



**Panhandle Area Educational Consortium
Safe Schools Planning**

**SAFETY INSPECTION, ACCIDENT
AND BLOODBORNE ASSESSMENT**

School District _____ Date _____

1.	YES NO	Does the school publicize (e.g., newsletter, posting, training) the existence of the employee hazard-reporting program and notify personnel regarding their rights and obligations in reporting hazardous situations? Remarks:
2.	YES NO	Are blank copies of forms and procedures for employees to report unsafe/unhealthful working conditions located in areas convenient to all workplaces, e.g., bulletin boards, time clocks, etc? Remarks:
3.	YES NO	Upon receipt, does the safety office log in the hazard report, contact the originator by telephone to acknowledge receipt and discuss the seriousness of the reported hazard, and advise the cognizant supervisor that a hazard has been reported? Remarks:
4.	YES NO	Does the safety office investigate all reports brought to its attention? Remarks:
5.	YES NO	Does the safety office provide an interim or complete response in writing to the originator of the report within 10 working days of <u>receipt</u> ? Remarks:
6.	YES NO	Does the interim response include: ___ Expected date of complete response? Remarks:

7.	YES NO	<p>Does the complete response include:</p> <p>___ A summary of action taken for abatement and the basis for a negative determination when no hazard exists?</p> <p>___ Encouragement to the originator to informally contact the safety office for additional information or if they are dissatisfied with the response?</p> <p>___ Reference to or procedures for making appeals and correct appeals levels?</p> <p>Remarks:</p>
8.	YES NO	<p>Do safety and health personnel inspect all workplaces at least annually?</p> <p>Remarks:</p>
9.	YES NO	<p>Have written guidelines been established for the increased inspection frequency of high hazard areas?</p> <p>Remarks:</p>
10.	YES NO	<p>Are high hazard areas inspected more frequently than annually as established by the school district?</p> <p>Remarks:</p>
11.	YES NO	<p>Are competent safety & health personnel conducting the workplace inspections as per SREF?</p> <p>Remarks:</p>
12.	YES NO	<p>Are inspectors provided with and know how to use appropriate technical test equipment? (i.e., ground impedance tester, tic tracer, sound level pressure meter, combustible gas meter, etc.). Are all test equipment calibrated?</p> <p>Remarks:</p>
13.	YES NO	<p>Are written reports of workplace inspections provided to the official in charge of the school / district inspected No Later Than 30 working days after the inspection to include Deficiency Notices?</p> <p>Remarks:</p>
14.	YES NO	<p>Are forms or a computer generated form containing the same information used to document school inspection reports?</p> <p>Remarks:</p>
15.	YES NO	<p>Are follow-up workplace inspections conducted to verify corrections have been made or to focus on specific problem areas?</p> <p>Remarks:</p>

ACCIDENT INVESTIGATION		
1.	<p>YES</p> <p>NO</p>	<p>Has the school district established guidelines delineating roles and responsibilities for reporting and investigating all mishaps?</p> <p>Result Property damage of \$_____ or more, or fatality, or permanent total disability.</p> <p>Property damage of \$_____ or more but less than_____, or permanent partial disability, or hospitalization of 3 or more personnel.</p> <p>Property damage of more than \$_____ but less than \$_____, or non-fatal injury that causes loss of time from work beyond the day or shift it occurred.</p> <p>Reportable damage is less than \$_____ or a non-fatal injury (no lost time / first aid case).</p> <p>Remarks:</p>
2.	<p>YES</p> <p>NO</p>	<p>Is a safety investigation of every mishap, major or minor, conducted? Do investigators/supervisors complete a written report with firm, factual findings and recommendations for specific corrective action(s) to be taken to prevent recurrence?</p> <p>Remarks:</p>
3.	<p>YES</p> <p>NO</p>	<p>Are priority telephone reports to PAEC/Sedgwick and cognizant headquarters made within 6 hours when any of the following occupationally related events occurs: (1) fatality, or permanent total disability, (2) hospitalization of 3 or more personnel/or permanent partial disability?</p> <p>Remarks:</p>
4.	<p>YES</p> <p>NO</p>	<p>Does the school district maintain a local database or equivalent "Injuries and Occupational Illnesses"?</p> <p>Remarks:</p>
5.	<p>YES</p> <p>NO</p>	<p>Does the school accurately compile and post an <u>annual</u> summary report of occupational injuries and illnesses for personnel in a conspicuous space not later than 45 days after the close of the fiscal year and leave in place for at least 30 days?</p> <p>Remarks:</p>
BLOOD BORNE PATHOGENS		

