School Risk Appraisal

School District Name: ________________________________ Date: __________

1.0 School

Contacts:
1.1 Director: ___________________________ 1.5 Human Resources: ______________________
1.2 Safety Coordinator: ____________________ 1.6 Maintenance: __________________________
1.3 Claims Processor: ______________________ 1.7 Admin Assist _______________________
1.4 Food Service Director _________________ 1.8 Custodial Manager ___________________

2.0 OPERATIONS
2.1 How Many locations: ____________________ Number of Students: ___________________

2.2 Equipment Used: How many buses, county vehicles, etc: ____________________________

2.3 How many vacant locations: ________________

2.4 If vacant building(s) how often are they checked: ______________ By whom: ____________

2.5 Any inter-change of employees between entities (SRO’s): ____________________________

2.6 Is there use of subcontracted labor: Y  or  N

2.7 Are Certificates of Insurances obtained: Y  or  N

2.8 Does member own or lease an airplane, boat, Drone, or construction equipment: __________

2.9 Who pilots or operates the plane, boat, drone, or machinery: _________________________

2.10 Any group transportation of employees to and from work: __________________________
2.12 Describe transportation method:________________________________________________________

NOTES:________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

3.0 EMPLOYEE INFORMATION

3.1 Employment#:  

Clerical ___________ Teachers ___________ Drivers ___________  
Food Service___________ Maintenance__________ Custodial___________  
Teachers Assistants___________ Administrative_______________

3.2 Any part-time, seasonal, or temporary labor:  Y or  N

3.3 Shifts worked (custodial):__________________________

3.4 Hours of operation:__________________________

3.5 HIRING PROCEDURES

3.6 How are prospective applicants obtained:______________________________________________

3.7 Who interviews and hires applicants:_______________________ Is it centralized  Y or  N

3.8 Is Pre-Placement screening conducted (physicals, drug testing, aptitude testing,
   contacting previous employers, etc.): If yes, explain:____________________________________
   __________________________________________________________________________________
   __________________________________________________________________________________
   __________________________________________________________________________________

3.9 Is there a probationary period:  Y or  N  How long: _______________
3.10 Is there a disciplinary plan: Y or N  Who administers: _______________ 

3.11 Is there an orientation / training program: __________________________

NOTES:  __________________________________________________________

______________________________________________________________________

______________________________________________________________________

______________________________________________________________________

4.0 INJURY & ACCIDENT REVIEW (LOSS ANALYSIS)

4.1 What type of injury is the most typical: _____________________________

______________________________________________________________________

4.2 Corrective actions taken: __________________________________________

4.3 What has been the most severe injuries: _____________________________

______________________________________________________________________

4.4 Corrective action taken: __________________________________________

4.5 Types of questionable injuries: _____________________________

NOTES:  __________________________________________________________

5.0 SAFETY & LOSS CONTROL PROGRAMS

5.1 Is there a management safety policy: Y or N

5.2 Written safety rules: Y or N

5.3 Is personal protective equipment required: R=required, S=supplied, @=required, will not wear

  Safety Glasses: _______________  Hearing Protection: _______________

  Footwear: _______________  Hard Hats: _______________

  Gloves: _______________  Respirators: _______________

  Other: __________________________

NOTES:
5.4 Are safety meetings held: If yes, frequency & documentation:

5.5 Is there a safety committee: If yes, frequency, make-up, follow-up, documentation:

5.6 Are accidents investigated: If yes, by who, documented, close calls, follow-up:

5.7 Are facility inspections conducted: If yes, frequency, items inspected, documentation, follow-up:

5.8 Is there a safety incentive program:

5.9 Has a hazard assessment / job hazard analysis been completed:

NOTES:

5.10 Safety Programs (Yes or No)

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<tr>
<th>Program</th>
<th>Yes or No</th>
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<tbody>
<tr>
<td>Haz Com</td>
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<td>CPI</td>
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<td>Lockout</td>
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<td>Forklift</td>
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<td>Haz Mat</td>
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<td>Confined Space</td>
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<td>Emergency Evacuation</td>
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<td>Workplace Violence</td>
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<td>Housekeeping</td>
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<td>First Aid Training/ AED</td>
<td># of employees, re-training:</td>
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<td>Lifting &amp; Backcare Training:</td>
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<td>Recordkeeping Policies:</td>
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Machine Guarding Policy:

Welding & Hot Work:

Hand Tool Inspection Policy (box cutters, hammers, wedges, wrenches, electric & air powered tools):

Overhead Crane Inspection:

Type of Ventilation:

Fall Protection: Trenching/Shoring: Signage:

Electrical: Ladder & Scaffolding: Floor Opening:

Mobile Equipment Alarms: Cranes, Cherry Pickers, Hoists:

