

(SCHOOL DISTRICT/ISD)
SCHOOL SAFETY STANDARDS

Policy/Guidelines

The Board of Education believes that the employees and students of this District, as well as visitors, are entitled to function in an environment as free from hazards as can reasonably be provided. In This regard, and in accordance with law, the Board will provide reasonable and adequate protection to the lives, safety, and health of its employees.

The Superintendent shall be responsible for the maintenance of safety standards in the facilities to prevent accidents and to minimize their consequences. She/He shall designate an employee who shall conduct periodic audits of health and safety conditions within the facilities of the District in accordance with the Federal OSHA standards adopted by the State, and take appropriate action on any violations thereof to the Superintendent. Said employee shall also have the authority to organize and direct the activities of a District safety committee.

The Superintendent shall ascertain that the employees and students of this District are aware of their rights to an environment free of recognized hazards, that they are properly trained in safety methods, that protective devices and equipment are available to meet safety standards, and that proper rules and records are maintained to meet the requirements of the law.

In the event an inspection is made by a representative of the State, the Superintendent shall report the results thereof to the Board at the meeting following the receipt of the State report.

The desired outcomes of the District's safety program are:

- A. regularly-scheduled inspections of building and grounds to identify/correct potential hazardous conditions;
- B. quality tools, implements, machines, and vehicles that meet safety standards in normal usage;
- C. equipment that is in compliance with State safety standards in all respects;
- D. regularly-scheduled equipment servicing and maintenance to ensure safe and efficient operation;
- E. provision of approved protective devices to minimize personal injury.

Responsibility

The Superintendent shall be responsible for compliance with the Federal/State regulations and for maintaining communication with the Division of Occupational Safety and Health (MOSHA). Each principal/director is to assist by developing and administering such measures and practices as are necessary to adequately monitor safety conditions in the school and to prevent accidents.

The plan should be in accordance with recommendations provided by the State and should include the following:

- A. **Fire and Tornado**
 - 1. Fire exits are inspected daily to ensure each is ready for prompt and orderly egress.

2. Fire extinguishers are inspected annually and tagged when inspected. The Superintendent/Designee shall be notified when fire extinguishers have been discharged and need to be recharged or replaced.
3. The systems for giving fire and tornado alarms are to be checked at least yearly to insure that each is functioning properly.

B. **Playground Equipment**

As provided by State law, all new playground equipment is to be installed and maintained in accordance with the "Handbook for Playground Safety" published by the U.S. Consumer Products Safety Commission and ASTM F11487-93 published by the American Society for Testing and Maintenance. (M.C.L.A.408.681 et seq) At the beginning of each school year and as frequently thereafter as deemed necessary by the Directors, each school's playground is to be checked for safety by the Custodial Staff.

PHYSICIAN'S CERTIFICATION FOR USE OF A RESPIRATOR

Name _____

I have examined the above-named person and find that she/he is in the proper physical condition to safely withstand the stress associated with the use of a respirator. My examination included questioning of the above-named person. The questioning included, but was not limited to, the identification of exposing chemicals, duration of exposure(s), type(s) of respirator(s) used, and taking a medical history of the individual.

Physician

Date

Use Authorized by _____
(Supervisor of Instructor)

ACKNOWLEDGEMENT OF TRAINING

Employee's Name: _____

Date(s) of Training: _____

Instructor's Name: _____

Respirator(s) Involved in Training:

Name: _____

Manufacturer: _____

Model Name: _____

Number of Cartridges for Which Trained: _____

This is to certify that I have received instruction and/or training on the respirator I will be using and that I understand the following:

**Employee
Initial**

- [] The reason for the need of respiratory protection.
- [] The nature, extent, and effects of respiratory hazards to which I may be exposed while performing my job.
- [] The explanation of why engineering controls are not being applied or are not adequate and what efforts are being made, if possible, to reduce or eliminate the need for respirators.
- [] The reason why a particular type of respirator has been selected for a particular respiratory hazard, i.e. the correct respirator to use in different circumstances.
- [] The explanation for the operation, capabilities, and limitations of the respirator selected.
- [] The instructions given for selecting, inspecting, putting on, checking the fit of, wearing, and taking off the respirator.
- [] The instructions for selecting, cleaning, storing, and maintaining the respirator.
- [] The use, handling, adjustment, and wearing of the respirator including how to put it on, wear it properly, and check its seals.

- [] The instructions given for recognizing and coping with emergency situations, including emergency procedures such as the “additional man” and “standby man” rules.
- [] The instructions given for signs of damage and/or indications of malfunction of the respirator.

Signature

Date

Name of Instructor

PARENT NOTIFICATION AND AUTHORIZATION

As part of your child's program at school, it will be necessary for him/her to wear a respirator during his/her participation in _____*.