1.	YES NO	<p>Is hepatitis B vaccine made available and within 10 days of receiving bloodborne pathogens training, to all covered personnel when occupational exposure to bloodborne pathogens can be reasonably anticipated?</p> <p>Reference : 29 CFR 1910.1030 sec. (f)(2)(I)</p> <p>Does the health care professional designated to provide the vaccine also:</p> <p>(1) Explain the time schedule for the second and third vaccinations? (2) Record the vaccination in the person's medical record?</p> <p>Remarks:</p>
2.	YES NO	<p>Do all personnel covered under this instruction receive annual training on bloodborne pathogens? Is additional training provided as tasks or procedures change that could affect an individual's occupational exposure?</p> <p>Reference : 29 CFR 1910.1030 (g)(2)(iv) & (v)</p> <p>Remarks:</p>
3.	YES NO	<p>For new personnel, is the training given at the time of initial assignment to tasks involving occupational exposure?</p> <p>Reference : 29 CFR 1910.1030 (g)(2)(ii)(A)</p> <p>Remarks:</p>
4.	YES NO	<p>Does a person knowledgeable in the subject matter administer the training program as it pertains to the workplace?</p> <p>Reference : 29 CFR 1910.1030 (g)(2)(viii)</p> <p>Remarks:</p>

5.	<p>YES</p> <p>NO</p>	<p>Does the training program contain at a minimum:</p> <p>Reference : 29 CFR 1910.1030 (g)(2)(vii)</p> <ol style="list-style-type: none"> (1) Copy of the bloodborne pathogens standard, reference 28-1, this chapter, and an explanation of their content? (2) General explanation of the epidemiology and symptoms of bloodborne diseases? (3) Explanation of modes of transmission of blood borne pathogens? (4) Explanation of the exposure control plan and the means to obtain a copy? (5) Recognition of appropriate tasks/jobs involving exposure to blood borne pathogens? (6) Explanation of the use and limitations of methods to reduce or eliminate exposure risks? (7) Information on proper use and location of personal protective equipment? (8) Explanation of basis for selection of personal protective equipment? (9) Information on hepatitis B vaccine efficacy, safety, benefits, administration? (10) Appropriate actions and points of contact in emergencies involving blood borne pathogens? (11) Procedures following an exposure incident - reporting and medical follow-up? (12) Post-exposure and follow-up information? (13) Explanation of the signs and labels required? (14) Opportunity for interactive questions and answers with the person administering the training? <p>Remarks:</p>
6.	<p>YES</p> <p>NO</p>	<p>Do the training records maintained record the dates of training sessions, a summary of the session, the names and qualifications of the persons conducting the training, and the names and job titles of all personnel who attended the training session?</p> <p>Reference : 29 CFR 1910.1030 sec. (h)(2)(i)</p> <p>Remarks:</p>

7.	YES NO	<p>Are the training records maintained for 3 years from the date on which the training occurred?</p> <p>Reference : 29 CFR 1910.1030 sec. (h)(2)(ii)</p> <p>Remarks:</p>
8.	YES NO	<p>Are the training records provided upon request to personnel participating in the program and other officials, as appropriate?</p> <p>Reference : 29 CFR 1910.1030 sec. (h)(3)(ii)</p> <p>Remarks:</p>
9.	YES NO	<p>Does the school district ensure that all medical evaluations and procedures including the Hepatitis B vaccine and vaccination series and post-exposure evaluation and follow-up, including prophylaxis are:</p> <p>Reference : 29 CFR 1910.1030 sec. (f)(1)(ii)(A)-(D)</p> <p>(1) made available to employees at no cost; (2) made available at a reasonable time and place; (3) performed by or under the supervision of a physician or other licensed health care provider; (4) and provided according to current U.S. Public Health Service recommendations and guidelines?</p> <p>Remarks:</p>
10.	YES NO	<p>Is the follow-up report submitted to the servicing medical authority? The report should include the following:</p> <p>Reference : 29 CFR 1910.1030 sec. (f)(4)(ii)(C) and (D)</p> <p>(1) An explanation of the circumstances surrounding the exposure incident; (2) Identification of the source individual where the law permits. (The source individual's blood shall be tested after consent, if consent is necessary, in order to determine infectivity. If such information is already known, then such testing is not required.); (3) The exposed individual shall have the results of the source individual's testing made available to him/her, and shall be counseled on the confidentiality of the information.</p> <p>Remarks:</p>
11.	YES NO	<p>Is the examining health care professional provided with a copy of 29 CFR 1910.1030 and a description of the exposed individual's duties that relate to the exposure incident?</p> <p>Reference : 29 CFR 1910.1030 sec. (f)(4)(ii)(A) and (B)</p> <p>Remarks:</p>

