCIDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO	5. IF YES TO 4 OR 4A, PLEASE EXPLAIN:
6. WHAT CORRECTIVE ACTION HAS BEEN TAKEN TO AVOID SIMILAR INCIDENTS?		7. DOES EMPLOYEE HAVE ANY PRE-EXISTING INJURIES OR CONDITIONS? If yes, Explain:	
8. DOES EMPLOYEE HAVE ANY OTHER EMPLOYMENT? (Name & Address of other employer)			
9. COMMENTS			
SIGNATURES REQUIRED			
1. EMPLOYEE SIGNATURE/DATE		2. SUPERVISOR'S SIGNATURE/DATE	
COMPLETE SAME DAY OF INCIDENT		3. PRINT SUPERVISOR'S NAME	

Site Location: Complete Supervisor's Report of Injury, Injury Incident Investigation Report, Fax & forward hard copy to District Office
 District Office: Complete 5020 Report Online
 MAIL TO KEENAN & ASSOCIATES, P.O. BOX 2707, TORRANCE, CA 90509

General Safety Inspection Checklist

Location: _____
Department: _____

Date: _____
Inspector: _____

Satisfactory	Unsatisfactory	Not Applicable		Comments/Locations
			Fire Protection	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fire extinguishers properly located/installed	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fire extinguishers clearly identified	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fire extinguishers readily accessible	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fire extinguishers fully charged	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fire extinguishers tagged & current for service & inspection	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fire alarms & alarm stations in proper operating condition	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fire doors not blocked	_____
			Line Safety	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Number of exits are adequate	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Exits are unlocked during hours of operation	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Exits are not obstructed	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Exit doors & routes are clearly marked	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Exit aisles are clear & in good repair	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Carpets & rugs are secure	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Emergency lighting installed where necessary	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Emergency lighting in proper working condition	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Exit signs & lights in working order	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Emergency Evacuation Map posted in each room	_____

General Safety Inspection Checklist

Satisfactory	Unsatisfactory	Not Applicable		Comments/Locations
			Electrical Safety	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Electrical wiring in good condition	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Extension cords not used for permanent wiring	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Circuit breaker panels clearly marked with voltage and "caution" warnings	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Machines & equipment properly grounded	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Breaker panels & control box covers closed	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plugs & electrical outlets in good condition	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Circuits not overloaded	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Electrical wires not run under carpets	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No storage in front of electrical switch panels	
			Medical/First Aid	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	First aid supplies readily available	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	First aid supplies kept replenished	
			Housekeeping/Common Hazards	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Work area is clean & orderly	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Excess paper & trash removed	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Floors are clean & dry	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Carpets & rugs are secure	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Carpets are free of large tears & holes	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Floors are free from protrusions, holes, & loose boards or tiles	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Aisles & passageways are clear & in good repair	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Stairways are clear & in good repair	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Handrails are installed on all stairways having more than 3 steps	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Handrails are secure & in good repair	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ramps have non-slip surface	

General Safety Inspection Checklist

Satisfactory	Unsatisfactory	Not Applicable	Office Safety Checklist	Comments/Locations
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Bookshelves are not overloaded	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Heavy storage shelves are secured	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	File cabinets are secured	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	File cabinet drawers do not open into high traffic areas	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Large, heavy file cabinets are secured to prevent tip over when the top drawers are opened	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Free space is left in file drawers to allow ease of removing or replacing files	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	File drawers are kept closed	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Only one file drawer open at one time	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adequate trash containers are available & emptied regularly	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Traffic areas are clear of all wiring	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All electrical equipment & appliances are properly grounded	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Paper cutter blade guards are installed	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Paper cutter blades are kept down	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Paper cutter blade springs are in good condition	
			Supply/Copy Room Safety Checklist	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Aisles have adequate clearance to assure safe movement & handling of materials	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tiered materials are stacked in a manner to assure stability	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Storage racks are secured	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Materials are protected from falling during an earthquake	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No Smoking/Vaping signs are clearly posted	
			Other Items	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Comments: _____

CLASSROOM SAFETY HAZARD CHECKLIST

Room:	Staff Member:	Date:
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Please answer each question: YES, NO or N/A (Not Applicable). This section should also be used to report any safety deficiencies detected that are not otherwise covered on the form.