5.11 Traffic Control (Student Drop Off Pick Up Plans):

NOTES:

5.12 Transportation / Vehicles / Contracted Drivers

Contracted Drivers: Y or N

Dead Points of Communication: Y or N

Number & type of vehicles:

Number of Drivers:

Overnight:

Are MVR’s checked Annually: Are seat belts used by operators:

NOTES:
5.13 Fire Safety

Are backflow Preventer Inspections performed annually: Y or N

How often are backflow preventers inspected: ____________________________

Is fire extinguisher training conducted: ________ Is smoking permitted: _______________________

Is there an emergency evacuation plan: ____________________________________________

How is flammable liquids/material stored: ______________________________________

Is there a welding / hot work permit policy: _______________________________________

NOTES: _________________________________________________________________________

______________________________________________________________________________

5.13 Industrial Hygiene

Any air sampling: For what substance: ____________________________

Has a mold survey been conducted: ___ (not recommended) __________________________

NOTES: _________________________________________________________________________

______________________________________________________________________________

5.14 Inspections: Facility & Equipment

Are all building inspections conducted annually: ____________________________

Are overhead cranes & hoists inspected: ______________________________________

Are slings, chains, and cables inspected: ______________________________________

Are electrical boxes, outlets, junction boxes, extension cords, power lines, service lines, and other power sources inspected: ____________________________

Are licensed and non-licensed vehicles inspected: ____________________________

Are machine guards inspected: ____________________________ Housekeeping Practices: __________________

PPE Use: ___________________________________________ Lockout Use: ______________
5.15 Forklifts & other Mobile Equipment

Number & type of non-licensed vehicles:_______________________________________________________
________________________________________________________________________________________
Number of operators:__________________________ Type of Training:__________________________
________________________________________________________________________________________
Is there a daily maintenance inspection checklist:_______________________________________________

5.16 Maintenance

# of employees in the maintenance dept.:_______________________________________________________

Maintenance is conducted on the following:

  Equipment:________________          Non-licensed equipment:_______________________________
  Company vehicles:_________________ Building maintenance:_______________________________
  Flat Roofs:________________________

Is a preventive maintenance program in effect:_________________________________________________

Are written records kept on PM activities:___________________________________________________

Are service contracts, owner’s manual’s, recall notices, kept on file:____________________________
Is a lockout policy in effect for all repair, service, cleaning, clearing, adjusting activities:__________

NOTES:________________________________________________________________________________________

________________________________________________________________________________________

5.17 General Safety Issues

Is or have any employees been trained in asbestos:______________________________________________

Has an emergency evacuation & disaster plan been established:_____________________________________

Are supervisors evaluated on the safety performance of their dept.:_______________________________

5.18 Data Management

Who manages Accident & Injury records:_______________ MSDS:___________________

Employee Med. Records:_______________ Training Records:___________________

Documentation of Safety Activities:___________________

NOTES:________________________________________________________________________________________

________________________________________________________________________________________

6.0 Claims Management

6.1 What are the injury reporting procedures:_____________________________________________________

6.2 Is there an in-house health care provider:_____________________________________________________

6.3 Have employees trained in first aid been identified to all employees:  Y   or    N

6.4 Are first aid kits and AED’s available:________________________________________________________

6.5 Is injured employee contacted by the claims processor:   Y    or   N

6.6 Is a Return-to-Work Program in place:________________________________________________________

6.7 Is a Wellness Program in place:______________________________________________________________
7.0 Loss Control Final Assessment

_______________________________________________________________

_______________________________________________________________

_______________________________________________________________

8.0 Describe facility inspection noting: physical condition of building, equipment, machinery, and working conditions for employees, adherence to safety policies discussed in initial meeting, work practices, and hazards (current & potential) noted during tour. This section will be used to support your loss control recommendations and opinion.

_______________________________________________________________

_______________________________________________________________

Survey Summary: Assess conditions, work practices, management attitude, commitment to safety, acceptance of recommendations, and controllability of hazards.

Indicate opinion of member as: (Circle One)

- **Above average** - Above average controls, program exceeds average controls for its class. Loss experience reflects program effectiveness.
- **Average** - Average controls over exposures for its industry class. Some deficiencies / lack of program controls, however not significant. Recent loss experience reflects program effectiveness.
- **Below Average** - Significant hazards, deficiencies, and lack of control over exposures for its class. However, management’s attitude is positive toward recommendations and correctability is good within next 12 months.
- **Poor** - Significant hazards, deficiencies, and lack of control over exposures for its class and highly unlikely any chance of correcting deficiencies within policy year.

Training Needs Identified: ____________________________________________

Additional Surveys Needed: Y or N  Locations: ____________________________

Other needs: _________________________________________________________