

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: _____

5.4 Are safety meeting 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)

Haz Com: _____ CPI: _____ Lockout: _____ PPE: _____

Respiratory: _____ BBP: _____ Forklift: _____ Haz Mat: _____

Confined Space: _____ Emergency Evacuation: _____ Fire Safety: _____

Ergonomics: _____ Workplace Violence: _____ Housekeeping: _____

First Aid Training/ AED , # of employees, re-training: _____

Lifting & Backcare Training: _____

Recordkeeping Policies: _____

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: _____

Hand Tools: _____ **Work Practices:** _____

NOTES: _____

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: _____

NOTES: _____

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: _____

OFFICIAL USE ONLY

School Name _____

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: _____