	SAFETY HAZARD	YES	NO	N/A
1.	Are freestanding cabinets, bookcases, and wall shelves secured to a structural support?			
2.	Are heavy objects removed from shelves higher than heads of seated students or teacher?			
3.	Carpets are in good condition to not create a tripping hazard?			
4.	Housekeeping is in good order of the room?			
5.	A small step ladder is stored in the wing of your building and is in good condition?			
6.	Area around electrical panel is clear of any obstructions?			
7.	Are wall mounted clocks, maps, fire extinguishers, etc., secured against falling?			
8.	Extension cords are for temporary use only and are not plugged into each other?			
9.	Are all electrical cords routed so as to avoid creating a tripping hazard?			
10.	Are paints, cleaning solutions or other liquids/chemicals stored to prevent spillage and away from students reach?			
11.	Evacuation map is posted near the exit door?			
12.	Exit route areas are clear?			
13.	Are fire extinguishers, first-aid kits and other emergency items in place, available, and up to date?			
14.	Are all electrical receptacle and light switch covers in place, and in good condition as well as lighting?			
15.	Are there any wet/slip or fall hazards?			
16.	Are any aisles obstructed?			
17.	Are emergency phone numbers posted?			

Any additional concerns:

SUNDALE UNION ELEMENTARY SCHOOL DISTRICT

PERIODIC PLAYGROUND MAINTENANCE INSPECTION CHECKLIST

Site Name: _____ Date of Inspection: _____

Inspected by: _____ Inspector's job title: _____

Playground location/description: ()North ()East ()West ()South ()Other: _____

This checklist is intended only as a guide. Look for other unsafe conditions and report them so corrective action can be taken.

PLAYGROUND EQUIPMENT AND GROUNDS <i>(Minimum Frequency - Quarterly)</i>	Yes	No	N/A	Date of Correction
Backstops securely anchored.				
Backstop fencing in safe condition.				
Slide ladder and end secure				
Slide free of cracks and sharp edges.				
Slides securely anchored.				
Climbing apparatus securely anchored.				
Climbing apparatus free of sharp edges.				
Cushioning material under all equipment.				
Area free of debris and broken glass.				
No holes in black top and grounds.				
Bark box free of splinters and in good condition.				
All drinking fountains cleaned daily.				

ATHLETIC FACILITY <i>(If applicable, Minimum Frequency - Quarterly)</i>	Yes	No	N/A	Date of Correction
Weights and equipment properly racked and stored.				
Cables on apparatus securely attached and in good condition.				
Basketball hoops free of sharp edges.				
Lockers in good condition.				

MULTIPURPOSE ROOMS & GYMNASIUM <i>(Minimum Frequency - Quarterly)</i>	Yes	No	N/A	Date of Correction
Stairs, ramps, floors and aisles are kept clean and dry.				
Floors free of tripping hazards.				
Seats free of splinters, torn upholstery or loose hardware.				
Bleacher seats and steps tight and in good condition.				
Stage rigging, ropes, blocks and tackles are in good repair.				
Stairs are equipped with treads and handrails.				
Fire extinguishers being properly maintained and charged.				
Folding tables and benches secured and in good condition.				

Employee's Signature: _____

Supervisor's Signature: _____

SUNDALE UNION ELEMENTARY SCHOOL DISTRICT

ATHLETIC FIELDS AND COURTS

CAMPUS: _____ DATE: _____

BUILDING: _____ ROOM: _____

Instructions: Check each item below as "Satisfactory or "Unsatisfactory." Add any pertinent comments and the location of hazards in the space provided for each item checked "Unsatisfactory."

