

**LOUISIANA TECH UNIVERSITY
SAFETY MEETING REPORT**

Department:	Date:
Supervisor:	Location:
Meeting Preparation Visual or Training Aid Used	1. Subject of meeting:
Films__ Handout	
Slide__ Tools	2. Important points to cover:
VCR__ Equipment	
Chart__ Others	
Attendance Roll	
	3. Employee suggestion/comments of subject:
	4. Follow-up: Steps taken to correct defects detected in operation and/or procedures.
	5. Remarks: Related/unrelated comments/observations for action/review after meeting.
	6. Total number in attendance:

**LOUISIANA TECH UNIVERSITY
OFFICE OF ENVIRONMENTAL HEALTH AND SAFETY**

BUILDING INSPECTION CHECKLIST FOR FIRE AND GENERAL SAFETY

This Checklist is to be used for building inspections by building coordinators and faculty members when fire and general safety is being checked. The inspection form is designed to prompt the inspector to observe for the conditions listed and respond in the "yes" column if everything is in order. Any "no" answer should be accompanied by an explanation in the "comments" column to assist in identifying and correcting the problem.

Please Note: Laboratories must be inspected using the appropriate laboratory checklist.

ITEM	YES	NO*	DESCRIPTION	COMMENTS (Be Specific!)**
MEANS OF EGRESS (corridors and passageways to exits, including the exit)				
1			Are stair handrails in place on both sides of staircase and in good condition? Are stair treads in good condition?	
2			Are corridors and exits free and clear of all obstructions, with room furniture arranged to provide easy access to the exit?	
3			Do exit doors swing in the direction of exit travel with panic hardware properly attached and in good working order (no sticking, etc.)?	
4			Will fire doors and exit doors close and latch completely? Are fire doors kept closed? (Fire doors are those which have a "fire rating", which is shown on a label located on the door frame and on the back edge of the door, normally near the top of the door)	
5			Is an emergency lighting system inspection on file and current?	
FIRE PROTECTION				
1			Are all fire extinguishers in place and charged.	
2			Is fire alarm system, including and/or heat detectors, operable and able to be heard throughout the building and system green tagged (current inspection on file)?	
3			Are fire evacuation plans posted throughout and in good condition?	
4			Are labs, storage areas, kitchens, and equipment rooms fire rated rooms?	
5			Is sprinkler head clearance of 18" maintained (nothing stacked, installed or stored within 18 inches of the heads)?	
ELECTRICAL				
1			Are extension cords used in place of permanent wiring only in temporary situations? Are they adequately sized for the electrical current, protected against damage, and equipped with factory or Facility services installed receptacles (the minimum size for an extension cord is #16AWG.)?	
2			All electrical cords and extension cords are in good shape with no fraying, swelling, splicing or patches?	
3			Where work with portable tools and/or cords is in a wet area, are ground fault interrupters used (unless the tools are double insulated)?	
4			Do all electrical junction and switch and receptacle boxes have covers	

			that are closed tightly? Are switches labeled where their purpose is not obvious?	
5			Are circuit breakers labeled as to their function and all covers complete (no blanks) and in place?	

GENERAL SAFETY CONSIDERATIONS

1			Emergency phone numbers posted on telephones?	
2			Janitor closets, equipment rooms, and stairwells free of general storage? Are flammables, other than small quantities for research, instruction or maintenance activities, stored in fire rated cabinets or approved storage?	
3			Housekeeping at time of inspection adequate? Are attic areas clear of storage?	
4			Floors in good condition with no loose tiles or other tripping hazards?	
5			Outdoor grassy areas, sidewalks, stairs and parking lots in safe condition?	
6			Indoor air quality - Is the air free from irritating or nuisance odors? Are walls, and other areas free from mildew, mold and excessive dusts?	

OTHER CONDITIONS THAT REQUIRE ATTENTION:

*****NO** answers must be accompanied by comments that explain corrective action needed.
Specific location, room #, equipment number, etc.*

Report completed

by: _____ Date: _____

Title: _____ Building: _____

12	Safety warning signs posted in lab			
13	Storage vessels containing hazardous materials are properly labeled			
14	Bulk quantities of hazardous materials are stored in secured storage area			
15	Conventional refrigerator(s) not being used to store flammables			
16	Food for human consumption is stored in a designated refrigerator			
17	Contaminated materials/liquids are decontaminated before final disposal			
18	Reusable contaminated glassware is decontaminated before washing			
19	Contaminated disposable sharps are properly disposed of in approved impervious disposable containers			
20	Non-contaminated and non-hazardous broken glass is properly disposed of			
21	Work surfaces are impervious			
22	Housekeeping practices are consistent with NIH standards			
23	Procedures to suppress aerosol formation are being used in the lab			
24	Floors and work surfaces are kept clean and uncluttered			
25	Aisles are free of equipment and supplies			
26	Floors and under the workbench are not being used for storage			
27	Hazardous chemical processes are contained in chemical fume hood			
28	Biohazardous materials and cell culture procedures are contained in a biological safety cabinet			
	EQUIPMENT			
29	Biological safety cabinet(s) re-certified at least annually			
30	Chemical fume hood tested at least annually			
	COMPRESSED GAS CYLINDERS __ (N/A)			
31	Properly secured			
32	Proper regulator being used			
33	Unused cylinder(s) are capped			
34	Minimum number on hand			
35	Cylinders are properly labeled: "Full" "In-use" "Empty"			
	ELECTRICAL			
36	Recepticals and plugs are properly grounded			
37	Limited use of extension cords			
38	Cords not frayed or broken, and no exposed wires			
39	Extension cords do not have "knock-out" box attached			
	EMERGENCY PROTECTION			
40	Fire extension available in lab			
41	Fire extinguisher accessible			
42	Safety shower accessible			
43	Eye wash station accessible			
	CENTRIFUGE __ FLOOR __ BENCH-TOP			
44	Rotors inspected periodically			

