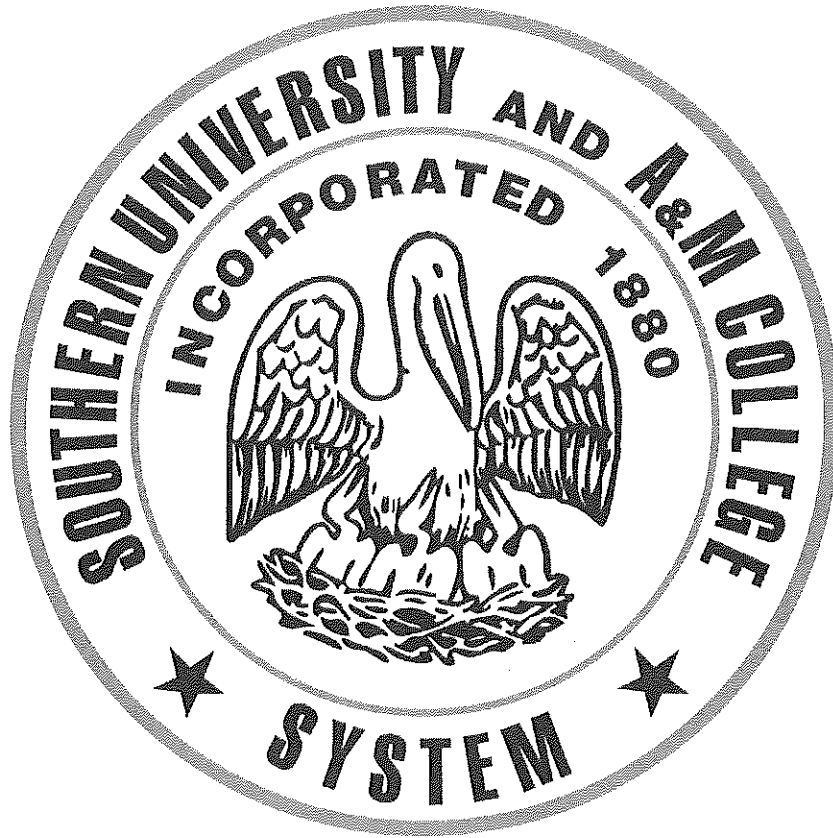


# **SOUTHERN UNIVERSITY SYSTEM**



## **COMPREHENSIVE LOSS PREVENTION PLAN**

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## **ACKNOWLEDGEMENT**

I acknowledge that I am an employee of the Southern University System and agree to adhere to the policies, rules, and regulations detailed in this Comprehensive Loss Prevention Plan.

Additionally, I acknowledge that I have been provided a written copy or electronic access to this Comprehensive Loss Prevention Plan.

\_\_\_\_\_  
Employee Name Printed

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

\_\_\_\_\_  
Institution

\_\_\_\_\_  
Date

# GENERAL SAFETY PROGRAM

## Management Policy Statement

It is the policy of the Southern University System (System) to provide a safe work environment for its employees in order to protect them from accidents that not only directly impact their quality of life but also has the added benefit of reducing the System's insurance costs. This dual benefit ensures the safety and health of System employees and the protection of the taxpayer's hard-earned dollars by keeping insurance costs down.

Therefore, each employee of this System is instructed to devote daily attention to making his or her activities and/or operations as safe and accident free as possible by complying with this Comprehensive Loss Prevention Plan (Plan), which is developed in accordance with the System's Risk Management Policy (Policy No. 12-003). As such, each employee must immediately report potentially unsafe conditions and work practices and take effective temporary actions to minimize the risk to himself/herself and others. Each supervisor will be held accountable for the actions of his/her employees and is responsible for ensuring that his/her employees follow all safety rules, policies, and procedures.

The purpose of this Plan is to authorize the implementation of a safety program for all employees that will promote a safe, productive work environment for all employees and prevent injuries that are painful and potentially disabling. Since this Plan has cost savings potential to both this System and the taxpayers of the State of Louisiana, this Plan shall be applicable to all employees and all sections/units of the System.

Because we take safety matters seriously, failure to follow the System's Plan could result in discipline up to and including termination. If you need training to safely perform any of your job tasks, please notify your supervisor or respective safety manager.

All safety issues and concerns will be investigated by the respective campuses' safety manager or his or her designee.

All questions concerning this Plan should be directed to the personnel listed below for each respective campus, which is each campuses' designated safety manager.

### Baton Rouge Campus, Law Center, and Agricultural Research and Extension Center

Robert Nissen

Director

Environmental, Health, Safety, and Risk Management

(P) 225-771-3101

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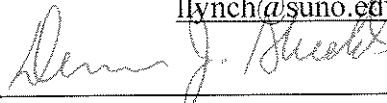
#### New Orleans

Layton Lynch  
Manager

Property and Safety

(P) 504-286-5297

[llynch@suno.edu](mailto:llynch@suno.edu)



Dennis J. Shields, President

#### Shreveport

Joseph LaCour  
Director

Facilities and Risk Management

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[jlacour@susla.edu](mailto:jlacour@susla.edu)

1/10/24

Date

## **Assignment of Safety Responsibility**

The ultimate responsibility for preventing accidents and controlling hazards rests with management. Safety should be managed like any other administrative function. Management should direct the safety effort by setting achievable goals and by planning, organizing, and controlling activities to achieve those goals. The keys to effective safety performance are management procedures that assign accountability. The following is a suggested list of responsibilities for various positions in the Southern University System (System).

### Chancellor

- Has full responsibility for safety.
- Authorizes necessary expenditures to provide safe work conditions.
- Approves safety policies as formulated by the safety officer or safety committee.
- Participates in the safety program as recommended by the safety officer or committee (conducts safety tours, approves safety contracts, reviews, and responds to safety reports, ensures safety awareness among key management personnel, evaluates safety program, reviews safety audits).

Safety Manager: The safety manager is responsible for the development and implementation of the System's safety program at his/her respective campus. This person should have direct access to the Chancellor and open communication with all safety coordinators on his/her respective campus. This person should also demonstrate leadership to the safety coordinators in carrying out his/her duties and responsibilities. The duties include but are not limited to:

- Primary responsibility for coordinating the safety operation at each facility on his/her respective campus.
- Keeping and analyzing accident reports.
- Conducting educational activities.
- Conducting activities to stimulate and maintain interest in safety among employees.
- Serving on the safety committee.
- Supervising and appraising accident investigations.
- Planning and directing a regular program of safety inspections.
- Checking for compliance with applicable safety laws and codes.
- Issuing regular reports showing safety performance and accident trends.
- Conducting safety meetings.
- Communicating with safety coordinators.
- Coordinating the removal of hazardous waste from campus.

### Safety Coordinator

- Inspects unit to locate unsafe conditions or unsafe practices.
- Investigates injuries.
- Ensures that corrective action is taken to avoid recurrences.
- Analyzes accident history for clues to prevent future injuries and illnesses.

- Stays abreast of unit's compliance with federal, state, and local regulations regarding work safety and health.
- Acts as advisor to others on safety matters.
- Publicizes safety requirements.
- Ensures that employees in his/her unit conduct their safety training.

#### Maintenance/Facilities Department

- Works with safety committee, the Safety Manager, and supervisors to ensure safe working conditions.
- Executes work orders promptly.
- Cooperates in devising safety equipment, guards, and appliances.
- Maintains a regular maintenance schedule on all equipment and keeps maintenance records.
- Makes regularly scheduled inspections and creates and maintains inspection reports.

#### Supervisor

- Inspects work area for compliance with safe work practices and safety rules.
- Trains employees to work safely.
- Corrects unsafe conditions and unsafe acts.
- Obtains prompt first aid for the injured.
- Reports and investigates accidents and works with the Safety Manager to determine the cause and correct any problems.
- Serves on safety committee.
- Hold crew safety meetings.
- Discusses safety with individual employees.
- Supervises the procurement and distribution of personal protective equipment.
- Ensures that his/her employees conduct their safety training.

#### Employee

- Works in accordance with accepted safety practices.
- Reports on unsafe conditions and practices.
- Observes safety rules and regulations.
- Makes safety suggestions.
- Serves on safety committees.
- Asks for assistance or further explanation when needed.

### **Safety Rules**

#### **I. Implementation**

- a. A written copy or electronic access to these Safety Rules shall be provided to every employee.
- b. Each employee must sign an acknowledgement indicating that said employee has received the Safety Rules or how to electronically access the Safety Rules.

- c. All employees at all levels are required to follow the Safety Rules.
- d. The Safety Rules shall be reviewed annually at a safety meeting.
- e. Each campuses' designated safety manager must post these Safety Rules in a facility on each campus for review by all employees.

## **II. Rules**

- a. No smoking on any campus location.
- b. Horseplay and fights will not be tolerated in the workplace.
- c. Before beginning work, notify your supervisor of any permanent or temporary impairment that may reduce your ability to perform in a safe manner.
- d. Use personal protective equipment to protect yourself from potential hazards that cannot be eliminated.
- e. Operate equipment only if you are trained and authorized.
- f. Inspect the workstation for potential hazards and ensure that equipment or vehicle is in safe operating condition before using it.
- g. Immediately report any recognized potentially unsafe condition or act to your supervisor.
- h. If there is any doubt about the safe work method to be used, consult the supervisor before beginning work.
- i. Immediately report accidents, near misses, and property damage to a supervisor regardless of severity.
- j. Supervisors should obtain special safety permits when required (e.g., hot work or confined spaces).
- k. Follow recommended work procedures outlined for the job including safe work methods described in the job safety analysis.
- l. Maintain an orderly environment and work procedure. Store all tools and equipment in a designated place. Put scrap and waste material in a designated refuse container.
- m. Report any smoke, fire, or unusual odors to your supervisor.
- n. Use proper lifting techniques. For objects exceeding 50 pounds in weight, the immediate supervisor shall determine specific methods for safe lifting.
- o. Never attempt to catch a falling object.
- p. If your work creates a potential slip or trip hazard, correct the hazard immediately or use safety tape to tag the area before leaving it unattended.
- q. Fasten restraint belts before starting any motor vehicle.
- r. Obey all driver safety instructions.
- s. Comply with all traffic signs, signals, markers, and persons designated to direct traffic.
- t. Adhere to departmental rules regarding first aid, evacuation routes, and fire department notification.
- u. Adhere to departmental rules and procedures specific to departmental operations.
- v. Assist and cooperate with all safety investigations and inspections and assist in implementing safety procedures as requested.
- w. Report to work well rested and physically fit to be able to give full attention to your job.
- x. Persons with physical or mental impairment shall not be assigned to tasks where their impairment has a potential to endanger themselves or others.



- y. No person shall be permitted to remain on the premises while their ability to work is so affected by alcohol, drugs (prescription or non-prescription) or other substance, to endanger their health or safety or that of any other person.
- z. Machinery and equipment, including vehicles, are only to be operated by qualified and trained persons.
  - aa. Avoid parking, even temporarily, in designated fire lanes.
  - bb. Employees shall not use unfamiliar tools or equipment without proper instruction and permission from their immediate supervisor. Always use the correct tool for the job, do not improvise.
  - cc. Loose clothing, dangling neckwear or bracelets shall not be worn around moving parts of machinery or electronically energized equipment.
  - dd. Fire equipment shall be maintained in accordance with the manufacturer's instructions and the requirements of the Louisiana Fire Code.
  - ee. Flammable liquids are to be handled and stored only in approved safety containers. Proper lids and caps must always be used on storage containers. Cloth, paper, and other "make-shift" lids and caps are prohibited.
  - ff. Never dispense gasoline into a fuel tank while the engine is running or the motor is hot.
  - gg. Do not dispose of any hazardous materials or flammable liquids by pouring them down a sewer or drain. Seek guidance from your campuses' designated safety manager if needed.
  - hh. Compressed gas cylinders should be stored in an upright position and chained or otherwise secured.
    - ii. Flash-back arrestors or reverse gas flow check valves must be in place on all oxyacetylene fuel cutting equipment.
  - jj. Compressed air shall not be used for cleaning clothing or blowing dust from your body.
  - kk. Do not attempt to repair defective wiring or other electrical equipment. Report defective electrical equipment immediately to your supervisor or campuses' designated safety manager. Electrical equipment can only be repaired or serviced by a qualified electrician.
  - ll. Faculty or makeshift ladders should not be used.
  - mm. Keep your work area safe, efficient, and pleasant by keeping it clean and orderly.
  - nn. **If something looks unsafe, it probably is. If you are in doubt, ask!**

## **Safety Meetings**

### **I. Implementation**

- a. Class A agencies shall conduct and document safety meetings monthly. Class B agencies shall conduct and document safety meetings quarterly.
- b. Safety meetings are required for supervisors and all employees of each work unit.

### **II. Safety Meetings**

- a. Safety meetings shall be conducted by each campuses' designated safety manager.
- b. Meetings shall be conducted in-person or electronically as required by the Office of Risk Management.

- c. Attendance must be recorded and maintained by each campuses' designated safety manager.
  - i. The attendance record must have the following listed below. An approved Safety Meeting Report Template is in Appendix I.
    1. Topics discussed,
    2. Employees receiving the information,
    3. Instructor's name,
    4. Teaching aids used,
    5. Date of training,
    6. Total number of employees on staff,
    7. Total number of employees in attendance at the training,
    8. Original signatures of employees on attendance sheets, or employee's initial next to typed names on attendance sheets or verification of "received and read" by e-mails, and
    9. Employee suggestions or follow-up.

## **Training**

Safety-related training shall be provided to all employees who must perform new tasks or operate new equipment or whose safety performance is not satisfactory. The safety-related training, whether conducted by a supervisor on the job or by a training specialist, shall include instruction in correct work procedures, use of safety equipment, and availability of assistance. Additionally, safety-related training shall cover a review of the basics pertaining to a specific topic and also the University's policy on such. All safety-related training, whether formal or on the job training, shall be documented and provided to the campus's designated safety manager.

Each campuses' designated safety manager shall be responsible for developing training programs and maintaining the records for said programs.

Each campuses' designated safety manager shall have documented proof of attendance at least once every five years in the ORM Loss Prevention Program course.

Each campuses' designated safety manager shall be trained on accident investigation, inspections, safety meetings, supervisor responsibilities, and job safety analyses.

## **Procedures for Inspection**

### **I. Implementation**

- a. Inspections are required for all System buildings and structures, interior and exterior, regardless of whether the building is in use. Buildings used as a primary residence only require an exterior inspection.
- b. Class A agencies shall conduct and document inspections monthly. Class B agencies shall conduct and document inspections quarterly.

### **II. Procedures**

- a. Each campuses' designated safety manager shall consult with each campuses' director of facilities to ensure that the regularly scheduled inspections are

- conducted. Each campuses' designated safety manager shall be responsible for ensuring the regularly scheduled inspections are conducted.
- b. Inspections are conducted to identify and correct conditions or practices that are potential safety or fire hazards.
    - i. Some examples of hazardous conditions are:
      1. Slip or trip hazards (e.g., cords or torn/broken floor covers),
      2. Foreign materials that could cause loss of balance such as food, grease, oil, liquids, mud, algae, trash, etc.,
      3. Holes or protrusions such as eroded, broken, or sunken walking surfaces,
      4. Temporary accumulation of flammable or combustible materials, and
      5. Storage and use of chemical products and other hazardous materials.
    - ii. Hazardous conditions may be classified into several categories:
      1. Building safety,
      2. Electrical safety,
      3. Emergency equipment,
      4. Fire safety,
      5. Office Safety, or
      6. Storage Methods.
  - c. Inspections are conducted using a site-specific inspection technique such as a checklist. The Quarter/Monthly Inspection Building Form may be used as a template.
  - d. All employees are responsible for immediately reporting any recognized potentially hazardous condition or practice. Employees shall report any unsafe condition to the supervisor or appropriate party via the Hazard Control Log (Form HC-1-90) or other acceptable method.
  - e. Correction of unsatisfactory conditions shall be made immediately to meet accepted and approved standards even if no accident has occurred. If a hazard exists for more than thirty (30) days, the campuses' designated safety manager shall notify the President, the Chancellor, the System Director of Facilities, and the Office of Risk Management's Loss Prevention Unit.
  - f. All completed checklists and supporting documentation will be retained for at least three (3) years and the current working year and shall be made available to the Office of Risk Management upon request.

### **Procedures for Incident/Accident Investigation**

An accident is defined as "an unplanned event(s) that caused personal injury or property damage." An incident is defined as "an unplanned event(s) that could have caused personal injury or property damage." All incidents/accidents, including those occurring to non-employees, should be investigated by personnel responsible for the area in which the incident/accident occurred.

#### **I. University Employee Incident/Accident**

- a. Immediately report the incident/accident to your supervisor.
- b. *After acquiring necessary medical aid for injured persons*, the supervisor should:

- i. If possible, ask the person or persons involved to describe what happened. Do not assign blame or fault; just get the facts.
  - ii. Survey the incident/accident scene for information. If a camera is available, document the scene with photographs as necessary. Assemble and secure any objects that may have contributed to the incident/accident.
  - iii. Determine if there were any witnesses to the incident/accident and get their written description of the incident/accident.
  - iv. Take whatever steps are necessary to prevent recurrences until the condition can be permanently corrected.
  - v. Notify the campuses' designated safety manager within one hour of the incident/accident.
  - vi. Complete page one of the State Employee Post Incident/Accident Analysis Form (DA 2000). This form must be turned into the campuses' designated safety manager within forty-eight (48) hours of the incident/accident.
- c. The campuses' designated safety manager shall complete page two of the State Employee Post Incident/Accident Analysis Form (DA 2000), provide a copy of said form to Human Resources, and consult with Human Resources to complete the Workers Compensation – First Report of Injury or Illness Form (LWC-WC IA-1), which shall be maintained by Human Resources in accordance with the System's Records Management Policy. These tasks must be completed within seventy-two (72) hours of the incident/accident.
  - d. The completed State Employee Post Incident/Accident Analysis Form (DA 2000) shall be maintained by the campuses' designated safety manager in accordance with the System's Records Management Policy.

**II. Student or Visitor Incident/Accident**

- a. Report the accident/incident to the campuses' police department.
- b. The campuses' police department will:
  - i. Investigate the incident and prepare a report.
  - ii. Take whatever steps necessary to prevent recurrences until the condition can be permanently corrected.
  - iii. Notify the campuses' designated safety manager within one hour of the incident/accident.
  - iv. Complete the Visitor/Client Post Incident/Accident Initial Information Form (DA 3000) and turn it into the campuses' designated safety manager within forty-eight (48) hours of the incident/accident.
- c. The completed Visitor/Client Post Incident/Accident Initial Information Form (DA 3000) shall be maintained by the campuses' designated safety manager in accordance with the System's Records Management Policy.

**III. University Property Damage (Equipment or Building) and Theft**

- a. Immediately report damage or theft to your supervisor.
- b. The supervisor will immediately report the incident to the campuses' police department and campuses' designated safety manager.
- c. The campuses' police department will investigate the incident and prepare a report.
- d. If applicable, the campuses' designated safety manager will conduct an investigation and file a claim for damages.

NOTE: THIS PROCEDURE IS FOR NOTIFICATION AND INVESTIGATION. IT IN NO WAY SUPERSEDES EMERGENCY CARE OR FIRST AID FOR INJURED EMPLOYEES, STUDENTS, OR VISTORS.

## **Job Safety Analysis**

A job safety analysis shall be performed by the campus's designated safety manager on all jobs that have resulted in an incident/accident trend, death, or a change in job procedure/equipment.

### **I. Procedures**

- a. **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.
  - i. Occurrence of Injuries: Jobs that have produced an incident or accident trend, or death, during the past five years shall be analyzed.
  - ii. Frequency of Accidents: Jobs that repeatedly produced accidents (trends) 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 preventative action taken prior to their occurrence was not successful.
  - iii. 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.
  - iv. New Jobs or a Change in 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 shall be made on every new job with potential hazards. Analysis should not be delayed until an accident or incident occurs.
  - v. Death: Any accident that caused the death of an employee shall have a job safety analysis made as part of the investigation.
  
- b. **Step 2: Perform the Analysis:** The campus's designated safety manager or designee shall perform the job safety analysis using the Job Safety Analysis Worksheet (JSA-1-00). The designated safety manager shall conduct the job safety analysis with the help of employees who regularly perform the task. The job being analyzed shall be broken down into a sequence of steps that describe the process in detail. Avoid two common errors:
  - i. Making the breakdown too detailed so that an unnecessarily large number of steps result; or
  - ii. Making the job breakdown so general that the basic steps are not distinguishable.

As a rule, the job safety analysis should contain less than twelve (12) steps. If more steps are needed, the job should be broken down into separate tasks.

Job safety analysis involves the following steps:

- i. Selecting a qualified person to perform the analysis.

- ii. Briefing the employee demonstrating the task on the purpose of the analysis.
- iii. Observing the performance of the job, and breaking into basic steps.
- iv. Recording and describing each step in the breakdown.
- v. 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 the job to describe it in detail; therefore, reviewing a completed job safety analysis before conducting one may 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. Variation of routine procedure should be analyzed also.

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

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

Using the Job Safety Analysis Form (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 may be developed through observation and discussion.

- d. **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:
  - i. 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.
  - ii. 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.

- iii. 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.
- iv. 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 shall 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 “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 an effort to reduce job hazards.

- e. **Step 5: Conduct a Follow-up Analysis:** No less than once per month, each supervisor/foreman 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 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.
- f. **Step 6: 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. New employees 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.

- g. **Step 7: Record Keeping:** Job safety analysis forms should be maintained by each campuses' designated safety manager 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.

### **Transitional Return-To-Work Policy**

The Southern University System (System) provides workers' compensation benefits to its faculty and staff in accordance with state law. After a workers' compensation injury, to return an employee to the workplace, the System makes reasonable efforts to place the returning employee into a meaningful assignment, which he or she can perform while on transitional duty on a temporary basis.

The System cannot guarantee placement and is under no obligation to offer, create, or encumber any specific position for purposes of offering placement.

In the event an employee refuses an accommodation or reassignment of duties (outside the employee's FMLA eligibility) which are within the employee's restrictions and ability to perform, the System is not obligated to provide alternatives. In such a case, each campus will notify the Office of Risk Management (ORM), which may result in the termination of the employee's workers' compensation benefits.

The goals of the Transitional Return-To-Work Policy are:

- To provide a safe return to work for occupationally related injuries or illnesses.
- To give employees returning to work more options.
- To provide suitable accommodations for employees who have sustained an injury or illness that impacts their ability to perform all aspects of their pre-injury or pre-illness job.
- To retain qualified employees.
- To facilitate a safer working environment.
- To reduce the duration of time needed for the employee to transition back to full duty.



- To retain valuable employee work skills, physical conditioning.
- To reduce workers' compensation claim cost.
- To provide a workers' compensation claims reporting process.
- To provide a process of semi-annual reports to the legislature and the governor.

A successful return-to-work plan should be based on medical prognosis and recovery. Transitional work should be available until an employee is able to resume full duty employment or up to one year. Unforeseen medical issues shall be referred to the ORM's third party administrator's (TPA) vocational rehabilitation counselor.

### **I. Policy Implementation**

1. Human Resources shall conduct a documented awareness and training of this Transitional Return-To-Work Policy within ninety (90) days of hire for all new employees.
2. Beginning in fiscal year 2023-4, each campuses' designated safety manager shall conduct a documented awareness and training of this Transitional Return-To-Work Policy for all employees on his or her respective campus every five (5) years. Therefore, documented awareness and training shall occur in fiscal years 2023-4, 2028-9, 2033-4, etc.

### **II. Reporting a Work-Related Accident/Illness**

Once an injury/illness is reported by an employee, each campuses' designated safety manager shall:

- Report work-related injuries or illnesses **immediately** via the TPA's claims system.
- Provide employee with a Physician's Modified Work Information Sheet to provide to the treating physician.
- Refer the injured employee to the Occupational Medical Clinic chosen for the System or allow the injured employee to seek treatment with a physician of choice.

### **III. Transitional Return-To-Work Team**

The System has established a Transitional Return-To-Work Team to review all lost-time workers' compensation employees under its authority.

The scope of the team is to review and have oversight on all workers' compensation employees who would be eligible for this Transitional Return-To-Work Policy. This scope includes, but is not limited to, the completion of transitional return-to-work plans, the review of job modifications, job tasking, task identification, compliance with the State's requirement for transitional return-to-work plans, oversight of plans, facilitating success of plans, and transitional return-to-work program results.

The members of the Transitional Return-To-Work Team are:

- Human Resources Director

- ADA Coordinator/Return to Work Coordinator
- Employee's immediate supervisor
- Campuses' designated safety manager
- Department head, chair, or dean
- TPA staff
- Vocational Rehabilitation Counselor, as needed.

The ADA Coordinator shall serve as the Return-To-Work Coordinator (RTW Coordinator) and is the primary contact for employees and outside agencies on matters related to disability management and return-to-work planning. This includes, but is not limited to:

- Responsibility for the overall coordination and day-to-day administration of the disability management program.
- Development, facilitation, and monitoring of the return-to-work program.
- Development and facilitation of accommodations.
- Working with the employees and the respective campus to facilitate return-to-work programs.
- Monitoring return-to-work plans and providing progress reports to appropriate individuals.

The Transitional Return-To-Work Team shall meet monthly and shall be chaired by the RTW Coordinator. Additionally, the Transitional Return-To-Work Team shall meet when an employee is injured or there is a change in the injured employee's medical status. Meetings will not be necessary if there are no active lost time claims.

#### **IV. Job Tasking**

Job tasking is the process of detailing each specific job task performed in a position. If assistance is needed with job tasking, TPA shall be contacted.

Human Resources shall be responsible for job tasking. Job tasking should begin before the accident occurs or once an injury has occurred that leads to lost time. Complete job tasking for each position of injury that results in lost time shall be conducted. First-line supervisors shall be consulted when job tasking. There is no need for repetition of job tasking with each new occurrence. A master list of transitional tasks shall be compiled for each position. A file of job tasks shall be maintained for each position for which a lost time claim has occurred.

##### **a. Accommodation Types**

Modification of job tasks, equipment, or schedules for up to one year, or when the injured employee has been released to return to work, to assist an injured worker transition to return to work. Accommodations may include, but are not limited to:

- Modified Work – Includes modification to the job tasks, functions, hours of work, frequency of breaks, worksite, or any combination of these.
- Alternate Work – Different from the employee's pre-injury job or illness offered to a worker who is permanently unable to perform their pre-injury work.

- Transitional Work – A group of tasks or specific jobs that can be performed until the worker is capable of returning to full pre-injury duties.

## **V. Transitional Return-To-Work**

A transitional return to work plan should be completed with the supervisor of injured employee and a representative from the return-to-work team to include:

- Specific job tasks identified;
- Hours to be worked;
- Duty assignment; and
- Physical restrictions.

The plan shall be reviewed and approved by each member of the team.

### **a. Eligibility for Return-To-Work**

- Assess the job task of the workers' pre-injury position.
- Identify transitional tasks that can be performed with the employee's current physical restrictions.
- Review other services or tasks that can be performed which would improve the overall function of the campus.
- Review tasks that can be performed that would return an employee to gainful employment.

Contact TPA to identify transitional return-to-work tasks if needed.

### **b. Before the Return-To-Work**

Each campus will hold a return-to-work meeting with the employee to review the plan before the employee returns to work. Once the meeting has taken place, an offer of transitional duty employment shall be made to the injured employee in writing. If the injured employee is represented by counsel, the notice shall be sent to the employee through counsel.

### **c. Each Campus Responsibilities**

- Provide a good detail job description that includes the physical demands and essential functions of the job;
- Treat the injured worker with dignity and respect;
- Reflect System values and guiding principles by creating a positive atmosphere where the employee knows they are valued;
- Promote an open, cooperative process including maintaining regular contact with the employee;
- Work with the RTW Coordinator to develop a suitable return-to-work plan for the employee and stay within the outlined abilities/limitations;
- Monitor the progress of the employee through the return-to-work plan and involve the RTW Coordinator if there are any changes in circumstances;
- Promote and enforce safe work practices;

- Visibly support the return-to-work program; and
- Ensure a work environment that is conducive for a successful return-to-work program.

**d. Return-To-Work Offer**

The offer of transitional return to work employment shall include the following:

- Offer must be made in writing;
- Certified mail return receipt request;
- A specific return to work date and time;
- Duty assignment; and
- Who to report to.

Each campus shall provide transitional employment for up to one year or until that employee has reached maximum medical improvement whereby, he or she can return to his or her previous job, whichever is less.

**e. Employee Responsibilities**

- Return the Physician’s Modified Work Information Sheet to the immediate supervisor within 24 hours or prior to the next scheduled shift;
- Accept the transitional return to work offer;
- Report to work as requested in the return to work offer letter;
- Work within the restrictions provided by the physician;
- Comply with medical treatment and keep all scheduled medical appointments; and
- Advise the immediate supervisor and the RTW Coordinator if the transitional work is physically too difficult.

**f. After the Employee Has Returned to Work**

When an employee returns to work on transitional duty employment, the campus shall not require the employee to perform tasks that have not been approved by the treating physician. The Transitional Return-To-Work Team shall evaluate the plan every 30 days to assess the employee’s ability to return to full duty. TPA will be responsible for communications with medical personnel. The System or campus shall not have direct contact with the treating physician personnel without the approval of TPA.

**VI. Termination of Employment**

The campus shall notify TPA if a person is at risk of termination due to exhaustion of sick leave. Termination of employment because an injured worker has exhausted sick leave shall be evaluated as a “last resort method”. The campus shall document the necessity to terminate employment.

The RTW Coordinator shall:

- Maintain documentation of failed transitional return to work employment.
- Maintain documentation of efforts made to identify transitional return to work tasks.

- Maintain documentation of barriers in identifying transitional return to work.
- Notify TPA when an injured worker is removed from work or the accommodations are no longer available.

Documentation shall include evidence that transitional return to work tasks could not be identified.

## **VII. Measure of Effectiveness**

The Transitional Duty Employment Audit Form (DA WC4000) shall be used to measure the effectiveness of the Transitional Return-To-Work Policy on each campus.

Information to be tracked shall include the following:

- Number of lost time workers' compensation claims;
- Number of employees returned to work on transitional duty;
- Number of employees returned to work full duty; and
- Number of employees on workers' compensation.

Include employees who have resigned or who have been terminated. This information is tracked as long as the employee is receiving workers' compensation indemnity benefits. Lost-time days for those employees will be tracked as an average of 21.5 days per month.

## **Blood Borne Pathogens Program**

The purpose of this Blood Borne Pathogens Program is to reduce or eliminate occupational exposure to blood and other potentially infectious materials to System employees. This exposure control plan can minimize or eliminate exposure through the use of protective equipment, training, clean up procedures, and medical protocol involving post exposure evaluation.

All bodily fluids will be considered infectious regardless of the perceived status of the source individual. Procedures for providing first aid and decontaminating/sanitizing contaminated areas will duplicate those developed and used by the health industry.

### **I. Blood Borne Diseases (not an all-inclusive list)**

- a. HIV: Human Immunodeficiency Virus causes AIDS
- b. Hepatitis B and C
- c. Syphilis
- d. Malaria
- e. Other potentially infectious materials: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, amniotic fluid, saliva, etc.

### **II. Exposure Determination**

- a. The following employees are most likely to have an occupational exposure to bodily fluids and shall be considered High Risk.
  - i. Campus police
  - ii. Athletic trainers
  - iii. Recreation staff

- iv. Custodial staff
  - v. Facilities staff
  - vi. Plumbers
  - vii. Public safety staff
  - viii. Kitchen staff
  - ix. Lab technicians
  - x. Healthcare professionals (i.e., medical doctors, nurses)
- b. All other employees shall be designated as Low Risk.

### **III. Preventive Measures**

#### ***USE UNIVERSAL PRECAUTIONS: TREAT ALL BLOOD AND BODY FLUIDS AS POTENTIALLY INFECTIOUS.***

- a. Unbroken skin provides some protection from blood borne pathogens.
- b. Wear personal protective equipment (PPE) (examples: latex gloves, safety glasses, goggles, face shields, aprons, boots) whenever blood or body fluids are present or expected.
- c. Utilize engineering techniques (examples: tongs, recognized work practices, specialized equipment) whenever possible.

### **IV. Decontamination Procedures**

- a. All spills that may possibly contain blood borne pathogens must be cleaned with bleach and H<sub>2</sub>O (1-part household bleach to 10 parts water).
- b. Cleaning equipment must be properly decontaminated.
- c. Utilize spill kits (The campus's designated safety manager must ensure that spill kits are maintained throughout the campus.).
- d. Wear the required PPE.
- e. Restrict access to the area.
- f. Use disposable supplies whenever possible and dispose of them properly.
- g. Disposal: Disposal of all regulated waste shall be in accordance with applicable federal, state, and local regulations.
  - i. All waste with the possibility of contamination of blood borne pathogens shall be placed in containers that are closeable, constructed to contain all contents and prevent leakage of fluids during handling, storage, transportation, or shipping. The waste must be labeled or color-coded prior to removal to prevent spillage or protrusion of contents during handling, storage, transportation, or shipping.

***Notify the campus's designed safety manager of all spills that may possibly contain blood borne pathogens.***

### **V. Post-exposure Procedures**

- a. Wash hands with antibacterial soap after contact.
- b. Flush your eyes and face with fresh water for several minutes after contact.
- c. Report the incident to supervisor and seek medical attention immediately.
- d. Notify the campus's designated safety manager.
- e. Post exposure follow-up care will be provided.

## **VI. Other Exposure Hazards**

- a. Cleaning surfaces contaminated with blood, vomit, feces.
- b. ALWAYS wear gloves and protective apron or clothing.
- c. Be alert for sharp objects, broken glassware, used syringes in trash.
- d. Do not pick up broken glassware – use a brush or broom and dustpan.
- e. Dispose of glass and sharp objects safely.
- f. Laundry – bloody or contaminated linens or sharp objects.

## **VII. Training**

- a. All employees shall receive training within ninety (90) days of hiring.
- b. High Risk Employees
  - i. Shall receive training annually.
  - ii. High Risk employees shall be offered the Hepatitis B vaccine free of charge. If the employee declines the vaccine, they must sign the Hepatitis B Vaccine Declination Statement. However, the employee may decide to receive the vaccine at a later date.
  - iii. Training for High Risk employees shall be instructor-led by someone qualified and knowledgeable in such matters (e.g., healthcare professional, safety, and health professional, EMT, first aid/CPR instructor, Red Cross, etc.)
  - iv. While in-person training is always the preferred method, virtual training is an acceptable alternative provided that all of the following criteria are met:
    1. The qualified instructor is present and available for interaction at all times.
    2. Require all participants to turn on their video feed, leave it on and unobstructed, and remain in front of the camera for the entire duration of the training.
    3. Assign (and document) someone from the System to monitor the screen the entire time to ensure that no one leaves, is distracted, or turns off their video feed.
    4. Limit class size to the max gallery screen allowed under the video settings in the online platform used.
    5. Obtain a participant report from the online platform to use as your attendance sheet and to call roll before and after the training. Retain the attendance sheet for the audit.
- c. Low Risk Employees
  - i. Shall receive training every five years.
  - ii. If a unit experiences a blood borne pathogen event, the employees of that unit shall be required to retrain within the following sixty (60) days.
- d. Each campus' designated safety manager shall be responsible for developing and ensuring training compliance.

## **VIII. Sample Guidelines for Avoiding the Spread of Infection**

- a. Wash hands and remove protective clothing before eating, drinking, smoking, handling contact lenses, applying lip balm or cosmetics, etc.
- b. Keep your hands away from your eyes, nose, mouth while cleaning.

- c. Frequent hand washing is the best defense against spreading infection.

#### **IX. Summary**

- a. Protect yourself on and off the job; know the facts.
- b. Practice good personal hygiene.
- c. Follow work rules, use gloves and protective clothing.
- d. Wash your hands often, after work or exposure.
- e. Keep areas clean – report problems immediately to supervisors.

#### **First Aid**

The primary source of minor temporary first aid on campus is the student health center. If the campus does not have a student health center or if the student health center is closed, employees, students, or visitors shall report to the campus's police department.

Serious medical conditions and workplace incidents/accidents that require advanced treatment will be handled by the nearest medical facility. Please dial 911 immediately and stay on the line with the operator. If possible, please also notify campus police.