BASEBALL FIELD	Satisfactory	Unsatisfactory	N/A	Comment/Location
Field is level, free of holes and foreign objects				
Area free of debris and broken glass				
Fencing in good condition				
Dugouts in good condition				
Backstop in good condition				
Base anchors secure				
Shrubs and trees – no branches hanging over or through the fence				
Bleachers are in good condition (no loose nuts, bolts, broken braces, sharp edges)				
Other: _____				

SOFTBALL FIELD	Satisfactory	Unsatisfactory	N/A	Comment/Location
Field is level, free of holes and foreign objects				
Area free of debris and broken glass				
Fencing in good condition				
Dugouts in good condition				
Backstop in good condition				
Base anchors secure				
Shrubs and trees – no branches hanging over or through the fence				
Bleachers are in good condition (no loose nuts, bolts, broken braces, sharp edges)				
Other: _____				

FOOTBALL FIELD	Satisfactory	Unsatisfactory	N/A	Comment/Location
Field is level, free of holes and foreign objects				
Area free of debris and broken glass				
Sprinklers in proper repair and not protruding or too deep (hole)				
Fencing in good condition (barbed wire)				
Concrete anchors for fence posts not exposed				
Press box is clean and in good order				
Shrubs and trees – no branches hanging over or through the fence				
Bleachers are in good condition (no loose nuts, bolts, broken braces, sharp edges)				
Properly drained				
Other: _____				

SUNDALE UNION ELEMENTARY SCHOOL DISTRICT

WAREHOUSE INSPECTION CHECKLIST

CAMPUS: _____ DATE: _____

BUILDING: _____ ROOM: _____

Instructions: Check each item below as "Satisfactory or "Unsatisfactory." Add any pertinent comments and the location of hazards in the space provided for each item checked "Unsatisfactory."

LADDERS	Satisfactory	Unsatisfactory	N/A	Comment/Location
Safe condition (safety feet, rungs, bracing, etc.)				
Non-slip surface on rungs				
Proper type and size				
Other: _____				

ELECTRICAL	Satisfactory	Unsatisfactory	N/A	Comment/Location
Extension cords used for temporary work only				
Permanent wiring installed				
Electrical panel has a 36 inch clearance				
Electrical panel clearly marked				
No exposed wires or frayed cords				
Other: _____				

PALLETS	Satisfactory	Unsatisfactory	N/A	Comment/Location
Good condition (i.e. wood)				
Empty pallets properly stored				
Loads stacked and/or properly secured				

COMPRESSED GAS CYLINDERS	Satisfactory	Unsatisfactory	N/A	Comment/Location
Contents identified				
Stored properly (secured, chained capped)				
Handling procedures identified				

CORRECTIVE ACTION TAKEN (Indicate work order has been initiated)

Inspector's Signature

Print Name

SUNDALE UNION ELEMENTARY SCHOOL DISTRICT
EMPLOYEE SAFETY TRAINING ATTENDANCE

DATE: _____ LOCATION: _____

SUBJECT: _____

INSTRUCTOR: _____

EMPLOYEE NAME

EMPLOYEE SIGNATURE

POSITION

REVIEWED BY:

SITE ADMINISTRATOR

DATE

**CC: DEPARTMENT MANAGER
ADMINISTRATIVE SERVICES/HUMAN RESOURCES**

NOTE: Each Site Supervisor is to retain a copy of all training records involving his/her personnel.

SUNDALE UNION ELEMENTARY SCHOOL DISTRICT
HAZARD CORRECTION FORM

This form should be used in conjunction with the "General Safety Inspection Checklist" as appropriate to track the correction of identified hazards.

All hazards should be corrected as soon as possible, based on the severity of the hazard. If a serious imminent hazard cannot be immediately corrected, evacuate personnel from the area and restrict access until the hazard can be addressed.

INSPECTION CONDUCTED BY

NAME: _____ **PHONE:** _____

ADMINISTRATOR/DESIGNEE

SIGNATURE: _____ **DATE:** _____

Description and Location of Unsafe Condition	Date Discovered	Required Action and Responsible Party	Completion Date	
			Projected	Actual