It has been determined that using a respirator places substantial strain on the cardiopulmonary system which could affect lung or heart problems. In order to be sure that your child is in proper physical condition to withstand the stress, it will be necessary for you to authorize your child to use a respirator and to have a physician sign the attached form. If you do not have a physician, the school's physician has agreed to examine your child for this purpose at a cost of \$_____.

Thank you for your cooperation

(Principal or Director)

* This information must be very specific as to the work being performed: i.e. sandblasting, spray painting, etc.

I give my permission for my child to wear a respirator as part of their vocational training at the school.

Student

Parent/Guardian

Date

ACKNOWLEDGEMENT OF PPE TRAINING

Employee's Name: _____

Date(s) of Training: _____

Instructor's Name: _____

PPE(s) Involved in Training:

This is to certify that I have received instruction and/or training on the above-named PPE(s) I will be using and that I understand the following:

**Employee
Initial**

- [] the reason for the need of the PPE
- [] the nature, extent, and effects of hazards to which I may be exposed while performing my job
- [] the proper way to wear the PPE
- [] the explanation for the capabilities and limitations of the PPE
- [] the proper way to store and/or maintain the PPE
- [] the expected life of the PPE
- [] the instructions given for signs of damage and/or indications of malfunction of the respirator
- [] the proper way to dispose of the PPE

Signature

Date

STUDENT SAFETY PROCEDURES

An important part of your education at the Skill Center includes active participation in our safety program. We promote and enforce safety rules and regulations according to standards set up by the Occupational Safety and Health Administration (OSHA).

I will review safety rules at the beginning of and throughout the year and will continually monitor to be sure these rules are adhered to consistently while you are working in the lab area.

Before you will be permitted to work with the equipment in the lab area, you will be required to demonstrate understanding of the safety rules and the safety procedures for the equipment. The lab will be inspected regularly to ensure that the equipment, operations, and procedures are safe for students and all persons working in or visiting the program.

- [] Every student, the instructor(s), and any visitors must wear industrial quality safety glasses at all times while participating in or observing classes in this lab. These glasses will bear a safety monogram on the lenses. If you wear prescription glasses, these must be industrial quality and bear this same safety monogram. Consult your personal doctor or optometrist for prescription safety glasses.

REMEMBER FOR THIS COURSE:

- [] **INDUSTRIAL SAFETY GLASSES**
- [] **LEATHER WORK SHOES** – in the lab
- [] **HARD HATS** – in the lab
- [] **GLOVES** – in the lab
- [] **SHIRT TAILS** – must be tucked in at all times
- [] **SLEEVES** – short, rolled up, or fastened snugly around the wrists at all times
- [] **JACKETS** – fastened at the waist at all times
- [] **JEWELRY** – must be removed in the lab
- [] **NO TIES** or other loose accessories in the lab
- [] **HAIR** – cut short, tied back, hat, or hair net in the lab

Please be prepared to adhere to these safety codes. Please feel free to come to me if you have any questions.

STUDENT SAFETY PLEDGE

As a student participating in _____ (course), it is required that you make the following safety pledge:

- A. I PROMISE TO FOLLOW ALL SAFETY RULES FOR THE COURSE.
- B. I PROMISE NEVER TO USE A MACHINE WITHOUT FIRST HAVING PERMISSION FROM THE INSTRUCTOR.
- C. I WILL NOT ASK PERMISSION TO USE A PARTICULAR MACHINE UNLESS I HAVE BEEN INSTRUCTED IN ITS USE AND HAVE MADE A SCORE OF 100% ON THE SAFETY TEST FOR THAT MACHINE.
- D. I WILL REPORT ANY ACCIDENT OR INJURY TO THE INSTRUCTOR IMMEDIATELY.

Student's Signature

Date

PARENTAL CONSENT TO ENROLL

Dear Parent:

Your child seeks to enroll in _____ in which, as a part of the Skill Center experience, she/he will be operating machines/equipment.

We can assure you that your child will be given proper instructions, both in the use of the equipment and safety procedures before being allowed to operate the machines/equipment. Your child must assume responsibility for following safe practices, and we ask that she/he subscribe to the following safety pledge:

- A. I PROMISE TO FOLLOW ALL SAFETY RULES FOR THE COURSE.
- B. I PROMISE NEVER TO USE A MACHINE WITHOUT FIRST HAVING PERMISSION FROM THE INSTRUCTOR.
- C. I WILL NOT ASK PERMISSION TO USE A PARTICULAR MACHINE UNLESS I HAVE BEEN INSTRUCTED IN ITS USE AND HAVE MADE A SCORE OF 100% ON THE SAFETY TEST FOR THAT MACHINE.
- D. I WILL REPORT ANY ACCIDENT OR INJURY TO THE INSTRUCTOR IMMEDIATELY.

YOU ARE CORDIALLY INVITED TO VISIT THE SHOP TO INSPECT THE MACHINES AND TO SEE THEM IN OPERATION.

I hereby give my consent to allow my child to operate all machines and equipment in carrying out the requirements of the course in which she/he is enrolled.

Parent's Signature

Date