#### **Drug-Free Workplace Policy**

The System, like the State of Louisiana, has a long-standing commitment to a drug-free workplace. In order to curb the use of illegal drugs by employees of the State of Louisiana, the Louisiana Legislature enacted laws which provide for the creation and implementation of drug testing programs for State employees. Therefore, this Policy applies to all System employees, appointees, and students as well as candidates for employment, appointment, and all other persons having an employment relationship with the System.

Illegal or unauthorized drugs include any drug which is not legally obtainable; any drug which is legally obtainable, but has been illegally obtained; prescription drugs not being used in accordance with the prescription or in excess of the prescription; or any substance which affects the employee's ability to safely and competently perform assigned duties.

The System reserves the right to have a licensed physician, of its own choosing and at its own expense, determine if use of prescription medication produces effects which impair the employee's performance or increase the risk of injury to the employee or others. In such case, where the situation is temporary and business necessity allows, the System may modify the employee's customary duties or work activities for the period the employee is unable to safely perform his/her customary job duties. Alternatively, the employee may be required/permitted to use accrued leave when such leave is available.

System employees will not be allowed on System property or at any other location where employees are conducting System business under the influence of illegal or unauthorized drugs. Additionally, it is unlawful to manufacture, distribute, dispense, possess, or use any illegal or unauthorized drugs or alcohol or to abuse controlled substances in the workplace and classroom or other related areas associated with the learning process including dormitories. Such actions are



prohibited on all System property and at any other location where employees are conducting System business.

An employee must notify his/her supervisor prior to or immediately upon reporting to duty when the employee has reason to believe that prescribed or over-the-counter medication may impair the employee's ability to perform customary job duties or otherwise create a safety hazard. While the duration the medication will be taken should be disclosed, employees should know that **it is not necessary to disclose to the supervisor the medication being taken nor the condition for which it was prescribed.** Such information may be required to be disclosed to the ADA Coordinator or Human Resources Director should circumstances or the nature of the employee's job duties warrant.

An employee must notify the Human Resources Director on the first scheduled workday of any arrest or conviction for a criminal, drug-related offense which occurs on or off duty, including driving while intoxicated (DWI) arrests and convictions. In such cases, the employee will be required to satisfactorily complete a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency. Additionally, an employee must notify the Human Resources Director of all convictions occurring in the workplace, while on official business, during work hours, or when on call for duty, in writing, within five (5) days after such conviction.

La. R.S. 49:1001, et seq., requires drug testing of certain public employees as a condition of hiring, random testing of certain other employees, and specifics that all such testing be conducted pursuant to written policy, which is below.

**I. Required Drug Testing/Screening**

Samples to test for the presence of drugs shall be required in the following circumstances:

- a. Pre-Employment. As a condition of hiring for prospective System employees whose principal responsibilities of employment include operating a public vehicle, performing maintenance on a public vehicle, or supervising any public employee who operates or maintains a public vehicle.
- b. Random Testing. On a random basis for those employees whose principal responsibilities of employment include operating a public vehicle, performing maintenance on a public vehicle, or supervising any public employee who operates or maintains a public vehicle.

**II. Permitted Drug Testing/Screening**

Situations in which samples to test for the presence of drugs may be required include, but are not limited to, the following:

- a. Reasonable Suspicion. A belief based on a reliable information from independent sources or reliable, objective, and articulable facts derived from direct observation of odorous presence, specific physical, behavioral, or performance indicators, and being of sufficient import and quantity to lead a prudent person to suspect than an employee is in violation of this Policy.

- b. Post-Accident/Incident. Following an on-the-job injury or potentially serious accident, injury, or incident in which safety precautions were violated, equipment or property were damaged, or unusually careless acts were performed.
- c. Rehabilitation Monitoring. Employees participating in substance abuse after-treatment program or pursuant to terms of a rehabilitation agreement.
- d. Safety-Sensitive and Security Sensitive Positions. Those positions deemed safety and security sensitive within the System, such as positions requiring firearms, access to controlled substances, handling hazardous materials, operating heavy equipment or machinery, or otherwise having opportunity to cause substantial harm to persons or property, etc.

### **III. Drug Screening for NON-DOT Safety Sensitive Positions**

- a. Pre-employment: All candidates for NON-DOT safety sensitive positions must submit to pre-employment testing as a condition of employment. Negative results must be received prior to hire, transfer, or assignment to any safety-sensitive job.
- b. Reasonable Suspicion: Employees will be subject to reasonable suspicion drug and/or alcohol testing if a manager observes physical or behavioral indicators of potential drug or alcohol impairment. Employees are lab based and employees will be removed from service and provided transportation pending results.
- c. Random: Employees who perform safety sensitive job duties as defined above will be subject to random NON-DOT Breath Alcohol & NON-DOT Drug Testing.
- d. Post-Accident: Employees must undergo drug and/or alcohol testing when an accident or incident has occurred.
- e. Return-to-duty/Follow-up: Employees eligible to return to work following a drug free workplace policy violation, will be required to pass a return to duty drug and/or alcohol test before being allowed to return to work. Once returned to work, they will be subject to unannounced follow-up testing.

### **IV. Confidentiality**

- a. All tests/screening under this Policy shall be done in strict confidence. Information obtained from tests/screening will be provided only on a need-to-know basis. Medical information obtained will be protected as confidential unless otherwise required by law or overriding public health concerns.

### **V. Physician Recommended Marijuana**

- a. The System shall not subject an employee or prospective employee to negative employment consequences based solely on a positive drug test for marijuana, marijuana components, including tetrahydrocannabinols, or marijuana metabolites if the employee or prospective employee has been clinically diagnosed as suffering from a debilitating medical condition and a licensed physician has recommended marijuana for therapeutic use by the employee in accordance with La. R.S. 40:1046.
  - i. However, the above section shall not be construed to prohibit the imposition of negative employment consequences on an employee who uses or is impaired by marijuana on the premises of the employer or during work hours or an employee whose principal responsibility is to operate a state vehicle, maintain a state vehicle, or supervise any employee who drives or

maintains a state vehicle. Additionally, the above section shall not apply to emergency medical services, law enforcement, or public safety officials.

#### **VI. Federal Grants and Work**

- a. All System employees paid by a grant or work under the terms of a grant from a Federal government agency shall as a condition of employment be required to:
  - i. Acknowledge receipt of and comply with the terms of this Policy;
  - ii. Report to work in a condition that maximizes the employee's ability to perform assigned tasks in a competent and safe manner (Employees are prohibited from reporting to work impaired by alcohol or drugs); and
  - iii. Submit to a drug and alcohol test upon request by the Human Resources Director or his/her designee.
- b. For any project or contract from a Federal agency, the principal investigator is required to ensure that each employee working on the grant be given a copy of this Policy and be required to acknowledge receipt of this Policy.

Employees who violate this Policy may be subject suspension from duty and pay, termination of employment, referral to rehabilitation program, and/or referral for criminal prosecution. Civil service employees will also be subject to disciplinary action in accordance with Chapter 12 of the State Civil Service Rules.

#### **Emergency Preparedness Plan**

Each campus has developed an emergency preparedness plan, which shall be provided to the local police and fire departments.

Fire drills shall be conducted at least once per year. Requests for exceptions to conduct fire drills must be approved by the Chancellor and submitted to the ORM Loss Prevention Manager for review and approval.

#### **Hazardous Materials**

Each campuses' designated safety manager shall conduct and document, at least annually:

- a. A complete inspection of all facilities, grounds, vehicles, and any other piece of System property that may contain hazardous materials on their respective campuses;
- b. A full assessment, including a complete listing, of all materials found;
- c. A review of the Safety Data Sheet (SDS) for each; and
- d. A determination as to whether all on-site hazardous materials are only accessible by an outside entity and, therefore, there is no System employee exposure potential. If so, then a program is not needed for those materials.

Special rules are needed to cover the handling, storing, and usage of hazardous materials from receipt through disposal.

Therefore, if hazardous materials are found, and there is any potential for exposure to any System employee, then the respective campus shall promulgate written policies and procedures to ensure

the safety of everyone in their workplace. A substance is considered “hazardous” if it is classified as either a “physical hazard,” (flammables, explosives, etc.) or a “health hazard” (carcinogen, hepatogen, mutagen, etc.). The hazardous materials plan shall completely address the availability of and/or documented training on: proper handling, storage (cabinets), Safety Data Sheets (SDS), container labels, Personal Protective Equipment (PPE), lab hoods and lab safety, required safety equipment and its training, an proper disposal of hazardous materials.

Training requirements should be appropriate for, and commensurate with, the nature of the work or exposure. Therefore:

- For employees who are likely to encounter one or more hazardous materials in the course of a work shift:
  - Documented training on the Hazard Communication Program is required:
    - Within thirty (30) days of employment a full program training;
    - If working in a new area or with new hazardous materials a refresher training only;
    - Whenever the supervisor or campus’s designated safety manager determine a full program or refresher training is needed; and
    - At least annually a full program training is needed.
- For employees who are not likely to encounter one or more hazardous materials in the course of a work shift:
  - Documented training on the Hazardous Communication Program is required:
    - Once, within thirty (30) days of employment, a SDS and labels training only;
    - If promoted/transferred/assigned to a job/area involving exposure to one or more hazardous materials a full program training; and
    - Whenever the supervisor or campus’s designated safety manager determines a full program or refresher is needed.

Each campuses’ designated safety manager shall ensure that the Hazard Communication Program is developed and training requirements are compiled for their respective campuses.

### **Record Keeping**

All records created under or as required by this Comprehensive Loss Prevention Plan shall be retained for at least five (5) years.

## **DRIVER SAFETY PROGRAM**

### **Purpose**

The purpose of the Driver Safety Program is to provide a systematic method of screening, training, and accountability for employees and supervisors required to assign or drive System owned vehicles or personal vehicles on state business. This Program is applicable to all student workers, faculty, and staff of the System that drive for System business. This Program covers all automobile use owned, leased, rented, or otherwise used for the System. Students are not allowed to drive System owned, leased, or rented vehicles.

## **Personnel Duties**

### **I. Campus's Designated Safety Managers**

These individuals are responsible for implementation of the Driver Safety Program and shall stress the importance of the System's Driver Safety Program to all employees. Prior to authorizing System employees to drive, they are responsible for completing all of the following steps for employees that are authorized to drive:

- a. Verifying that each driver has a valid and properly classed driver's license.
- b. Obtaining official driving records (ODRs) no longer than every twelve (12) months, reviewing them no later than forty-five (45) days from the date the ODR is obtained, and ensuring that employees meet all of this Program's requirements to be authorized to drive.
- c. Certifying that each employee has completed an ORM-recognized defensive driving course within ninety (90) days of entering this Program.
- d. Signing and dating, along with the employee (if applicable), the Driving Authorization and History Form (DA 2054) as the authorized designee. The Driving Authorization and History Form (DA 2054) can be used more than once if the campus's designated safety manager signs and dates the Annual Supplement Signature Page (DA 2054 Supp.-1) and attaches it to the Driving Authorization and History Form (DA 2054). The original form cannot be modified.
- e. Notifying the appropriate supervisors which employees have been authorized to drive or not authorized to drive.
- f. Maintaining for their respective campuses an Authorization and Driving History Log, which shall be a signed and dated by the campus's designated safety manager. This list shall be updated annually prior to the audit or compliance review. However, any employee that is determined in the year to be a High Risk Driver should be updated on the list immediately.
- g. Ensure policies and procedures are established and implemented.
- h. Ensure training courses are conducted and documented.

### **II. Supervisors**

- a. Provide time for each authorized employee to complete the ORM-recognized defensive driving course.
- b. Allow only authorized employees to drive on state business. This includes not approving any employee travel where the employee has to drive for System business and the employee has not been authorized to drive for System business pursuant to this Program.
- c. See that all vehicles provided to authorized employees are in safe operating condition, including the use of the Daily Vehicle Log (MV3) and Preventative Maintenance Form (MV4).
- d. Follow through that all deficiencies noted during the inspections are corrected and such actions documented.
- e. Ensure that all accidents and incidents are properly reported and said records are maintained.

### III. Employees

- a. Employees shall only operate those vehicles for which they are licensed and insured.
- b. Employees who are authorized to drive System vehicles are responsible for the safe operation of those vehicles.
- c. Drivers shall report any unsafe condition or accident involving System vehicles to their supervisor or designee. Accidents by employees in their personal vehicles after hours need not be reported unless the employee was ticketed.
- d. Employees who drive their personal vehicle on System business shall be required to sign the Driving Authorization and History Form (DA 2054) attesting that they currently carry at least the required minimum vehicle insurance. Such signature is not required if the employee only drives a state vehicle on all System business.
- e. Employees shall immediately report any revocation of their driver's license or any moving violations received to their supervisor, but no later than their next scheduled workday. Said reporting applies whether on System or personal/private business and whether in a state or personal/private vehicle.
- f. Employees shall not use a wireless telecommunications device while driving a System-owned, leased, or private vehicle that is being driven on System business. This includes writing, sending, or reading text-based communication and engaging in a call. Use of a wireless telecommunications device is permissible for passengers in such vehicles.
  - i. Exceptions:
    1. Report traffic crash, medical emergency, or serious road hazard.
    2. Report situation in which the person believes his/her personal safety is in jeopardy.
    3. Report or avert the perpetration or potential perpetration of a criminal act against the driver or another person.
    4. Engage in a call or write, sent, or reach a text-based communication while the motor vehicle is lawfully parked.
- g. Ensure that every non-System employee (i.e., students) riding in the System-owned, leased, or rented vehicle or personal/private vehicle on System business signs an Acknowledgement of Non-State Employees Using State Vehicles.

#### **Authorization Process**

Any System employee must be authorized to operate a vehicle on System business. To become officially authorized to operate a vehicle on System business the following steps must be completed:

1. Complete the Driving Authorization and History Form (DA 2054).
2. Complete the ORM Online Defensive Driving Course at [https://wwwprd.doa.louisiana.gov/orm/Online\\_Courses/Defensive\\_Driving\\_2019/presentation\\_html5.html](https://wwwprd.doa.louisiana.gov/orm/Online_Courses/Defensive_Driving_2019/presentation_html5.html).
3. Submit the completed Driving Authorization and History Form (DA 2054), a copy of your driver's license, and ORM Online Defensive Driving Course Certificate of Completeness to your campus's designated safety manager or designee.

Upon completion of the steps above, the campus's designated safety manager or designee shall:

1. Verify the employee's name, address, and driver's license number match the information of the Driving Authorization and History Form (DA 2054).
2. Check the driver's license expiration date.
3. Check the driver's license class and any restrictions that may affect the employee's ability to drive.
4. Request the employee's official driving record (ODR) from the Louisiana Department of Public Safety and Corrections, Office of Motor Vehicles.
  - a. Upon receipt of the employee's official driving records, the campus's designated safety manager or designee shall:
    - i. Verify any violations that were received in the past twelve (12) months and whether these violations meet the High Risk Driver definition outlined in this Program.
    - ii. Make sure the following flags are not noted on the ODR above the violations section:
      1. NI = No Insurance (i.e., no liability security coverage on this vehicle.)
        - a. Individual's driver's license is blocked against renewal or re-issuance.
        - b. Does not mean a driver's license suspension is imposed.
        - c. An individual can still operate only a System-owned, leased, or rented vehicle on System business; however, use of a personal vehicle is prohibited until the NI flag has been resolved.
      2. Revoked = The individual's registering privileges are withdrawn.
      3. Suspended = A suspension of the individual's driving privileges.
    - iii. If further clarification is needed, please contact ORM loss Prevention Management.
5. Complete, sign, and date the Driving Authorization and History Form (DA 2054) if applicable, and update the Authorization and Driving History Log. The employee's ODR must be attached to the Driving Authorization and History Form (DA 2054).

If at any time an employee is not authorized to drive, that employee and his/her supervisor shall be notified in writing that they shall not drive on System business. The immediate supervisor and appropriate fleet control personnel shall be notified that this employee shall not be given authority to drive on System business, and the employee's name shall be updated on the Authorization and Driving History Log.

An ORM-recognized defensive driving course shall be repeated every three (3) years.

### **High Risk Drivers**

High Risk Drivers shall not be authorized to drive vehicles on System business from the date of discovery for a minimum of twelve (12) months High Risk Drivers are those individuals:

1. Having three (3) or more convictions, guilty pleas, or nolo contendere pleas for moving violations within the previous twelve (12) month period or
2. Having a single conviction, guilty plea, or nolo contendere for operating a vehicle while intoxicated, hit and run driving, vehicular negligent injury, reckless operation of a vehicle, or similar violation within the previous twelve (12) month period.

### **Preventative Maintenance**

A preventative maintenance procedure and a preventive maintenance schedule is developed as a component of the Equipment Management Program.

### **Accident Reporting**

A vehicular accident is defined as any incident in which the vehicle comes in contact with another vehicle, person, object, or animal that results in death, personal injury, or property damage, regardless of: who was injured, what was damaged or to what extent, where it occurred, or who was responsible.

All accidents shall be reported to the employee's immediate supervisor and the campus's designated safety manager by the driver of the System vehicle on the day of the accident. If the driver is not able to complete the Accident Report - Louisiana State Driver Safety Program Form (DA 2041), the driver's supervisor will complete the report to the best of his/her ability for the employee. The supervisor may enter identifying information and attach the police report. The Accident Report - Louisiana State Driver Safety Program Form (DA 2041) shall be completed within 48 hours after any vehicle accident while on System business and forwarded to the campus's designated safety manager.

If the accident involves a workers' compensation claim, the campus's designated safety manager must report the accident to ORM's third party administrator, and the State Employee Post Incident/Accident Analysis Form (DA 2000) is not required for automobile accidents. When an accident occurs in either an employee's personal vehicle or a rental vehicle while the employee is on System business, complete the Accident Report - Louisiana State Driver Safety Program Form (DA 2041) and note whether or not the vehicle is System-owned, rented, or personal.

A copy of the Uniform Motor Vehicle Traffic Accident Report shall accompany the Accident Report - Louisiana State Driver Safety Program Form (DA 2041) or should be sent to ORM's third party administrator as soon as it is received by the campus's designated safety manager. Do not delay submission of the Accident Report - Louisiana State Driver Safety Program Form (DA 2041) waiting on the Uniform Motor Vehicle Traffic Accident Report.

Failure of an authorized driver to report any vehicular accident may be cause for suspension of driver authorization.

The supervisor of the authorized driver involved in an accident shall review the accident report within two working days of the accident for completeness of information. Incomplete reports shall be returned for completion or corrected information. The supervisor may assist the individual in



completing the report. All accidents require completion of the Accident Report - Louisiana State Driver Safety Program Form (DA 2041).

The supervisor or campus's designated safety manager may consider what corrective action(s) may be necessary for accidents thought to be preventable. The corrective action(s) may include: temporary suspension of driving privileges, special training, physical examination, etc. and must be approved by Human Resources.

## **BONDS, CRIME, AND PROPERTY PROGRAM**

## **EQUIPMENT MANAGEMENT PROGRAM**

## **APPENDIX I: FORMS**

*[Remainder of this page intentionally left blank.]*

# ACCIDENT REPORT – LOUISIANA STATE DRIVER SAFETY PROGRAM (DA 2041)

DA 2041  
Rev. 9/14

## ACCIDENT REPORT LOUISIANA STATE DRIVER SAFETY PROGRAM

(If you do not know your location code, please refer to <http://www.laorm.com/documents/lccodes.pdf>)

Submit report to ORM  
within 48 hours of accident

SUPERVISOR TO COMPLETE FIRST 4 ITEMS	Agency Name (Owner)	Person to Contact	Phone	Vehicle Owner's Loc. Code
	State Vehicle Driver's Name	Driver's Agency Name and Location Code	Date of Accident	Time of Accident AM PM

Exact Location of Accident (Use street markers, mileage markers, etc., to pinpoint location)

DESCRIBE HOW ACC. HAPPENED	
Seat Belt in Use Yes No	

### STATE VEHICLE INFORMATION

If other than vehicle damage, fill in as much as possible under "Other Vehicle" section substituting property owner information for vehicle driver.

State Vehicle Driver's Address (Street No.)	City	State	Zip Code	Home Phone	Work Phone
Driver's License No.	Age	Sex M F	Vehicle's Owner's Name and Address		
Year Vehicle	Make Vehicle	Model Vehicle	Body Type	Vehicle Lic. No. / Equip No. / VIN	LPAA Fleet ID No.
Where can the Vehicle be Seen ?			Describe Damage		

### OTHER VEHICLE INFORMATION

If more than one vehicle is involved, submit additional sheet with information on other vehicle(s).

Other Vehicle Driver's Name	Driver's Social Security No. --no longer required--	Driver's License No.	Age	Sex M F	
Other Vehicle Driver's Address (Street No.)	City	State	Zip Code	Home Phone Work Phone	
Vehicle Owner's Name and Address (Street No.)		City	State	Zip Code	
Year Vehicle	Make Vehicle	Model Vehicle	Body Type	Vehicle I.D. No. or Lic. No.	Where can the vehicle be seen ?
Other Vehicle Insurance Co.				Policy No.	
Describe Damage				Estimated Amount \$	

### INJURED

Name and Address	Phone	PED <input type="checkbox"/>	Ins. Veh. <input type="checkbox"/>	Other Veh. <input type="checkbox"/>	Police Investigated ? Yes No
Name and Address	Phone	PED <input type="checkbox"/>	Ins. Veh. <input type="checkbox"/>	Other Veh. <input type="checkbox"/>	Type Report State Sheriff City
Name and Address	Phone	PED <input type="checkbox"/>	Ins. Veh. <input type="checkbox"/>	Other Veh. <input type="checkbox"/>	Report No. (Item No.)

### WITNESSES OR PASSENGERS

Name and Address	Witness Passenger	Phone	PED <input type="checkbox"/>	Ins. Veh. <input type="checkbox"/>	Other Veh. <input type="checkbox"/>	(Specify)
Name and Address	Witness Passenger	Phone	PED <input type="checkbox"/>	Ins. Veh. <input type="checkbox"/>	Other Veh. <input type="checkbox"/>	(Specify)
State Driver's Signature		Name of Driver's immediate Supervisor and Phone No.				

**ACKNOWLEDGEMENT OF NON-STATE EMPLOYEES USING STATE VEHICLES**

**Office of Risk Management  
State of Louisiana  
Division of Administration**

**JOHN BEL EDWARDS  
GOVERNOR**



**JAY DARDENNE  
COMMISSIONER OF ADMINISTRATION**

*This form is to be used in lieu of the previously issued hold harmless agreement.  
It is to be completed by non-state employees who will be drivers of or passengers in state vehicles.  
Agency will retain the completed form, making it available in the event of an accident or claim.*

**ACKNOWLEDGMENT**

By signing this document, I acknowledge that I will be operating, or will be a passenger in, a state-owned vehicle or a vehicle rented to the State of Louisiana (or to a Department, Agency, Board, Commission, other entity or official thereof). I acknowledge that operating, or being transported in, a vehicle is a potentially dangerous activity. I fully realize the physical risks involved, and further acknowledge that this risk, and the danger associated with this activity, is obvious to all persons. I nevertheless willingly and voluntarily elect to operate, or be transported in, said vehicle and expressly accept the risks inherent therein.

For purposes of operating said vehicle, I declare and certify that I have received training regarding the operation of motor vehicles, and that I currently possess a valid driver's license. Moreover, I certify that I am physically and mentally capable of operating, or being transported in, said vehicle, and suffer from no physical or mental condition that would prevent my safe and responsible operation of said vehicle. I affirmatively declare that the vehicle may be safely entrusted to me. Further, I certify that the State of Louisiana may rely on the representations made herein, which are true and correct to the best of my knowledge.

I hereby agree to indemnify and hold the State of Louisiana harmless from any injury or damage to myself that is sustained as a result of the fault of any third person or entity.

**Print Name** \_\_\_\_\_

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_





**DRIVING AUTHORIZATION AND HISTORY FORM (DA 2054)**

STATE OF LOUISIANA

**DRIVER AUTHORIZATION FORM**

TO BE COMPLETED ANNUALLY, UPON CHANGE OF STATE OF ISSUANCE, CLASS OF LICENSE, AND/OR DRIVING RESTRICTION CHANGE

Agency: \_\_\_\_\_  
Employee Name: \_\_\_\_\_ Employee Number: \_\_\_\_\_  
Immediate Supervisor: \_\_\_\_\_ Driver Training Course (MM/DD/YY): \_\_\_\_\_  
Drivers License Number: \_\_\_\_\_ State of Issuance: \_\_\_\_\_

**AGENCY HEAD OR DESIGNEE AUTHORIZATION**

By executing this document, I have reviewed the Official Driving Record and Driver Training Course dates and have confirmed the information to be current and in accordance with the ORM Loss Prevention requirements.

My signature authorizes the aforementioned employee to drive the following on state business as required (check all that apply):

- \_\_\_\_\_ STATE VEHICLE
- \_\_\_\_\_ RENTAL VEHICLE
- \_\_\_\_\_ PERSONAL VEHICLE

\_\_\_\_\_  
AGENCY HEAD  
(or designated individual)

\_\_\_\_\_  
DATE OF AUTHORIZATION

**EMPLOYEE ACKNOWLEDGEMENT/AUTHORIZATION**

This is to certify that, as a condition of and if authorized to drive my personal vehicle on state business, I have and will maintain at least the minimum liability coverage as required by LA. R.S. 32:900 (B) (2).

I understand that the use of my vehicle on state business requires prior written authorization from my supervisor or agency head.

Further, by signing this document, I agree to notify my agency in writing should any of the following change on my license: Drivers License No., State of Issuance, Class of License or Driving Restrictions.

I authorize my agency to obtain access to my Official Driving Record (ODR) as necessary to comply with the State's Loss Prevention Program.

I affirmatively acknowledge and understand that operating a state-owned, state-rented or state-leased vehicle while intoxicated as set forth in R.S. 14:98 and 14:98.1 is strictly prohibited, unauthorized, and expressly violates both the terms and conditions of my use of said vehicle, and my employer's instructions. In the event such operation results in my being convicted of, pleading nolo contendere to, or pleading guilty to, driving while intoxicated under R.S. 14:98 or 14:98.1, I acknowledge and understand that such would constitute evidence of: (1) my violating the terms and conditions of my use of said vehicle, (2) my violating the direction of my employer, and (3) my acting beyond the course and scope of my employment with the State of Louisiana. I further affirmatively acknowledge and understand that personal use of a state-owned, state-rented or state-leased vehicle is not permitted.

My signature on this document shall remain in effect until revoked by the agency or until a new form is executed.

\_\_\_\_\_  
EMPLOYEE SIGNATURE

\_\_\_\_\_  
DATE

07/01/2012  
DA 2054

ANNUAL SUPPLEMENTAL SIGNATURE PAGE FOR DRIVING AUTHORIZATION  
AND HISTORY FORM (DA 2054 SUPP.-1)

**ANNUAL SUPPLEMENTAL SIGNATURE PAGE**

EMPLOYEE NAME: \_\_\_\_\_

DRIVERS LICENSE NUMBER: \_\_\_\_\_

DEPARTMENT/AGENCY: \_\_\_\_\_

**AGENCY HEAD OR DESIGNEE STATEMENT**

By executing this document, I have reviewed the following and have confirmed the information to be current and in accordance with the ORM Loss Prevention requirements:

**Official Driving Record  
Drivers Training Course**

Further, my signature allows the aforementioned employee to drive a state vehicle, rental vehicle or personal vehicle on state business.