LOUISIANA TECH UNIVERSITY
ACCIDENT INVESTIGATION FORM

DEPARTMENT	MONTH	YEAR
LOCATION		
A Accident date:		Time: AM PM
Accident reported:		Time: AM PM
Name of injured:	Supervisor at time of injury:	Work location (field):
Title of injured:	Similar incident before? Same individual--YES NO WHEN Same location--YES NO WHEN Same operation--YES NO WHEN	Medical treatment required? YES NO
Exact location of accident:		Doctor seen? YES NO Estimated days restricted:
What equipment was injured using?	Witnesses to accident:	Lost time: YES NO Estimated days lost:
B Employee's description of accident (who assigned job, whose equipment used):		
		Employee's signature:
C Unsafe acts (what was done unsafely?):		Unsafe conditions (what was unsafe?):
Why were acts committed?		Why did conditions exist?
D Immediate action taken to prevent recurrence:		
Unsafe acts (how controlled?)		Unsafe conditions (how controlled?)
Long range action to be taken (by whom and when?)		
What can we tell others to prevent a similar accident?		
What additional assistance is needed to prevent recurrence?		
Report prepared by:		Reviewed by:

**OFFICE OF RISK MANAGEMENT
UNIT OF RISK ANALYSIS AND LOSS PREVENTION
INCIDENT REPORTING FORM**

PLEASE TYPE OR PRINT WHEN FILLING OUT THIS FORM. DO NOT USE MORE SPACE THAN CHARACTERS ALLOW.

1. Location Code: _____	2. Accident Date: _/_/____	3. Reporting Date: _/_/____	4. Occupation/job title _____
5. Dept./section/or unit where occurred: _____		6. Employee's name, Last-First _____	
7. Describe how incident occurred: _____ _____ _____			
8. Social Security No. _____	9. Person filing report: _____	10. Phone Number _____-_____-____	

PLEASE PLACE AND "X" IN THE SPACE NEXT TO THE APPROPRIATE CODE IN EACH FIELD.

PARISH CODE

<input type="checkbox"/> 1.ACADIA-4	<input type="checkbox"/> 14.CLAIBORNE-6	<input type="checkbox"/> 27.JEFF.DAVIS-4	<input type="checkbox"/> 40.RAPIDES-5	<input type="checkbox"/> 53.TANGIPAOA-3
<input type="checkbox"/> 2.ALLEN-4	<input type="checkbox"/> 15.CONCORDIA-5	<input type="checkbox"/> 28.LAFAYETTE-4	<input type="checkbox"/> 41.RED RIVER-6	<input type="checkbox"/> 54.TENSAS-8
<input type="checkbox"/> 3.ASCENSION-2	<input type="checkbox"/> 16.DESOTO-6	<input type="checkbox"/> 29.LAFOURCHE-3	<input type="checkbox"/> 42.RICHLAND-8	<input type="checkbox"/> 55.TERREBONNE-8
<input type="checkbox"/> 4.ASSUMPTION-2	<input type="checkbox"/> 17.EAST B.R.-1,2,7	<input type="checkbox"/> 30.LASALLE-5	<input type="checkbox"/> 43.SABINE-6	<input type="checkbox"/> 56.UNION-8
<input type="checkbox"/> 5.AVOYELLES-5	<input type="checkbox"/> 18.EAST CARROLL-8	<input type="checkbox"/> 31.LINCOLN-8	<input type="checkbox"/> 44.ST. BERNARD-3	<input type="checkbox"/> 57.VERMILLION-4
<input type="checkbox"/> 6.BEAUREGARD-6	<input type="checkbox"/> 19.EAST FELICIANA-1	<input type="checkbox"/> 32.LIVINGSTON-1	<input type="checkbox"/> 45.ST. CHARLES-3	<input type="checkbox"/> 58.VERNON-5
<input type="checkbox"/> 7.BIENVILLE-6	<input type="checkbox"/> 20.EVANGELINE-4	<input type="checkbox"/> 33.MADISON-8	<input type="checkbox"/> 46.ST. HELENA-1	<input type="checkbox"/> 59.WASHINGTON-1
<input type="checkbox"/> 8.BOSSIER-6	<input type="checkbox"/> 21.FRANKLIN-4	<input type="checkbox"/> 34.MOREHOUSE-8	<input type="checkbox"/> 47.ST. JAMES-2	<input type="checkbox"/> 60.WEBSTER-6
<input type="checkbox"/> 9.CADDO-6	<input type="checkbox"/> 22.GRANT-5	<input type="checkbox"/> 35.NATCHITOCHES-6	<input type="checkbox"/> 48.ST. JOHN BAPTIST-2	<input type="checkbox"/> 61.WEST B.R.-7
<input type="checkbox"/> 10.CALCASIEU-4	<input type="checkbox"/> 23.IBERIA-4	<input type="checkbox"/> 36.ORLEANS-3	<input type="checkbox"/> 49.ST. LANDRY-4	<input type="checkbox"/> 62.WEST CARROLL-8
<input type="checkbox"/> 11.CALDWELL-8	<input type="checkbox"/> 24.IBERVILLE-7	<input type="checkbox"/> 37.OUACHITA-8	<input type="checkbox"/> 50.ST. MARTIN-4	<input type="checkbox"/> 63.WEST FELICANA-1
<input type="checkbox"/> 12.CAMERON-4	<input type="checkbox"/> 25.JACKSON-8	<input type="checkbox"/> 38.PLAQUEMINES-3	<input type="checkbox"/> 51.ST. MARY-4	<input type="checkbox"/> 64.WINN-5
<input type="checkbox"/> 13.CATAHOULA-5	<input type="checkbox"/> 26.JEFFERSON-3	<input type="checkbox"/> 39.POINTE COUPEE-7	<input type="checkbox"/> 52.ST. TAMMANY-1	

CAUSE CODE

<input type="checkbox"/> AA AUTO ACCIDENT	<input type="checkbox"/> 1C STRUCK BY PATIENT/EMPLOYEE
<input type="checkbox"/> AB CONTRACT WITH SKIN IRRITANT	<input type="checkbox"/> 2A STRAIN BY LIFTING, TWISTING, OR USING TOOL/MACH.
<input type="checkbox"/> AC INSECT BITE OR STING	<input type="checkbox"/> 3A SLIP AND FALL FROM FOREIGN OBJECT/FLOOR
<input type="checkbox"/> AD POISONING	<input type="checkbox"/> 3B SLIP AND FALL FROM LADDERS, SCAFFOLDING, & CHAIRS
<input type="checkbox"/> AE EXTREME NOISE	<input type="checkbox"/> 3C SLIP AND FALL FROM RAMPS, CURBING, OR STAIRS
<input type="checkbox"/> AF ANIMAL BITE	<input type="checkbox"/> 4A STRIKING AGAINST OBJECT
<input type="checkbox"/> AG OVEREXERTION	<input type="checkbox"/> 5A STEPPING ON SHARP OBJECT
<input type="checkbox"/> AH STROKE	<input type="checkbox"/> 6A CAUGHT IN OR BETWEEN-MACH, MECHNCL APP OR OTHER OB
<input type="checkbox"/> AI HEART ATTACK	<input type="checkbox"/> 6B CAUGHT IN OR BETWEEN-MISC/MDC
<input type="checkbox"/> AJ MENTAL STRESS	<input type="checkbox"/> 7A BURN OR EXPOSURE DUE TO PHYSICAL CONTACT
<input type="checkbox"/> AK TRAUMATIC NEUROSI	<input type="checkbox"/> 7B BURN OR EXPOSURE-WELDING BURNS/EYES
<input type="checkbox"/> AL EXPOSURE TO OCCUP. DISEASE	<input type="checkbox"/> 7C BURN OR EXPOSURE-EXTREME HEAT/COLD
<input type="checkbox"/> AM INHALATION OF CHEMICALS/OTHER CLASSIFIED	<input type="checkbox"/> 7D BURN OR EXPOSURE-MISC/MDC
<input type="checkbox"/> AN FOREIGN BODY IN EYE	<input type="checkbox"/> 7E BURN OR EXPOSURE-ELECTRICAL BURN/SHOCK
<input type="checkbox"/> AP MISCELLANEOUS/NOT OTHERWISE CLASSIFIED	<input type="checkbox"/> 8A CUT, PUNCTURE OR SCRAPE-BY TOOL,APPL. OR SHRP OBJ
<input type="checkbox"/> AR HUMAN BITE	<input type="checkbox"/> 8B CUT, PUNCTURE OR SCRAPE-BY BROKEN GLASS
<input type="checkbox"/> 1A STRUCK BY MOVING OBJECT	<input type="checkbox"/> 8C CUT, PUNCTURE OR SCRAPE-
<input type="checkbox"/> 1B STRUCK BY MOTOR VEHICLE	<input type="checkbox"/> 9A TRIP AND FALL

FIELD 23 - CITY

<input type="checkbox"/> A NEW ORLEANS
<input type="checkbox"/> B BATON ROUGE
<input type="checkbox"/> C LAKE CHARLES
<input type="checkbox"/> D SHREVEPORT
<input type="checkbox"/> E ALEXANDRIA
<input type="checkbox"/> F LAFAYETTE
<input type="checkbox"/> G MONROE
<input type="checkbox"/> I INTERNATIONAL
<input type="checkbox"/> O OUT OF TOWN
<input type="checkbox"/> Z NOT MAJOR METRO. AREA

FIELD 27-DAY OF WEEK

<input type="checkbox"/> 1 SUNDAY
<input type="checkbox"/> 2 MONDAY
<input type="checkbox"/> 3 TUESDAY
<input type="checkbox"/> 4 WEDNESDAY
<input type="checkbox"/> 5 THURSDAY
<input type="checkbox"/> 6 FRIDAY
<input type="checkbox"/> 7 SATURDAY
<input type="checkbox"/> 9 NOT REPORTED

FIELD 28-TIME OF DAY

<input type="checkbox"/> A 12:01AM - 1:00AM	<input type="checkbox"/> L 11:01AM - 12:00PM	<input type="checkbox"/> W 10:01PM - 11:00PM
<input type="checkbox"/> B 1:01AM - 2:00AM	<input type="checkbox"/> M 12:01PM - 1:00PM	<input type="checkbox"/> X 11:01PM - 12:00AM/N
<input type="checkbox"/> C 2:01AM - 3:00AM	<input type="checkbox"/> N 1:01PM - 2:00PM	<input type="checkbox"/> Z NOT REPORTED
<input type="checkbox"/> D 3:01AM - 4:00AM	<input type="checkbox"/> O 2:01PM - 3:00PM	
<input type="checkbox"/> E 4:01AM - 5:00AM	<input type="checkbox"/> P 3:01PM - 4:00PM	
<input type="checkbox"/> F 5:01AM - 6:00AM	<input type="checkbox"/> Q 4:01PM - 5:00PM	
<input type="checkbox"/> G 6:01AM - 7:00AM	<input type="checkbox"/> R 5:01PM - 6:00PM	
<input type="checkbox"/> H 7:01AM - 8:00AM	<input type="checkbox"/> S 6:01PM - 7:00PM	
<input type="checkbox"/> I 8:01AM - 9:00AM	<input type="checkbox"/> T 7:01PM - 8:00PM	
<input type="checkbox"/> J 9:01AM - 10:00AM	<input type="checkbox"/> U 8:01PM - 9:00PM	
<input type="checkbox"/> K 10:01AM - 11:00AM	<input type="checkbox"/> V 9:01PM - 10:00PM	

FIELD 36-L. P. REVIEW

<input type="checkbox"/> N NO
<input type="checkbox"/> Y YES
NEED LOSS PREVENTION OFFICER ASSISTANCE

PLEASE CONTINUE ON BACK SIDE.

FIELD 41 - NATURE OF INJURY

<input type="checkbox"/> AA AMPUTATION	<input type="checkbox"/> AK EYE IRRITATION/CONJUNCT.& FRGN	<input type="checkbox"/> AV MASHED/CRUSHED (NOT FRACTURE)
<input type="checkbox"/> AB ANIMAL BITE	<input type="checkbox"/> AL FRACTURE	<input type="checkbox"/> AW MENTAL ANGUISH
<input type="checkbox"/> AC BRUISE/CONTUSION/SWELLING	<input type="checkbox"/> AM HEARING IMPAIRMENT	<input type="checkbox"/> AX MULTIPLE INJURIES
<input type="checkbox"/> AD BURN/ABRASION/REDNESS	<input type="checkbox"/> AN HEART ATTACK	<input type="checkbox"/> AY POISONING
<input type="checkbox"/> AE CONCUSSION	<input type="checkbox"/> AP HEAT STROKE	<input type="checkbox"/> AZ PUNCTURE
<input type="checkbox"/> AF DEATH	<input type="checkbox"/> AQ HERNIA	<input type="checkbox"/> AZ PUNCTURE
<input type="checkbox"/> AG DEPRESSION AND ANXIETY	<input type="checkbox"/> AR HERNIATED DISC	<input type="checkbox"/> BA REPLACEMENT OF PROSTHETIC DEVICE
<input type="checkbox"/> AH DERMATITIS	<input type="checkbox"/> AS INSECT BITE/STING	<input type="checkbox"/> BB SEIZURE
<input type="checkbox"/> AI DISLOCATION (SEPARTION)	<input type="checkbox"/> AT LACERATION	<input type="checkbox"/> BD STRESS
<input type="checkbox"/> AJ ELECTRICAL SHOCK OR BURN	<input type="checkbox"/> AU LOSS OF VISSION/HEADACHE	<input type="checkbox"/> BF TRAUMATIC NEUROSIS
		<input type="checkbox"/> BC SPRAIN/STRAIN
		<input type="checkbox"/> BE STROKE
		<input type="checkbox"/> BG OTHERS

FIELD 43-SEX OF EMPLOYEE

<input type="checkbox"/> F FEMALE
<input type="checkbox"/> M MALE
<input type="checkbox"/> N NOT GIVEN

FIELD 44-LENGTH OF SERVICE

<input type="checkbox"/> 0 01-06 MONTHS	<input type="checkbox"/> 6 15 YR. OR MORE
<input type="checkbox"/> 1 7 MONTHS TO A YEAR	<input type="checkbox"/> 9 NOT REPORTED
<input type="checkbox"/> 2 MORE THAN 1 YR. BUT LESS THAN 3	
<input type="checkbox"/> 3 3 YR. BUT LESS THAN 5 YR.	
<input type="checkbox"/> 4 5 YR. BUT LESS THAN 10 YR.	
<input type="checkbox"/> 5 10 YR. BUT LESS THAN 15 YR.	

FIELD 45-AGE OF EMPLOYEE

<input type="checkbox"/> A 15-17	<input type="checkbox"/> G 41-50
<input type="checkbox"/> B 18-21	<input type="checkbox"/> H 51-55
<input type="checkbox"/> C 22-25	<input type="checkbox"/> I 56-60
<input type="checkbox"/> D 26-30	<input type="checkbox"/> J 61-65
<input type="checkbox"/> E 31-35	<input type="checkbox"/> K OVER 65
<input type="checkbox"/> F 36-40	<input type="checkbox"/> Z NOT REPORTED

FIELD 50 - PART OF BODY

<input type="checkbox"/> AA HEAD(SCALP/SKULL/BRAIN)	<input type="checkbox"/> AB FOREHEAD	<input type="checkbox"/> AC EYE	<input type="checkbox"/> AD EAR	<input type="checkbox"/> AE NOSE	<input type="checkbox"/> AF MOUTH
<input type="checkbox"/> AG MANDIBLE (JAW)	<input type="checkbox"/> AH TEETH	<input type="checkbox"/> AI FACE	<input type="checkbox"/> AJ CHEEK	<input type="checkbox"/> AK THROAT	<input type="checkbox"/> BA NECK
<input type="checkbox"/> BB BACK/SPINE	<input type="checkbox"/> BC CHEST	<input type="checkbox"/> BD RIBS	<input type="checkbox"/> BE ABDOMEN	<input type="checkbox"/> BF LUNGS	<input type="checkbox"/> BG HEART
<input type="checkbox"/> BH GROIN	<input type="checkbox"/> BI GENITAL	<input type="checkbox"/> BJ BUTTOCKS	<input type="checkbox"/> BL INTERNAL	<input type="checkbox"/> CA SHOULDER	<input type="checkbox"/> CB ARM
<input type="checkbox"/> CC ELBOW	<input type="checkbox"/> CD WRIST	<input type="checkbox"/> CE HAND	<input type="checkbox"/> CF THUMB	<input type="checkbox"/> CG FINGER	<input type="checkbox"/> DA HIP
<input type="checkbox"/> DB THIGH	<input type="checkbox"/> DC KNEE	<input type="checkbox"/> DD LEG	<input type="checkbox"/> DE SKIN	<input type="checkbox"/> DF ANKLE	<input type="checkbox"/> DG FOOT
<input type="checkbox"/> DH TOE	<input type="checkbox"/> BK COCCYX	<input type="checkbox"/> EA MULTIPLE INJURIES	<input type="checkbox"/> FA BODY AS A WHOLE	<input type="checkbox"/> Z NOT REPORTED	

UNSAFE ACTS (What was done unsafely?):
UNSAFE CONDITIONS (What was unsafe?):
Why were acts committed?
Why did conditions exist?
IMMEDIATE ACTION TAKEN TO PREVENT RECURRENCE UNSAFE ACTS (How controlled?):
UNSAFE CONDITIONS (How controlled?):
LONG RANGE ACTION TO BE TAKEN (By whom and when?):
WHAT CAN WE TELL OTHERS TO PREVENT A SIMILAR ACCIDENT?
WHAT ADDITIONAL ASSISTANCE IS NEEDED TO PREVENT RECURRENCE?

MAIL TO: ORM - LOSS PREVENTION
P.O. BOX 94095
BATON ROUGE, LA. 70804-9095

Report prepared by:	Reviewed by:
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**LOUISIANA TECH UNIVERSITY
VEHICLE REPAIR SHOP SAFETY INSPECTION REPORT**

VENTILATION		YES	NO	N/A
1	Shop has system for exhausting carbon monoxide fumes to the outside			
2	Floor fans covered front and back with not over a .5" mesh			
TIRE OPERATIONS				
3	Tire airing cage available and in use when mounting tire requiring locking rings			
4	If tires are mounted outside of shop, are locking rings chained to tire?			
SERVICE AND MAINTENANCE				
5	Jacks in good condition			
6	Battery charger in good condition			
7	Hand carts available for moving batteries			
8	Acid carboys available			
9	Sparkplug cleaner in good condition			
10	Parts cleaned in dip tank			
11	Dip tank has fusible link that is operable (allows top to close in the event of fire)			
12	Stoddard solvent used for parts cleaning			
13	Hand tools in good condition (hammers, wrenches, striking tools, etc.)			
14	Power tools in good condition (electrical cords, air hoses, etc.)			
15	Chain hoist inspected and in good condition			
16	Grinder wheel guarded (spindle end and nut covered)			
17	Grinder work rest adjusted to no more that 1/8" from wheel			
18	Grinder securely fastened to bench or floor stand			
GENERAL				
19	Gasoline is not used to clean parts			
20	Work-bays are defined by painted lines on floors			
21	Air pressure used for cleaning is discharged at no more that 30 psi			
22	Personal protective equipment available (eye protection and gloves as needed)			
23	First aid kit available			
HOUSEKEEPING				
24	At time of inspection floors were free of oil and grease			
25	Absorbent compound available for covering oil and grease spots			
26	Workbenches neat and clear of removed parts, etc.			
FIRE PROTECTION				
27	Shop equipped with B-C type fire extinguisher(s)			
28	Extinguisher appropriately maintained and have up-to-date tag			
29	Approved safety cans available for disposing of oily rags			

Authorization and Driving History Form

Name: Drivers License No:
 Address: Lic. Office No:
 City: Expiration Date:
 Date of Birth: Issue Date:
 Social Security Number: Class of License:

Division or College:

Department:

Position Title:

Immediate Supervisor:

Telephone Number:

Is it this employee's primary purpose to drive vehicles?

Date of Last Driver Training Course:

Class of License:	Endorsements:	Restrictions:
A: Combinations Vehicle: ()	T: Double Trailer: ()	L: Airbrakes ()
B: Heavy Straight Vehicle: ()	P: Passenger Veh: ()	Other ()
C: Light Vehicle: ()	N: Tank Vehicle: ()	
D: Commercial Vehicle: ()	H: Haz. Material ()	
E: Personal Vehicle: ()	X: Comb. N + H ()	

EMPLOYEE STATEMENT

This is to certify that as a condition of driving my personal vehicle on university business, I have and will maintain at least the minimum liability insurance coverage as required by LA. R.S. 32:900(B)(2). I also understand that the prior approval for use of my personal vehicle on university business must be obtained on the university Travel Authorization Form. I understand that this course must be repeated every three years unless the driver has received a ticket or had an accident. In case of tickets or accidents, the course must be repeated immediately.

Employee Signature

Date

DEPARTMENT ENDORSEMENT

I have reviewed this employee's need to drive a vehicle in the conduct of university business and recommend that such authority be granted.

Department Head Signature

Date

AGENCY HEAD OR DESIGNEE STATEMENT

I have considered the employee's driving experience and driving record during the past year. The attached operator's record has been verified and the employee is authorized to operate vehicles approved by the type of license noted above. This authorization is subject to review at anytime.

A current Motor Vehicle Record is attached and it has been verified as accurate.

Agency Head

Date

FIRE/SAFETY PRE-INSPECTION FORM FOR OFFICE AREAS

BUILDING NAME:			
DEPARTMENT NAME:			
ROOM NUMBER:			
INSPECTOR:			
INSPECTION ACTIVITY	YES	NO	COMMENTS
Are extension cords being used only for temporary situations? (Not used as a substitute for fixed wiring.)			
Are all power cords, plugs, switches in good repair?			
Are all electrical outlets free of multiple outlet adapters?			
Are storage areas kept clean and orderly?			
Are materials stored so that they will not fall?			
Are heavy materials stored at a lower levels to prevent back injuries?			
Are regularly-used files and records accessible without the use of a step ladder?			
If a stool or step ladder is used, is it sturdy and does it have non-slip rubber feet?			
Do file drawers operate easily?			
Are aisles and open floor areas free of items that could create a tripping hazard?			
Are aisles sufficiently wide to allow easy movement?			
Are personnel aware of procedures to be used in a fire or emergency?			
Are personnel aware of the locations of fire extinguishers and fire alarm pull stations?			
Are personnel trained in the proper use of fire extinguishers?			
Comments:			

**LOUISIANA TECH UNIVERSITY
HANDICAP RAMP INSPECTION FORM**

BUILDING	DATE OF INSPECTION			
LOCATION IN BUILDING				
RAMPS AND LANDINGS				
		YES	NO	N/A
1	Maximum slop for new buildings not old buildings 1:8 (12.5%)			
2	Is at least 32" wide			
3	Has curbs on both sides (2" high)			
4	Has non-slip surface			
5	Has level landings at top and bottom			
6	Landings placed every 30" of ramp (at least 6" long)			
7	Has landings at all turns (at least 6" long & 32" wide)			
8	Has 6" or more level run at bottom			
9	Building entry landing not affected by swinging doors			
10	Entry doors from ramp are at least 32" wide equipped with panic hardware			
11	Requires handrails			
HANDRAILS				
12	Placed between 32" and 38" above and parallel to ramp or landing surface			
13	Has 1.5 times as much clearance from obstructions or walls			
14	Tightly secured			
15	Has adequate grip surface			
16	Extends at least 12" beyond ends of ramp			
COMMENTS				
List all "NO" answers and state regulations which were violated.				
DEPARTMENT				
INSPECTED BY	DATE			

**LOUISIANA TECH UNIVERSITY
HOUSING DEPARTMENT**

Fire Drill Report

Date	Time	AM	PM
Dormitory	Quarter		
Responsible person	Title		
Drill coordinator	Title		
Maximum occupancy	Drill participation		
Evacuation time			
COMMENTS		YES	NO
During excavation, did			
all alarms function properly?			
occupants follow emergency evacuation plans as posted?			
all self-closing doors close?			
Were bicycles, motorcycles, vehicle, furniture, appliances, etc., obstructing any means of egress (exit doors, corridors, stairs)?			
Did any building occupants participate?			
Did anyone remain in the building?			
Did any unauthorized person enter the building?			
Did building occupants respond in a timely manner by evacuating their areas as rapidly as possible?			
Were elevators used?			
Were they shut down?			
Did building occupants evacuate by the nearest exit?			
After evacuation, were building occupants directed to stand at least 50-100 feet away from building and/or advised to report to a designated location?			
Was the drill scheduled at an appropriate time period during the quarter so that it did not conflict with student holiday and/or vacation periods?			
Were adequate Fire Response Personnel (FRePs) available to check rooms or otherwise assist in building evacuation? (Ideally, there should be at least two FRePs (or RAs) on each floor in every building for fire emergency evacuation.)			
Were all floor reports filled out and used in this report?			
If no, which were missing?			
Why?			
Indicate total number of FRePs present in the building during the drill.			
Do they reside/work in that building?			
Was Campus Police present?			

If yes, how many officers?		
Were personnel from the Environmental Health & Safety Department present?		
Deficiencies/Recommendations:		
Completed by	Date	

**LOUISIANA TECH UNIVERSITY
HOUSING DEPARTMENT**

Residence Hall Floor
Fire Drill Report

Dormitory	Floor	Wing
Date	Time AM PM	
Building cleared by (time)		
COMMENTS	YES	NO
During the evacuation did:		
alarms function properly?		
students evacuate by the proper exits in a calm and orderly fashion?		
students dress adequately?		
students follow posted instructions of emergency evacuation plans?		
fire squad execute duties properly?		
all self-closing doors close?		
Evaluation of fire drill:		
Problems encountered, (i.e., failure of students to participate or observe proper procedure or instructions):		
Recommendations:		
Fire Chief	Head Resident	

SAMPLE PROCEDURE FOR JOB SAFETY ANALYSIS

When to Perform a Job Safety Analysis

A job safety analysis should be performed on all jobs that have resulted in a trend, death, or a change in a job procedure or equipment.

Job Safety Analysis Procedure

Step 1: Select the Job

In selecting jobs to be analyzed and in establishing the order of analysis, the following factors should be considered. They are listed in order of importance.

1. Production of Injuries - Jobs that have produced medical treatment or disabling injury during the past three years should be analyzed.
2. Frequency of Accidents - jobs that repeatedly produce accidents are candidates for a job safety analysis. The greater the number of accidents associated with the job, the greater its priority for a job safety analysis. Subsequent injuries indicate that preventive action taken prior to their occurrence was not successful.
3. Potential Severity - Some jobs may not have a history of accidents but may have the potential for severe injury or property damage. The greater the potential severity, the greater its priority for a job safety analysis.
4. New Jobs or a Change in a Job - New operations created by changes in equipment or processes obviously have no history of accidents, but their accident potential should be fully appreciated. A job safety analysis should be made on every new job created. analysis should not be delayed until an accident or near miss occurs.
5. Death - Any accident that caused the death of an employee have a job safety analysis made as part of the investigation.

Step 2: Perform the Analysis

The supervisor or the safety officer responsible for the task should perform the job safety analysis using the Job Safety Analysis Worksheet (JSA-1-00). The supervisor or safety officer should conduct the job safety analysis with the help of employees who regularly perform the task. The job being analyzed should be broken down into a sequence of steps that describe the process in detail. Avoid two common errors: 1) making the breakdown too detailed so that an unnecessarily large number of steps results; or 2) making the job breakdown so general that the basic steps are not distinguishable. As a rule, the job safety analysis should contain less than 12 steps. If more steps are needed, the job should be broken into separate tasks.

Job safety analysis involves the following steps:

1. Selecting a qualified person to perform the analysis.
2. Briefing the employee demonstrating the task on the purpose of the analysis.
3. Observing the performance of the job, and breaking it into basic steps.

4. Recording and describing each step in the breakdown.
5. Reviewing the breakdown and description with the person who performed the task.

Select an experienced, capable, and cooperative person who is willing to share ideas. They should be familiar with the purpose and method of a job safety analysis. Sometimes it is difficult for someone who is intimately familiar with a job to describe it in detail; therefore, reviewing a completed job safety analysis before conducting one will help illustrate the terminology and procedure to be followed.

Review the breakdown and analysis with the person who performed the job to ensure agreement of the sequence and description of the steps. Variations of routine procedure should be analyzed also.

The wording for each step should begin with an action word such as “remove,” “open,” or “lift.”

Step 3: Identify Hazards

Hazards associated with each step are identified. To ensure a thorough analysis, answer the following questions about each step of the operation:

1. Is there a danger of striking against, being struck by, or otherwise making injurious contact with an object?
2. Can the employee be caught in, by, or between the objects?
3. Is there a potential for a slip or trip? Can someone fall on the same level or to another?
4. Can an employee strain themselves by pushing, pulling, lifting, bending, or twisting?
5. Is the environment hazardous to one’s health (toxic gas, vapor, mist, fumes, dust, heat, or radiation)?

Using the Job Safety Analysis (JSA-1-00), document hazards associated with each step. Check with the employee who performed the job and others experienced in performing the job for additional ideas. A reliable list will be developed through observation and discussion.

Step 4: Develop Solutions

The final step in job safety analysis is to develop a safe, efficient job procedure to prevent accidents. The principal solutions for minimizing hazards that are identified in the analysis are as follows:

1. Find a new way to do the job. To find an entirely new way to perform a task, determine the goal of the operation and analyze the various ways of reaching this goal. Select the safest method. Consider work saving tools and equipment.
2. Change the physical conditions that create the hazard. If a new way to perform the job cannot be developed, change the physical conditions (such as tools, materials, equipment, layout, location) to eliminate or control the hazard.

3. Change the work procedure to eliminate the hazard. Investigate changes in the job procedure that would enable employees to perform the task without being exposed to the hazard.
4. Reduce the frequency of its performance. Often a repair or service job has to be repeated frequently because of another condition that needs correction. This is particularly true in maintenance and material handling. To reduce the frequency of a repetitive job, eliminate the condition or practice that results in excessive repairs or service. If the condition cannot be eliminated, attempt to minimize the effect of the condition. Reducing the number of times a job is performed contributes to safer operations only because the frequency of exposure to the hazard is reduced. It is, of course, preferable to eliminate hazards and prevent exposure by changing physical conditions or revising the job procedure or both. In developing solutions, general precautions such as "be alert," "use caution," or "be careful" are useless. Solutions should precisely state what to do and how to do it. For example, "make certain the wrench does not slip or cause loss of balance" does not tell how to prevent the wrench from slipping. A good recommendation explains both "if what" and "how." For example, "set wrench jaws securely on the bolt. Test its grip by exerting slight pressure on it. Brace yourself against something immovable, or take a solid stance with feet wide apart, before exerting slow steady pressure." This recommendation reduces the possibility of a loss of balance if the wrench slips.

If a job or process is changed dramatically, it should be discussed with all personnel involved to determine the possible consequences of the changes. Such discussions check the accuracy of the job safety analysis and involve personnel in effort to reduce job hazards.

Step 5: Conduct a Follow-up Analysis

No less than once per month, each supervisor should observe employees as they perform at least one job for which a job safety analysis has been developed. The purpose of these observations is to determine whether or not the employees are doing the jobs in accordance with the safety procedures developed. The supervisor should review the job safety analysis before doing the follow-up review to reinforce the proper procedures that are to be followed.

Use of the Job Safety Analysis

The job safety analysis provides a learning opportunity for the supervisor and employee. Copies of the job safety analysis should be distributed to all employees who perform that job. The supervisor should explain the analysis to the employees and, if necessary, provide additional training.

New employees or employees asked to perform new tasks must be trained to use the safe and efficient procedures developed in the job safety analysis. The new employee should be taught the correct method to perform a task before dangerous habits develop, to recognize the hazards associated with each job step, and to use the necessary precautions to avoid injury or accidents.

Jobs that are performed infrequently require additional effort to minimize accident potential. Pre-job instruction addressing the points listed on the job safety analysis will serve as a refresher to employees who may have forgotten some of the hazards in performing the task and the proper procedure to be used to avoid these hazards.

Finally, the job safety analysis is an incident/accident investigation tool. When incidents/accidents occur involving a job for which a job safety analysis has been performed, the analysis should be reviewed to determine if proper procedures were followed or if the procedures should be revised.

Record Keeping

Job safety analysis forms should be maintained in a notebook in the department creating the documents and should be readily accessible to employees. An index naming the task, date the job safety analysis was completed, and date the analysis was revised should be maintained in the front of each department's notebook.

JAS WORKSHEET (FORM JSA-100)

STATE OF LOUISIANA JOB SAFETY ANALYSIS TRAINING GUIDE	JOB:		DATE:	
	TITLE OF PERSON WHO DOES JOB		SUPERVISOR:	INDIVIDUAL PREPARING JSA:
DEPARTMENT:	LOCATION			
REQUIRED AND/OR RECOMMENDED PERSONAL PROTECTIVE EQUIPMENT				
SEQUENCE OF BASIC JOB STEPS	POTENTIAL ACCIDENTS OR HAZARDS	RECOMMENDED-SAFE-JOB- PROCEDURES.		
EMPLOYEES ASSISTING IN DEVELOPMENT OF JSA _____ _____ _____ _____		IS THERE A DANGER OF: A. STRIKING AGAINST OR BEING STRUCK BY B. CAUGHT IN, BY, OR BETWEEN C. SLIP, TRIP, OR FALL D. PUSHING, PULLING, LIFTING, OR TWISTING E. TOXIC GAS, VAPOR, FUMES, EXCESSIVE HEAT OR COLD		

EXAMPLE JSA

STATE OF LOUISIANA JOB SAFETY ANALYSIS TRAINING GUIDE	JOB: <i>Sharpening & Replacing a Rotary Mower Blade</i>		DATE: <i>1/1/2000</i>
	TITLE OF PERSON WHO DOES JOB <i>Yard Worker</i>	SUPERVISOR: <i>John Jones</i>	INDIVIDUAL PREPARING JSA: <i>John Jones</i>
DEPARTMENT: <i>MAINTENANCE GROUP</i>	LOCATION <i>OUTDOOR BEAUTIFICATION</i>		
REQUIRED AND/OR RECOMMENDED PERSONAL PROTECTIVE EQUIPMENT <i>GLOVES & SAFETY GLASSES</i>			
SEQUENCE OF BASIC JOB STEPS	POTENTIAL ACCIDENTS OR HAZARDS	RECOMMENDED-SAFE-JOB-PROCEDURES.	
1. Disconnect spark plug wire.	1. Striking against housing, burn hand	1. Do not use excessive force. Allow mower to cool.	
2. Remove gasoline	2. Spillage – Fire – Inhalation	2. Ventilation. No smoking, proper container, Flush away with water if necessary.	
3. Invert mower.	3. Caught between (CB) Spilling gasoline Overexertion	3. Tip properly. (Grass catcher chute up). Be sure cap is tight. Lift Properly, use Leg muscles.	
4. Remove dull blade.	4. Knuckles striking against blade.	4. Secure block blade – wooden block. Use gloves. Use proper size socket wrench with extender.	
5. Check for bent blade	5. None	5. None	
6. Sharpen & balance dull blade	6. Cutting hand; striking against vice	6. Wear gloves. Avoid contact with sharp blade.	
7. Reassemble blade to mower.	7. Striking against blade or housing	7. Block blade. Wear gloves. Avoid contact with sharp blade.	
8. Return mower to cutting position	8. Overexertion	8. Use leg muscles, not back.	
9. Reconnect spark plug wire.	9. None	9. None	
10. Add gasoline	10. Fire	10. Ventilate. No smoking. Proper Container	
11 Operate mower	11. Normal operating hazards	11 Check for excessive vibration or unusual noise.	
EMPLOYEES ASSISTING IN DEVELOPMENT OF JSA _____ _____ _____ _____		IS THERE A DANGER OF: A. STRIKING AGAINST OR BEING STRUCK BY B. CAUGHT IN, BY, OR BETWEEN C. SLIP, TRIP, OR FALL D. PUSHING, PULLING, LIFTING, OR TWISTING E. TOXIC GAS, VAPOR, FUMES, EXCESSIVE HEAT OR COLD	

CONFINED SPACE PERMIT
Louisiana Tech University Environmental Health and Safety
 (This permit/checklist is to be used when entering permit required confined spaces)

1. GENERAL INFORMATION

Location of Confined Space:	Date/Time:
Purpose of Entry:	Duration
Authorized by:	Expires On:

2. SAFETY MEASURES CHECKLIST

MEASURES FOR ISOLATING & EQUIPMENT	YES	NO	MEASURES FOR ISOLATING & EQUIPMENT	YES	NO
Isolation procedure completed			Self-contained Breathing Apparatus (SCBA)		
Line(s) Broken - Capped - Blanked			Air-Line Respirators w/ Emergency-Escape		
Purge - flush and Vent			Air-Purifying Respirators and Cartridges		
Ventilation (natural or forced)			First Aid Equipment		
Secure Area (Post and Flag)			Communications Equipment & Procedures		
Full Body Harness w/ "D" Ring			Protective Clothing		
Tripod Emergency Rescue Unit			Head/Eye/Hearing Protection (Circle applicable)		
Lifelines			Hot Work Permit Required		
Fire Extinguishers			MSDS Reviewed		
Lighting (Explosion-Proof)			Personnel Briefed on Entry		

3. ATMOSPHERE MONITORING

TEST(S) TO BE TAKEN	YES	NO	ACCEPTABLE ENTRY CONDITIONS	TEST 1			TEST 2			TEST 3		
				DATE	TIME	READING	DATE	TIME	READING	DATE	TIME	READING
DATE/TIME/READING												
Oxygen			19.5-23.5%									
Combustible Gas			Below 10% LEL									
CO			Below 35 ppm									
Known Toxic			Consult OES									

Individuals Conducting Test(names) 1. _____ 2. _____
 3. _____

GENERAL INSTRUCTIONS FOR COMPLETING THE CONFINED SPACE PERMIT

1. Permit must be completed with black or blue ink only, no pencil.
2. Permit must be legible and in English.
3. Every blank item must be filled in with the appropriate information or N/A for not applicable.
4. Times can be AM/PM or based on the 24-hour clock.
5. Persons identified by name should be by both first name and last name. Identifiers should be used whenever necessary, such as the last four digits of the social security number whenever the person's identity can be confused with others, such as Steve Smith, 4269.
6. Signatures must be legible or the printed full name of the signee included.
7. Users of this permit must preserve this document for a period of one year and must protect it from becoming damaged or defaced in the course of its use.
8. Atmospheric monitoring for specific chemical substance such as H₂S, ammonia, chlorine or others, must be recorded in Section 3 and the specific levels indicated with the appropriate date.

Section 1:

- Location of Confined Space - Be specific and describe area to be entered.
- Purpose of Entry - Describe work or activity to be performed in the confined area in specific terms.
- Authorized by - Specific person authorizing the work activity to be performed.
- Date/Time - Day, month, year of permit completion and the time of issuance in twenty-four hour clock or using AM and PM.
- Duration - The length of time in hours and minutes that the permit will be in effect after which the permit will expire or be canceled. Another permit may be issued if needed.
- Expires on - Date and time the permit is believed to expire and no longer be in effect.

Section 2:

Self-explanatory - Additional items may be added as safety features or activities if deemed necessary or important by the job supervisor. Each block must be checked "yes" or "no".

Section 3:

Any atmospheric monitoring performed in order to evaluate the atmosphere of the confined area must be documented here in addition to the date and time performed.

Section 4:

The specific instruments used to test the atmosphere must be described and identified here. The individual conducting the testing is recorded above block 4.

Section 5:

This section is completed when the confined space is declassified to a non-permit entry. The person in charge fills in the required information after required steps to declassify have been taken.

Section 6:

The date and time the permit is canceled or expires is noted in this section along with person's name.

Section 7:

The list of authorized attendants names will be listed here.

Section 8:

This list of authorized entrants names, time in and time out will be listed here.

DUTIES CHECKLIST**The authorized entrant is required to:**

- Know the hazards of the entry.
- Alert the attendant when any condition is noted that might cause the entrant to be aborted.
- Exit the space immediately when conditions exist that require exit (such as alarms, notifications from the attendant, etc.)

The attendant is required to:

- Know the hazards of the entry.
- Know the potential behavioral effects of the hazards anticipated in the entry.
- Maintain a count of entrants into the space.
- Remain outside of the space until relieved by another attendant (this includes rescue operations).
- Communicate with the entrant as necessary.
- Monitor the activities inside and outside of the space to determine if the entry can be conducted safely.
- Make sure only authorized entrants enter the space. (Notify supervision immediately of any attempt.)

The entry supervision is required to:

- Know the hazards that may be faced with the entry.
- Verify that all entries that are required have been made on the permit for the entry.
- Terminate the entry if necessary.
- Verify that rescue services are available.
- Remove unauthorized individuals who attempt to enter the space.

Rescue personnel are required to:

- Know how to use appropriate equipment such as PPE, and rescue equipment.
- Have had CPR and First Aid training.
- Have performed a practice rescue in the last 12 months.