12.	YES NO	<p>Is hepatitis B vaccine made available and within 10 days of receiving bloodborne pathogens training, to all covered personnel when occupational exposure to bloodborne pathogens can be reasonably anticipated?</p> <p>Reference : 29 CFR 1910.1030 sec. (f)(2)(I)</p> <p>Does the health care professional designated to provide the vaccine also:</p> <p>(1) Explain the time schedule for the second and third vaccinations? Temporary employees shall receive as many hepatitis B vaccine injections as time permits. Completion of the series at the Navy's expense should be a condition for rehire.</p> <p>(2) Record the vaccination in the person's medical record?</p> <p>Remarks:</p>
13.	YES NO	<p>Do all personnel covered under this instruction receive annual training on bloodborne pathogens? Is additional training provided as tasks or procedures change that could affect an individual's occupational exposure?</p> <p>Reference : 29 CFR 1910.1030 (g)(2)(iv) & (v)</p> <p>Remarks:</p>
14.	YES NO	<p>For new personnel, is the training given at the time of initial assignment to tasks involving occupational exposure?</p> <p>Reference : 29 CFR 1910.1030 (g)(2)(ii)(A)</p> <p>Remarks:</p>
15.	YES NO	<p>Does a person knowledgeable in the subject matter administer the training program as it pertains to the workplace?</p> <p>Reference : 29 CFR 1910.1030 (g)(2)(viii)</p> <p>Remarks</p>

16.	<p>YES</p> <p>NO</p>	<p>Does the Bloodborne training program contain at a minimum:</p> <p>Reference : 29 CFR 1910.1030 (g)(2)(vii)</p> <ol style="list-style-type: none"> (1) Copy of the bloodborne pathogens standard, and an explanation of their content? (2) General explanation of the epidemiology and symptoms of bloodborne diseases? (3) Explanation of modes of transmission of blood borne pathogens? (4) Explanation of the exposure control plan and the means to obtain a copy? (5) Recognition of appropriate tasks/jobs involving exposure to blood borne pathogens? (6) Explanation of the use and limitations of methods to reduce or eliminate exposure risks? (7) Information on proper use and location of personal protective equipment? (8) Explanation of basis for selection of personal protective equipment? (9) Information on hepatitis B vaccine efficacy, safety, benefits, administration? (10) Appropriate actions and points of contact in emergencies involving blood borne pathogens? (11) Procedures following an exposure incident - reporting and medical follow-up? (12) Post-exposure and follow-up information? (13) Explanation of the signs and labels required? (14) Opportunity for interactive questions and answers with the person administering the training? <p>Remarks:</p>
17.	<p>YES</p> <p>NO</p>	<p>Do the training records maintained record the dates of training sessions, a summary of the session, the names and qualifications of the persons conducting the training, and the names and job titles of all personnel who attended the training session?</p> <p>Reference : 29 CFR 1910.1030 sec. (h)(2)(i)</p> <p>Remarks:</p>

18.	YES NO	Does the employer document the exposure route and circumstance including the results of the source individual's blood testing (if available) and all other medical records appropriate to the treatment of the exposed individual, including vaccination status? Reference : 29 CFR 1910.1030 sec. (f)(4)(ii)(E) Remarks:
19.	YES NO	Is the exposed individual provided with a copy of the examining health care professional's written opinion within 15 days after completing the evaluation? Reference : 29 CFR 1910.1030 sec. (f)(5) Remarks:
20.	YES NO	Is the written opinion limited to informing the individual of the results and told of any medical conditions resulting from the exposure that may require further evaluation or treatment? Reference : 29 CFR 1910.1030 sec. (f)(5)(ii)(A) and (B) Remarks:
21.	YES NO	Do the medical records include the name and social security number of the exposed individual and does it include a copy of the individual's hepatitis B vaccination status and a copy of all examinations, medical testing and follow-up procedures? Reference : 29 CFR 1910 sec. (h)(1)(ii)(A) thru (C) Remarks:

Remarks: