

# **SAFETY AND HEALTH FORMS**

**Researched,  
Assembled and Edited By:**

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# **Granville County Schools SAFETY AND HEALTH FORMS**

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**Granville County Schools  
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## **SAFETY POLICY STATEMENT**

It is the policy of Granville County Schools that the Injury and Illness Prevention Program will be considered of primary importance in all phases of operations and administration of Granville County Schools.

It is the intention of Granville County Schools' top management to provide safe and healthy working conditions and to establish and insist upon safe practices at all times by all employees.

The prevention of injury and illness is an objective affecting all levels of the organization and its activities.

It is a basic requirement that each supervisor make the safety of employees an integral part of his or her regular management function.

It is equally the duty of each employee to accept and follow established safety regulations and procedures.

Every effort will be made to provide adequate training to employees. However, if an employee is ever in doubt how to do a job safely, it is their duty to ask a qualified supervisor or manager for assistance.

Employees are expected to assist management in injury and illness prevention activities. Unsafe conditions must be reported.

Fellow employees that need help should be assisted.

Everyone is responsible for the housekeeping duties that pertain to their jobs.

Any injury that occurs on the job, even a slight cut or strain, must be reported to management as soon as possible. In no circumstance, except an emergency, should an employee leave a shift without reporting an injury that occurred.

When you have an injury and illness, everyone loses; you, your family, your fellow workers and Granville County Schools.

Please work safely. It's good for everyone.

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## **ASSIGNMENT OF RESPONSIBILITY**

**Sidney B. Moody**, GCS Safety/Regulatory Coordinator, will be the Safety and Health Manager. The Safety and Health Manager, with the support of the GCS Administration, will see to it that Granville County Schools' managers and supervisors will assume their respective responsibility for the safety and health of their assigned staff.

Those responsibilities will include, but will not be limited to:

Review safety policies and procedures; become familiar with functions and responsibilities of supervision and the interrelationships with other departments.

Develop a sound technical knowledge of all applicable NCDOL/OSHA Safety Orders and Regulations; also stay current with requirements made by other government agencies.

Maintain an occupational training program covering hazards basic to all types of employment and those unique to each worker's job assignment.

Correct unsafe and unhealthy work practices in a timely manner and document these changes.

Schedule and conduct regular safety training meetings with all employees.

Perform first-aid duties as required that will include maintaining appropriate first-aid supplies, dissemination of emergency procedures, and provide first-aid training.

Keep records of all employee training, corrections of unsafe conditions, dates and results of workplace inspections.



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# **ACKNOWLEDGEMENT OF RECEIPT AND REVIEW OF CODE OF SAFE PRACTICES**

## **TO ALL EMPLOYEES:**

Attached is a copy of the Code of Safe Practices {SEE SECTION- EMPLOYEE SAFETY & HEALTH PLAN} for Granville County Schools. These guidelines are provided for the employee's safety.

It is the responsibility of

---

(Employee) (Print)

to review and comply with this Code of Safe Practices.

The attached copy of the Code of Safe Practices is for the employee to keep.

Please sign and date below and return only this page to:

**Granville County Schools  
Sidney B Moody Safety/ Regulatory Coordinator  
Safety and Health Manager**

I have read and understand the Code of Safe Practices for Granville County Schools.

---

**Employee Signature**

---

**Date**

**Granville County Schools  
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## **NOTICE OF SAFETY INFRACTION**

We consider the safety of the employees to be very important.

Therefore, to prevent accidents, it is Granville County Schools' policy to strictly enforce Granville County Schools' safety rules.

Infractions of safety rules will result in the following: These will be suggested at the Supervisor's Discretion.

1st Infraction – Written/Verbal Warning

2nd Infraction – Written Warning

3rd Infraction– 3 to 5 Day Suspension

4th Infraction – Dismissal

---

(Employee)

Has been observed working in the following unsafe manner, contrary to Granville County Schools' safety rules:\_\_\_\_\_

This is the

- \_\_\_ 1st Infraction
- \_\_\_ 2nd Infraction
- \_\_\_ 3rd Infraction
- \_\_\_ 4th Infraction

---

Administrator Signature

File and send copy to Safety/Regulatory Coordinator.



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## **SAFETY COMMITTEE COMMUNICATION**

Granville County Schools will maintain open communication between management and staff on matters pertaining to safety.

The employees thoughts regarding safety are considered important, and we encourage their active participation in Granville County Schools' safety and health program. No one knows your job conditions better than the employee. Information given will be documented and put on the Safety Hazard watch and a plan and/or action started to correct the issue.

Employees are encouraged to express any of their safety and health concerns or suggestions during safety meetings, individually to their supervisor, or in writing on the safety suggestion form. (This allows the employee to remain anonymous if they so desire.)

Be assured that all safety suggestions will be given serious consideration, and that each will receive a response.

In turn, Granville County Schools will provide current safety news and activities, safety reading materials, signs, posters, and a bulletin board for easy access to them all so that all employees have an opportunity to receive safety training and voice personal opinions regarding safety.

Regular safety committee meetings will be held: At least each month at the school, more if needed; It is suggested that GCS have a district meeting with representatives from each facility two times per year; once in September; and again in early May.

Every employee will have an opportunity to receive safety training and voice personal opinions regarding safety.

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## **SAFETY AND HEALTH SUGGESTIONS**

Granville County Schools' employees are not required to work at a job he/she knows is not safe or healthful.

Employee cooperation in detecting hazards and in controlling them is a condition of your employment.

Granville County Schools' employees are advised that use of this form or other reports of unsafe conditions or practices are protected by law. It would be illegal for the school system to take any action against an employee in reprisal for exercising rights to participate in communications involving safety.

Granville County Schools' Safety and Health Manager will investigate any report or question as required by the Injury and Illness Prevention Program Standard.

**Description of unsafe condition or practice:**

---

---

Attach additional sheet as needed

**Causes or other factors:**

---

---

Attach additional sheet as needed

**Employee suggestion for improving safety:**

---

---

Attach additional sheet as needed

**Has this matter been reported to Maintenance or Facilities Asst. Superintendent?**

**Yes** \_\_\_ **No** \_\_\_

**Comments:**

---

---

**Actions Taken:**

---

---

**Employee Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Optional if you desire

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The minutes are now done with an online form:  
<gcs.k12.nc.us - select departments;select  
safety;select operation reports;choose safety  
committee minutes >

~~SAFETY AND HEALTH COMMITTEE MINUTES~~

Meeting Date: \_\_\_\_\_ Next Meeting: \_\_\_\_\_  
Location: \_\_\_\_\_

Chairperson: \_\_\_\_\_  
\_\_\_\_\_

Members in Attendance: \_\_\_\_\_  
Attach sign in sheet \_\_\_\_\_

Minutes of Last Meeting:  
Read at this meeting ? (Y) (N) On file ? (Y) (N)  
Copy sent to S&H Manager ? (Y) (N) If yes just send this meeting.

Old Business: Document or attach  
\_\_\_\_\_  
\_\_\_\_\_

New Business: Document or attach  
\_\_\_\_\_  
\_\_\_\_\_

Accident & Illnesses: (Y) (N) Document or attach  
\_\_\_\_\_  
\_\_\_\_\_

Actions Taken: Document or attach  
\_\_\_\_\_  
\_\_\_\_\_

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SAFETY AND HEALTH FORMS**

## SAFETY AND HEALTH CORRECTIVE ACTION PLAN

**Description of Problem** (Write each on separate sheet- easier to track)

**Location:**

**Hazards:**

**Status:**

**Step(s) To Be Taken:**

**Remarks:**

**Due Date:** \_\_\_\_\_

**Responsible Person assigned** \_\_\_\_\_ -

File and send copy to Safety/Regulatory Coordinator.

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## **JOB SAFETY ANALYSIS CHECKLIST-1**

**Job Description:** \_\_\_\_\_

**Location:** \_\_\_\_\_

**Completed by:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Each school's Safety Committee will complete the Job Hazard Analysis; Through surveys or observation. One page per job.

1. Are there materials on the floor that could trip a worker?

**COMMENTS:**

---

2. Is lighting adequate?

**COMMENTS:**

---

3. Are there any explosive hazards associated with the job or are any likely to develop?

**COMMENTS:**

---

4. Are tools, including hand tools, machines and equipment in need of repair?

**COMMENTS:**

---

5. Has all office storage been arranged in an orderly manner for easy access and elimination of any fire danger?

**COMMENTS:**

---

6. Is there excessive noise in the work area, hindering worker communication?

**COMMENTS:**

---

7. Is fire protection equipment readily accessible and have employees been trained to use it?

**COMMENTS:**

---

8. Are emergency exits clearly marked?

**COMMENTS:**

---

9. Are all employees operating GCS vehicles and equipment properly trained and authorized?

**COMMENTS:**

---

10. Are employees wearing proper personal protective equipment for the jobs they are performing?

**COMMENTS:**

---

11. Have any employees complained of headaches, breathing problems, or strong odors?

**COMMENTS:**

---

12. Is ventilation adequate, especially in confined spaces?

**COMMENTS:**

---

13. Is the worker wearing protective clothing and equipment, including safety belts or harnesses that are appropriate for the job?

**COMMENTS: N/A**

---

14. Are work positions, machinery, pits or holes, and hazardous operations adequately guarded?

**COMMENTS: N/A**

---

15. Are lockout procedures used for machinery deactivation during maintenance procedures?

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## “RIGHT TO KNOW” SAFETY AND HEALTH TRAINING ACKNOWLEDGMENT

\_\_\_\_\_ (employee) certify that I have received “Right to Know” training from Granville County Schools in the following marked areas:

1. Compliance with all rules and regulations with specific instruction in respect to hazards specific to each employee's job assignment.
2. Potential occupational hazards in general in the workplace in relation to my job assignment.
- 3 Code of Safe Practices that indicate the safe work conditions, safe work practices and personal protective equipment required for my job duties.
4. Notification of new or previously unrecognized hazards.
5. Hazards involved with any chemical to which I may be exposed and my right to information contained on the Material Safety Data Sheets for any of these chemicals. This information was explained to me so that I could understand my exposure to these chemicals.
6. System for communicating with employees on occupational safety and health matters, including provisions designed to encourage employees to inform the employer (either directly or anonymously) of hazards at the worksite without any fear of reprisal.
7. Other topics covered during the training instruction:\_\_\_\_\_

I understand this “Right to Know” training and agree to comply with the Code of Safe Practices for myself as an employee of Granville County Schools with my job assignment.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

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### HAZARDOUS CONDITION REPORT & Action Planner

Location: \_\_\_\_\_

Date: \_\_\_\_\_

**SUGGESTED CHANGES TO CORRECT THE CONDITION:**

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Name (Optional): \_\_\_\_\_

Date: \_\_\_\_\_

Job Title (Optional)

---

**EMPLOYER RESPONSE TO SUGGESTIONS:**

Investigator: \_\_\_\_\_

Date: \_\_\_\_\_

Conditions Found:

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**Actions Taken:**

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Responsible person assigned : \_\_\_\_\_

**School Safety Committee Chairperson**

Signature

Date

File and send copy to Safety/Regulatory Coordinator.

**Date of Corrective Action:** \_\_\_\_\_ **Completion Date** \_\_\_\_\_



## INDIVIDUAL SAFETY AND HEALTH TRAINING SUMMARY

Employee:

---

Position:

---

**Rights and Responsibilities Received statement of employee's right and responsibilities**  
(Y) (N) DATE\_\_\_\_\_

**General Safety Received statement of general safety rules and job hazard analysis**  
(Y) (N) DATE\_\_\_\_\_

**Cleaning Maintenance Training provided of personnel protective equipment**  
(Y) (N) DATE\_\_\_\_\_

**MSDS and Labels Training provided in use, location and interpretation**  
(Y) (N) DATE\_\_\_\_\_

**Lockout/Tag out Reviewed Lockout/Tag out procedures for all equipment**  
(Y) (N) DATE\_\_\_\_\_

**Chemicals and Health Hazards and Bloodborne Pathogens**  
(Y) (N) DATE\_\_\_\_\_

**Safe Operations of Machinery and Vehicles**  
(Y) (N) DATE\_\_\_\_\_

File and send copy to Safety/Regulatory Coordinator.



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## **MACHINE OPERATOR TRAINING RECORD**

Safety Training for the machinery/equipment listed below is **MANDATORY** for all operators. If your name does not appear on this list, you are not authorized to operate this machinery/equipment. **STOP** and get assistance.

(Posted on Maintenance Bulletin Board)

**THE EMPLOYEES LISTED  
ARE TRAINED AND AUTHORIZED TO  
OPERATE THE MAINTENANCE LIFT TRUCK:**

As of 10/22/10

Michael Alford  
Michael Alston  
Eric Beltran  
Jack Blackwell  
Randy Claiborne  
Cynthia Hester  
Kimmie Howell  
Sidney Moody  
Larry Royster  
Marty Saunders  
Iris Tuck  
Bob Williford  
Gilbert Wilson

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## WEEKLY TAILGATE MEETING

Completed by: \_\_\_\_\_

Location: \_\_\_\_\_ Date: \_\_\_\_\_

Employees Present:

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### TOPICS DISCUSSED AND RESOLVED

Topics and resolution (describe correction action required)

Action to resolve: \_\_\_\_\_

Topic \_\_\_\_\_

Action to resolve: \_\_\_\_\_

Topic \_\_\_\_\_

Action to resolve: \_\_\_\_\_

Corrective Action Required? YES: \_\_\_\_\_ NO: \_\_\_\_\_

Responsible Person Assigned or Volunteer \_\_\_\_\_

Date of Corrective Action: \_\_\_\_\_ Completion Date: \_\_\_\_\_

File and send copy to Safety/Regulatory Coordinator.

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## Program Compliance Verification Checklist- Page-1

**Completed and Verified by:** \_\_\_\_\_

File and send copy to Safety/Regulatory Coordinator.

**Location:** \_\_\_\_\_

1. Is the person or persons with the authority and responsibility for implementing and directing the program identified?

**(Yes) (No) COMMENTS:**

\_\_\_\_\_

2. Is there a system for ensuring that employees comply with safe and healthy work practices?

(i.e.,

Such as employee incentives, training programs, and/or disciplinary action.)

**(Yes) (No) COMMENTS:**

\_\_\_\_\_

3. Is there a system that provides communication with affected employees on occupational safety and health matters?

(i.e. meetings, training programs, have written communications, anonymous notification concerning hazards, and health and safety committees.)

**(Yes) (No) COMMENTS:**

\_\_\_\_\_

4. Does the communication system include provisions designed to encourage employees to inform the employer of hazards at the workplace without fear of reprisal?

**(Yes) (No) COMMENTS:**

\_\_\_\_\_

5. Is there a system for identifying and evaluating workplace hazards whenever new substances, processes, procedures, or equipment are introduced to the workplace and whenever the employer receives notification of a new or unrecognized hazard?

**(Yes) (No) COMMENTS:**

\_\_\_\_\_

6. Were workplace hazards identified when the program was first established?

**(Yes) (No) COMMENTS:**

\_\_\_\_\_

7. Are periodic inspections for safety and health hazards a scheduled program?

**(Yes) (No) COMMENTS:**

\_\_\_\_\_

## Program Compliance Verification Checklist Page-2

8. Are records kept of inspections made to identify unsafe conditions and work practices?

**(Yes) (No) COMMENTS:**

---

9. Are there accident, exposure and "near miss" investigation procedures?

**(Yes) (No) COMMENTS:**

---

10. Are unsafe or unhealthy conditions and work practices corrected in an expeditious manner, with the most hazardous conditions given correction priority?

**(Yes) (No) COMMENTS:**

---

11. Are employees protected from serious or imminent hazards until they are corrected?

**(Yes) (No) COMMENTS:**

---

12. Have employees received training in general safe and healthy work practices?

**(Yes) (No) COMMENTS:**

---

13. Do employees know the safety and health specific to their job assignments?

**(Yes) (No) COMMENTS:**

---

14. Is training provided for all employees when the training program is first established?

**(Yes) (No) COMMENTS:**

---

15. Is training provided to all new employees and to all employees given a new assignment?

**(Yes) (No) COMMENTS:**

---

16. Are training needs of employees evaluated whenever new substances, processes, procedures or equipment are introduced to the workplace and whenever the employer receives notification of a new or previously unrecognized hazard?

**(Yes) (No) COMMENTS:**

---

17. Are supervisors knowledgeable of the safety and health hazards to which employees under their immediate direction and control may be exposed?

**(Yes) (No) COMMENTS:**

## Program Compliance Verification Checklist Page-3

18. Are records kept documenting safety and health training for each employee, including employee

name or other identifier, training dates, type(s) of training and training providers?

**(Yes) (No) COMMENTS:**

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19. Does the employer have a labor/management safety and health committee?

**(Yes) (No) COMMENTS:**

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**ANSWER THE FOLLOWING QUESTION ONLY IF THE ANSWER TO #19 IS YES**

20. Is a written record of the committee meetings distributed to affected employees and maintained for

review by Cal/OSHA?

**(Yes) (No) COMMENTS:**

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---

21. Does the committee review the results of all workplace hazard identification inspections?

**(Yes) (No) COMMENTS:**

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22. Does the committee review accident, exposure and "near Miss" investigation reports, and when

necessary, recommend corrective actions for the prevention of similar incidents? (

**(Yes) (No) COMMENTS:**

---

---

23. Does the committee review investigations of alleged hazards brought to the attention of any committee member?

**(Yes) (No) COMMENTS:**

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24. Does the committee conduct its own investigations and inspections to determine the status of and

assist in remedial solutions?

**(Yes) (No) COMMENTS:**

---

---

25. Does the committee evaluate employee safety suggestions and take proper actions?

**(Yes) (No) COMMENTS:**

---

---

26. Does the committee verify abatement action taken by the employer as specified in Cal/OSHA citations upon the request of the Division?

**(Yes) (No) COMMENT**

SAFETY AND HEALTH FORMS

OFFICE SAFETY INSPECTION FORM PAGE-1

Completed by:

Location:

Date:

1. All obstructions have been removed from aisles and exit doors?

COMMENTS:

2. All exit doors are identified with signage and can be opened without special effort?

COMMENTS:

3. All hardware is in good working condition?

COMMENTS:

4. All fire extinguishers have been recharged, dates verified and hung with proper signage?

COMMENTS:

5. All office storage has been arranged in an orderly manner for easy access and elimination of any fire danger?

COMMENTS:

6. All combustibles have been provided with a 30" clearance space from heating equipment?

COMMENTS:

7. All trash and debris (especially paper) has been removed from work areas?

COMMENTS:

8. All spills are cleaned up immediately and slippery surfaces are abated?

COMMENTS:

9. Unused paints and other flammable materials are properly stored?

COMMENTS:



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**OFFICE SAFETY INSPECTION FORM PAGE- 2**

Completed by: \_\_\_\_\_; Location: \_\_\_\_\_; Date: \_\_\_\_\_

**10.** All work areas have safe walking space between the work stations?

**COMMENTS:**

\_\_\_\_\_

**11.** Personnel protective equipment is accessible to all employees?

**COMMENTS:**

\_\_\_\_\_

**12.** All electrical outlets are properly used and are not overloaded with plugs and/or equipment?

**COMMENTS:**

\_\_\_\_\_

**13.** Hazardous waste is stored properly and spills are reported and abated immediately?

**COMMENTS:**

\_\_\_\_\_

**14.** There is a Safety Center Bulletin Board with all required OSHA and Federal Labor Law posters posted in understandable languages for all employees?

**COMMENTS:**

\_\_\_\_\_

**15.** There are adequate first aid kits available for all occupants of the facility?

**COMMENTS:**

\_\_\_\_\_

**16.** There are adequate first aid kits available in all county cars used by employees of this facility?

**COMMENTS:**

\_\_\_\_\_

**COMMENTS:**

\_\_\_\_\_

**COMMENTS:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Granville County Schools  
SAFETY AND HEALTH FORMS

# ACCIDENT AND INCIDENT REPORT

Date of Accident: \_\_\_\_\_ Location: \_\_\_\_\_

Name:

\_\_\_\_\_

Position:

\_\_\_\_\_

Persons Involved (Names, Injuries):

\_\_\_\_\_

Details of Accident and Incident: (What Happened ?)

\_\_\_\_\_

\_\_\_\_\_

Description of Physical or Property Damage:

\_\_\_\_\_

\_\_\_\_\_

Hazardous Materials or Wastes Released?(Y) (N) IF Yes detailed description:

\_\_\_\_\_

Person(s) Notified:

\_\_\_\_\_

Witnesses (Name, Address, Phone):

\_\_\_\_\_

Recommendations:

\_\_\_\_\_

\_\_\_\_\_

Person Reporting: \_\_\_\_\_ Date \_\_\_\_\_

File and send copy to Safety/Regulatory Coordinator.

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## **SUPERVISOR'S REPORT OF ACCIDENT**

**Employee's Name** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Job Position / Title:** \_\_\_\_\_

**Supervisor's Name:** \_\_\_\_\_

**Shift Hours:** \_\_\_\_\_ **To** \_\_\_\_\_

**Date and Time of Accident:** \_\_\_\_\_

**Exact Location of Accident:** \_\_\_\_\_

**Date and Time Accident Reported:** \_\_\_\_\_

**To Whom Accident Reported:** \_\_\_\_\_

**Job Task Being Performed When Accident Occurred:** \_\_\_\_\_

**Names of Witness(es):** \_\_\_\_\_

**Accident Resulted In:** ( ) Injury ( ) Fatality ( ) Property Damage ( ) Other

**First Aid Given:** ( ) Yes ( ) No ( ) Medical Treatment Required ( ) Yes ( ) No ( )

**Lost Workdays** ( ) Yes ( ) No ( ) ; **List Days and Hours:** \_\_\_\_\_

**What Conditions, Events or Actions Most Directly Contributed to the Accident?** \_\_\_\_\_

**Description of Accident:** \_\_\_\_\_

**Supervisor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

File and send copy to Safety/Regulatory Coordinator.

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## **ACCIDENT – EXPOSURE INVESTIGATION REPORT**

**Accident Description Summary:** \_\_\_\_\_  
\_\_\_\_\_

**Date of Accident:** \_\_ / \_\_ / \_\_ **Time:** \_\_\_\_\_ (AM) (PM)

**Location:** (School etc.) \_\_\_\_\_

**Employees Involved:** \_\_\_\_\_

**Preventative Action Recommendations:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Corrective Actions:** \_\_\_\_\_  
\_\_\_\_\_

**Begin Date:** \_\_\_\_\_

**Responsible Manager:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Corrections Completed Date:** \_\_\_\_\_

**Medical Action Taken:** \_\_\_\_\_

**Report Prepared By:** \_\_\_\_\_

**Completed:** \_\_ / \_\_ / \_\_\_\_

**Safety Committee Review: (YES) (NO)**

**Safety Communication by:** \_\_\_\_\_ **Date:** \_\_ / \_\_ / \_\_\_\_

**Supervisor/Manager** (signature) \_\_\_\_\_ **Date** \_\_ / \_\_ / \_\_\_\_

File and send copy to Safety/Regulatory Coordinator.

**Granville County Schools  
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## **EMPLOYEE'S REPORT OF ACCIDENT**

**Employee's Name:** \_\_\_\_\_

**Job Position / Title:** \_\_\_\_\_

**Supervisor's Name:** \_\_\_\_\_

**Shift Hours:** \_\_\_\_\_ **to** \_\_\_\_\_ **Days Off:** \_\_\_\_\_

**Date and Time of Accident:** \_\_\_/\_\_\_/\_\_\_, \_\_\_:\_\_\_ (AM) (PM)

**Exact Location of Accident:** (School etc) \_\_\_\_\_

**Date and Time Accident Reported:** \_\_\_/\_\_\_/\_\_\_, \_\_\_:\_\_\_ (AM) (PM)

**To Whom Accident Reported:** \_\_\_\_\_

**Job Task Being Performed When Accident Occurred:** \_\_\_\_\_

**Names of Witness(es):** \_\_\_\_\_

**Description of Accident:** \_\_\_\_\_

**Describe any Injuries in Detail:** \_\_\_\_\_

---

**Date you First Sought Medical Attention:** \_\_\_/\_\_\_/\_\_\_

**Doctor's Name/Hospital Name:** \_\_\_\_\_; **Location:** \_\_\_\_\_

**Employee Signature:** \_\_\_\_\_ **Date:** \_\_\_/\_\_\_/\_\_\_

Keep copy for you, give copy to principal, give copy to School Safety Committee to review, file,  
and send copy to Safety/Regulatory Coordinator.

Granville County Schools  
SAFETY AND HEALTH FORMS

**POST THESE IN APPROPRIATE AREAS**

**EMERGENCY PHONE NUMBERS**

**GRANVILLE COUNTY SCHOOLS  
ADMINISTRATION \_\_\_\_\_ 919-693-4613**

**EMERGENCY: \_\_\_\_\_ 911**

**AMBULANCE: \_\_\_\_\_**

**FIRE-RESCUE: \_\_\_\_\_**

**HOSPITAL: \_\_\_\_\_**

**POLICE: \_\_\_\_\_**

**POISON CONTROL CENTER: \_\_\_\_\_**

**HAZARDOUS WASTE: \_\_\_\_\_**

**OTHER IMPORTANT COMPANY NUMBERS:**

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**Safety and Health Manager: \_\_ 919-693-4613,ext 101260  
: \_\_ cell: 919-693-0653**

**Granville County Schools  
SAFETY AND HEALTH FORMS**

**MONTHLY FACILITY INSPECTION CHECKLIST**

**S = SATISFACTORY N = NEEDS ATTENTION I = IMMEDIATE ATTN**

**DATE:** \_\_\_ / \_\_\_ / \_\_\_ **INSPECTOR:** \_\_\_\_\_ **TITLE:** \_\_\_\_\_

- (S)(N)(I)--1.** Ventilation and illumination adequate in all areas.
- (S)(N)(I)--2.** Aisles and passageways clear and unobstructed.
- (S)(N)(I)--3.** Temporarily obstructed passageways clearly identified and barricaded.
- (S)(N)(I)--4.** All spillage and breakage immediately cleaned up.
- (S)(N)(I)--5.** Electric cords and phone cables secured to prevent tripping hazards.
- (S)(N)(I)--6.** Floors in good condition. Floors made slip resistant where necessary.
- (S)(N)(I)--7.** Storage and equipment rooms clean and orderly.
- (S)(N)(I)--8.** Stairways equipped with standard handrails.
- (S)(N)(I)--9.** Employees given proper instruction on use of equipment, tools, machinery.
- (S)(N)(I)--10.** Protective equipment, devices and clothing used as required.
- (S)(N)(I)--11.** Electrical tools and machinery properly grounded.
- (S)(N)(I)--(S)(N)(I)--12.** All waste materials deposited in proper containers.
- (S)(N)(I)--13.** Waste receptacles emptied before completely full.
- (S)(N)(I)--14.** "Authorized personnel only" rule enforced in designated areas.
- (S)(N)(I)--15.** Fire extinguishers, charged and of proper size and type for each station.
- (S)(N)(I)--16.** Instruction given on what to in case of fires or other emergencies.
- (S)(N)(I)--17.** No smoking rule enforced in restricted areas.
- (S)(N)(I)--18.** Fire escapes and exits adequately marked and kept clear.

**RECOMMENDATIONS**(Attach pages as needed)\_\_\_\_\_

**ACTION(s) TAKEN:** (Attach pages as needed)\_\_\_\_\_   
File and send copy to Safety/Regulatory Coordinator.

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## SAFETY INSPECTION FORM

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**SUBJECT** (Y)(N) (N/A) **COMMENTS**  
[See inst. Last page]

### EMPLOYEE TRAINING

- (Y)(N) (N/A) New employee basic safety orientation?
- (Y)(N) (N/A) New employee trained in safe work practices of their job?
- (Y)(N) (N/A) Employees provided with Safety Manual?
- (Y)(N) (N/A) Transferred, promoted or demoted employees trained in safe work practices of their job?

### EMPLOYEE WORK PRACTICES

- (Y)(N) (N/A) Loose hair, employee clothing, uniforms?
- (Y)(N) (N/A) Employee over exertion?
- (Y)(N) (N/A) Employee access to work station?
- (Y)(N) (N/A) Potential for repetitive motion injury?
- (Y)(N) (N/A) Work shoes suitable for work environment?

### WASTE DISPOSAL

- (Y)(N) (N/A) Waste streams identified?
- (Y)(N) (N/A) Special containers provided for different types of wastes (oily rags, chemicals, scrap, garbage, recyclables, green waste, etc.)?
- (Y)(N) (N/A) Waste properly labeled where required?
- (Y)(N) (N/A) Satisfactory trash enclosure?
- (Y)(N) (N/A) Satisfactory external waste disposal arrangements?
- (Y)(N) (N/A) Approved disposal arrangements for hazardous wastes, records kept?
- (Y)(N) (N/A) Is a clarifier present?
- (Y)(N) (N/A) Are wastewater discharge permits active?
- (Y)(N) (N/A) Any permitted/un-permitted emissions?
- (Y)(N) (N/A) Hazardous waste program?

### ROADS, SIDEWALKS DRIVEWAYS & PARKING LOTS

- (Y)(N) (N/A) No broken or cracked surfaces?
- (Y)(N) (N/A) Good housekeeping?
- (Y)(N) (N/A) No uneven or broken sidewalk surfaces?
- (Y)(N) (N/A) No visual obstructions (intersections, driveways, etc.)?
- (Y)(N) (N/A) Storm water flows to clarifier, sewer, and storm drain?

### OFFICES Y N N/A COMMENTS

- (Y)(N) (N/A) No holes or depressions in floors?
- (Y)(N) (N/A) Rugs in hallways/walkways free from holes, tears, uneven wrinkles?
- (Y)(N) (N/A) Aisles free of obstructions, electrical cords and outlets?



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**SAFETY INSPECTION FORM**  
SUBJECTS

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(Y)(N) (N/A) COMMENTS

- (Y)(N) (N/A) Exits are properly lit?
- (Y)(N) (N/A) General housekeeping is good?
- (Y)(N) (N/A) No top-heavy filing cabinets?
- (Y)(N) (N/A) Correct use of pins, knives, cutters, staplers?
- (Y)(N) (N/A) Fire escape doors and exits free from obstructions?
- (Y)(N) (N/A) Glass doors have letters, marks or decals?
- (Y)(N) (N/A) Proper glazing materials for glass counters, partitions, doorways and windows?
- (Y)(N) (N/A) Switch and cover plates in place?
- (Y)(N) (N/A) No splinters in furniture or accessories?
- (Y)(N) (N/A) No fire hazards from pipes, cigarettes, cigars, etc.?
- (Y)(N) (N/A) No running in corridors or offices?
- (Y)(N) (N/A) Safe storage of flammables?
- (Y)(N) (N/A) Hazardous materials identified?
- (Y)(N) (N/A) Personnel trained in the requirements of
- (Y)(N) (N/A) Hazard Communication Standard?
- (Y)(N) (N/A) Correct type and placement of fire extinguishers?
- (Y)(N) (N/A) First aid equipment available?
- (Y)(N) (N/A) Electric fans properly guarded?

**SERVICE AREAS**

**Floors**

- (Y)(N) (N/A) Slip, trip, fall hazards?
- (Y)(N) (N/A) Floors clean, orderly, dry?

**Aisles**

- (Y)(N) (N/A) Clearly marked?
- (Y)(N) (N/A) Unobstructed?

**Stairs**

- (Y)(N) (N/A) Unobstructed?
- (Y)(N) (N/A) Adequate lighting on stairs?
- (Y)(N) (N/A) Worn or damaged stair treads?
- (Y)(N) (N/A) Storage beneath?
- (Y)(N) (N/A) Proper and secure handrails?

**Lighting**

- (Y)(N) (N/A) Task lighting adequate?
- (Y)(N) (N/A) Day/Night?(Y)(N) (N/A) Emergency lighting operational?

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**SUBJECTS**

**(Y)(N) (N/A) COMMENTS**

**Exits & Emergency Preparedness**

(Y)(N) (N/A) No locked or barred exits?

(Y)(N) (N/A) Emergency exits well lit?

(Y)(N) (N/A) Exit signs posted?

(Y)(N) (N/A) No exit signs posted where necessary?

(Y)(N) (N/A) Exit Evacuation route maps posted?

**Ventilation**

(Y)(N) (N/A) Volume adequate for process?

(Y)(N) (N/A) Direction of flow adequate?

(Y)(N) (N/A) Exhaust hoods properly connected?

(Y)(N) (N/A) Fans properly guarded?

**Equipment Concerns**

(Y)(N) (N/A) Mechanical aids adequate?

(Y)(N) (N/A) Chocking procedure followed?

(Y)(N) (N/A) Brake inspections conducted frequently?

**NOISE CONTROL**

(Y)(N) (N/A) Noise survey of all areas performed?

(Y)(N) (N/A) Written hearing conservation program in place?

(Y)(N) (N/A) Hearing protection provided where sound level exceeds action level?

(Y)(N) (N/A) Employees wearing approved hearing protection correctly?

**PERSONAL PROTECTIVE EQUIPMENT**

(Y)(N) (N/A) Correct gloves provided?

(Y)(N) (N/A) Eye and face protection provided?

(Y)(N) (N/A) Eye wash stations readily available?

(Y)(N) (N/A) Signs and instructions present at eye wash locations?

(Y)(N) (N/A) Adequate emergency rescue equipment available and serviceable?

**FIRST AID MEDICAL SERVICES**

(Y)(N) (N/A) Adequate materials and equipment available?

(Y)(N) (N/A) Approved list of materials signed by doctor and included in first aid kits?

(Y)(N) (N/A) Clear instruction on contacting outside medical services?

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**SUBJECTS**

**(Y)(N) (N/A) COMMENTS**

- (Y)(N) (N/A)** Provision for transportation to outside medical services?
- (Y)(N) (N/A)** OSHA 300 Log near First Aid Station?
- (Y)(N) (N/A)** Two persons trained in posting OSHA 300 log?
- (Y)(N) (N/A)** Trained First Aid Personnel with current certification present on all shifts?

**FIRE PROTECTION**

- (Y)(N) (N/A)** Written Emergency Action Plan?
- (Y)(N) (N/A)** Written Business Emergency Action Plan on file with local Fire Department?
- (Y)(N) (N/A)** Written Fire training plan?
- (Y)(N) (N/A)** Fire equipment checked and inspected monthly?
- (Y)(N) (N/A)** Fire equipment clearly marked?
- (Y)(N) (N/A)** Welding curtain available and used(Shops)?
- (Y)(N) (N/A)** Sprinkler heads unobstructed?
- (Y)(N) (N/A)** Branch lines free of obstructions and entanglements?
- (Y)(N) (N/A)** Master control valve for sprinklers locked open?
- (Y)(N) (N/A)** Regular fire drills held?

**POTENTIALLY HAZARDOUS**

**CHEMICALS**

- (Y)(N) (N/A)** MSDS available for all chemicals, and Federally listed hazardous materials?
- (Y)(N) (N/A)** Written Hazard Communication Program prepared and available?
- (Y)(N) (N/A)** Labels on all supplier drums and chemicals?
- (Y)(N) (N/A)** Labels on all in-house transfer or use containers?
- (Y)(N) (N/A)** Adequate storage cabinets with correct venting?
- (Y)(N) (N/A)** Proper absorbent materials available for spills?
- (Y)(N) (N/A)** All potential responders trained in spill response procedure?

**COMPRESSED GASES**

- (Y)(N) (N/A)** Special storage away from heat sources?
- (Y)(N) (N/A)** Proper storage/separation barriers?
- (Y)(N) (N/A)** Stored upright and chained/secured to prevent falling?
- (Y)(N) (N/A)** Contents marked and segregated by item?
- (Y)(N) (N/A)** Caps on and hand tight?
- (Y)(N) (N/A)** Employees trained in correct handling and use of equipment?

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**(Y)(N) (N/A) COMMENTS**

**ON-SITE MATERIAL HANDLING**

- (Y)(N) (N/A) Wheel chocks available in shipping and receiving area?
- (Y)(N) (N/A) Skids and pallets in good repair?
- (Y)(N) (N/A) Special area for storage of unused skids and pallets?
- (Y)(N) (N/A) Procedure to set aside and dispose of broken skids and pallets?
- (Y)(N) (N/A) Paths, aisle ways, stairways, clear of obstructions?

**EQUIPMENT**

- (Y)(N) (N/A) Load capacity identified?
- (Y)(N) (N/A) Special area provided for refueling?
- (Y)(N) (N/A) All hand and foot controls operational?
- (Y)(N) (N/A) Full and unrestricted view for operator?
- (Y)(N) (N/A) Operators correctly trained in the inspection and use of the equipment?
- (Y)(N) (N/A) For stationary equipment, are necessary adapters provided?
- (Y)(N) (N/A) Are pneumatic/hydraulic controls protected from inadvertent actuation?
- (Y)(N) (N/A) Are all safety guards in place?

**Forklift Trucks**

- (Y)(N) (N/A) Are all operators trained, licensed and certified?
- (Y)(N) (N/A) Is inspection checklist used for start/end of shift?
- (Y)(N) (N/A) Is load capacity labeled?
- (Y)(N) (N/A) Are allowable speeds posted?
- (Y)(N) (N/A) Is load placed evenly across forks?
- (Y)(N) (N/A) No riders are permitted?
- (Y)(N) (N/A) Pedestrians are given right-of-way?
- (Y)(N) (N/A) Keys are removed from trucks when not in operation by operator?

**LADDERS AND SCAFFOLDS**

- (Y)(N) (N/A) Safety feet/casters in good condition?
- (Y)(N) (N/A) Clean rungs?
- (Y)(N) (N/A) No broken, bent, cracked rails?
- (Y)(N) (N/A) No metal ladders in electrical areas?
- (Y)(N) (N/A) Only one person on a ladder at a time?
- (Y)(N) (N/A) Portable fixed scaffolds have appropriate handrails?
- (Y)(N) (N/A) Danger tags provided and used for defective equipment?

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**SUBJECTS**

**(Y)(N) (N/A) COMMENTS**

**HAND & PORTABLE TOOLS & EQUIPMENT**

(Y)(N) (N/A) Electrically grounded?

(Y)(N) (N/A) Constant pressure switches?

(Y)(N) (N/A) Correct tool used for any job?

(Y)(N) (N/A) Power cord, air hose, tools bits, lamp guard, etc. in good condition?

(Y)(N) (N/A) Operators properly trained in use of equipment?

**MACHINE GUARDING**

(Y)(N) (N/A) Guard or safety device at each point of operation?

(Y)(N) (N/A) Guard fully prevents operator from reaching around guard?

(Y)(N) (N/A) Guards are totally effective and unable to be bypassed?

(Y)(N) (N/A) Mechanics are only persons allowed to remove guards?

(Y)(N) (N/A) Mechanics responsible for replacing guards?

(Y)(N) (N/A) Start/Stop/Emergency stop controls in reach of operator?

(Y)(N) (N/A) Operators can see entire operation?

(Y)(N) (N/A) All controls guarded against accidental startup?

(Y)(N) (N/A) No bypassing or removing of guards or safety devices?

(Y)(N) (N/A) No operating equipment at unsafe speed?

(Y)(N) (N/A) Lockout/Tag-out procedures implemented?

(Y)(N) (N/A) Personal protective equipment in use?

(Y)(N) (N/A) Mechanics, adjusters, and inspectors properly trained?

**Machine tools**

(Y)(N) (N/A) Power transmission equipment guarded?

(Y)(N) (N/A) Pinch points and Points of operation guarded?

(Y)(N) (N/A) Eye protection used where needed?

(Y)(N) (N/A) Emergency stop controls accessible and operational?

(Y)(N) (N/A) Guards and deflectors provided for chips/sparks from rotating equipment?

(Y)(N) (N/A) Machine tool operators trained in operation of equipment?

**LOCKOUT/TAG-OUT SYSTEMS**

(Y)(N) (N/A) Positive lockout systems provided for all equipment?

(Y)(N) (N/A) Battery disconnects provided for all appropriate systems, vehicles.

(Y)(N) (N/A) Written policy reviewed and signed by trained personnel, upon initial training and any supplemental training?

(Y)(N) (N/A) Personalized locks with individual keys given to each mechanic?

(Y)(N) (N/A) Only authorized persons allowed to perform this procedure?

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**SUBJECTS**

**(Y)(N) (N/A) COMMENTS**

**SITE CONCERNS**

**(Y)(N) (N/A)** Are there underground storage tanks (UST's) on the site?

**(Y)(N) (N/A)** Are there above ground storage tanks (AST's) on the site?

**(Y)(N) (N/A)** Is this site subject to electromagnetic radiation emanations?

**(Y)(N) (N/A)** Is there any need for low level radioactive material/waste emissions monitoring?

**(Y)(N) (N/A)** Is site subject to Storm water Discharge monitoring and reporting to Regional Water Quality Management Board?

**(Y)(N) (N/A)** Is site subject to monitoring and/or reporting for wastewater discharges to the local Sanitation District?

Survey Completed By Safety Committee at (Location): \_\_\_\_\_

Completed: \_\_\_\_\_

\*\* Attach sign in sheet with signatures, printed names adjacent ,and dated by participants.

\*\* Record any comments from all participants to be reviewed by the safety committee at your location.

Safety Committee Chairperson or lead signature \_\_\_\_\_

Date: \_\_\_/\_\_\_/\_\_\_

\_File and send copy to Safety/Regulatory Coordinator.