\_\_\_\_\_  
**Agency Head**  
(or designated individual)

\_\_\_\_\_  
**Date of Authorization**

\_\_\_\_\_  
**Agency Head**  
(or designated individual)

\_\_\_\_\_  
**Date of Authorization**

\_\_\_\_\_  
**Agency Head**  
(or designated individual)

\_\_\_\_\_  
**Date of Authorization**

\_\_\_\_\_  
**Agency Head**  
(or designated individual)

\_\_\_\_\_  
**Date of Authorization**

\_\_\_\_\_  
**Agency Head**  
(or designated individual)

\_\_\_\_\_  
**Date of Authorization**

\_\_\_\_\_  
**Agency Head**  
(or designated individual)

\_\_\_\_\_  
**Date of Authorization**

\_\_\_\_\_  
**Agency Head**  
(or designated individual)

\_\_\_\_\_  
**Date of Authorization**

**(DUPLICATE SUPPLEMENTAL SIGNATURE PAGE AS NEEDED)**

07/01/2011  
DA 2054  
Supp.-1







**HEPATITIS B VACCINE DECLINATION STATEMENT**

I understand that due to my occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring Hepatitis B virus infection. I have been given the opportunity to be vaccinated with Hepatitis B vaccine at no charge to me. However, I decline this vaccine and understand that I continue to be at risk of acquiring Hepatitis B, a serious disease. If in the future, I continue to have occupational exposure to blood or other potentially infectious materials, and I want to be vaccinated with Hepatitis B vaccine; I can receive the vaccination series at no charge to me.

\_\_\_\_\_  
Employee Name

\_\_\_\_\_  
Employee Personnel Number

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date



## PHYSICIAN'S MODIFIED WORK INFORMATION SHEET

**To All Employees:** Please return this completed report directly to your supervisor within 24 hours of your injury or illness, and prior to the start of your next scheduled work shift.

**Attending Physician:** The State of Louisiana pursuant to R.S.39:1547 Office of Risk Management is committed to a modified/alternate duty work program to accommodate the timely return to productive, beneficial work that facilitates recovery. For the return to work to be successful, it is important that the accommodation fits the appropriate restriction(s) and limitation(s) that the employee should be observing. To assist us in identifying suitable duties, please indicate your patients' work capabilities and any other comments you may have. The State of Louisiana has the ability to provide duties that accommodate almost all restrictions. Please fax a copy of the completed form to (225)368-3490.

<b>Employee Name:</b>		<b>Visit Date:</b>	<b>Next Visit:</b>	<b>Claim Number:</b>	
<b>Health Care Provider Name:</b>				<b>Injury Date:</b>	
Employee is released to the job of injury without restrictions as of (date): ____ / ____ / ____					
Employee may perform modified duty, if available, from (date): ____ / ____ / ____ to ____ / ____ / ____					
If released to modified duty, may work limited hours: ____ hours/day					
Does the employee require assistance returning to work? Yes No					
<b>Transitional Duty Available: Yes</b>					
Employer / Employee notified of Restrictions: Yes No					
<b>How long do the employee's current capacities apply (estimate)? 1-10</b>					
days 11-20 days 21-30 days		30+ days			
____ / ____ / ____					
<i>Capacities apply all day, every day of the week, at home as well as at work.</i>					
<b>Employee abilities (related to work injury) A</b>	<b>Never</b>	<b>Seldom</b>	<b>Occasional</b>	<b>Frequent</b>	<b>Constant</b>
<b>blank space = no restricted</b>		1-10% 0-1 hour	11-33% 1-3 hours	34-66% 3-6 hours	67-100% (Not restricted)
Sit					
Stand / Walk					
Frequent Breaks					
Climb ladder, stairs, etc.					
Drive					
Twist					
Bend / Stoop					
Squat / Kneel					
Crawl					
Reach L R B					
Work above shoulders L R B					
Keyboard L R B					
Wrist (flexion/extension) L R B					
Grasp (forceful) L R B					
Fine manipulation L R B					
Operate foot controls L R B					
Vibratory tasks; high impact L R B					
	Never # lbs	Seldom # lbs	Occasional # lbs	Frequent # lbs	Constant # lbs
Lifting / Pushing					
Lift L R B					
Carry L R B					
Push / Pull L R B					
<b>Other Restrictions:</b>					
<b>Signature:</b>					<b>Date:</b>

**\_\_\_\_\_ QUARTER/MONTHLY INSPECTION BUILDING FORM**

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

Building: \_\_\_\_\_

Inspector's Name: \_\_\_\_\_

<b>FIRE SAFETY AND EMERGENCIES</b>					
<b>Item</b>		<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Comments</b>
1	If allowed for use, do portable heaters have automatic shut off if tipped over? Are portable heaters operated away from flammable materials?				
2	Is there at least an 18" clearance for all sprinkler heads?				
3	Are boxes, paper, or other combustible items allowed to accumulate that would present a fire hazard?				
4	Are all fire extinguishers visible & accessible? Are they fully charged? (check for needle in the green) Is the pin in place & secure?				
5	Are fire extinguisher tags in place and less than one year old? (check punched date for year & month)				
6	Is the fire alarm system functioning properly and has it been tested within the past year? (look for green inspection tag by alarm control panel)				
7	Are smoke alarms functioning correctly? (test each alarm, push test button)				
8	Are evacuation plans posted near doors?				
9	Has a fire/evacuation drill been conducted within the past				
10	Are all exits marked with exit signs and illuminated? (if battery operated, push test button)				
11	Are exit routes kept free of obstructions?				
12	Are all doors and hallways that lead to an exit, free to access with no possibility of being locked in?				
13	Do exit doors open outwards? Will fire & exit doors close and latch properly?				
14	Are emergency phone numbers posted? (ex: security, fire, ambulance)				
15	Are emergency lights functioning correctly? (test by pushing button)				

16	Are first aid kits visible & accessible? Are they stocked? Are expiration dates current?				
17	Is there a person in the area trained in first aid? If not, are the numbers and names of trained personnel				
18	Are BBP spill kits stocked and accessible?				

<b>BUILDING AND OFFICE SAFETY</b>					
<b>Item</b>		<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Comments</b>
1	Is there litter or spilled liquid on the floor?				
2	In areas that may be wet, greasy, or slippery are floor mats or other anti-slip material used and in good condition?				
3	Are floors in good condition with no loose or broken				
4	Are floor surfaces chipped, does carpeting show worn spots or holes?				
5	Are aisles free of boxes, wastebaskets, chairs, and other obstacles that impede traffic?				
6	Are service holes, manholes, drains, etc. properly covered?				
7	Are stairways in good condition with handrails in place? Are stair treads in good condition?				
8	Are all ceiling tiles in place and in good condition throughout the building?				
9	Is the building well lit, inside & outside?				
10	Is the building secure? Are all outside doors locked at the end of each?				
11	If equipped, is the security system for the building working properly?				
12	Are all maintenance and mechanical areas secure? (i.e., boiler rooms, air handlers)				
13	Do any windows have broken panes?				
14	Are all elevators working correctly? Are elevators equipped with an emergency phone?				
15	Is the parking lot in good condition? (i.e., no potholes, parking lines visible, etc.)				
16	Are there any water leaks in the building? Note exact location of leaks if it can be determined.				
17	Are all plumbing systems working properly? (Toilet flushing problems, drainage problems, leaks from faucets, pipes, etc.)				

18	Is the Hazard Control Log posted?				
19	Are safety rules posted?				
20	Do employees stand on chairs/desks instead of approved ladders/stepstools?				
21	Are warning signs posted near repair work or redecorating?				
22	Any employees observed performing unsafe behavior?				
23	Is one or more desk or file drawer left open?				
24	Are files top-heavy with empty drawers at the bottom and full drawers on top?				
25	Are boxes, papers, and books stored on top of files, storage cabinets, and windowsills?				
26	Is equipment turned off/powering down when not in use?				
27	Do employees secure dangling jewelry or floppy clothing around machinery?				
28	Is the paper cutter placed in a safe location and secure while not in use?				
29	Are items with sharp edges stored properly?				
30	Do employees practice good housekeeping and maintain a safe environment in their respective work areas?				
31	Has a complete walkthrough assessment of the facility been conducted to determine the presence of hazardous materials?				
32	Does the building have any pest problems?				

<b>ELECTRICAL SAFETY AND STORAGE METHODS</b>					
<b>Item</b>		<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Comments</b>
1	Are all breaker boxes labeled correctly? Are empty breaker slots covered? Are the doors closed?				
2	Do panel boxes have any hot spots? If so, note location of hot spot & which panel box.				
3	Check extension cords: are they properly grounded and adequately sized for the current being drawn? Are they placed in a manner to prevent tripping?				
4	Are there any surge protectors plugged into other surge protectors? Only one surge protector allowed per outlet.				
5	Check extension cords: are they damaged in any way?				



6	Are cords placed where they might trip a passerby?				
7	Do cords look frayed? Are they bent around hooks or stepped on?				
8	Are flimsy extension cords in use? (All extension cords should be 3- pronged)				
9	Are all electrical equipment connected with three pronged plugs?				
10	Are electrical outlet boxes or bonnets exposed so that they pose a tripping hazard?				
11	Are storage areas neat? Are items stacked properly? Are heavier items stored below shoulder height?				
12	Do top shelves have overhang?				
13	Are all custodial areas in good condition? Are chemicals stored in appropriate containers? Is this area secure?				
14	Are flammable items stored in proper cabinets and/or containers?				
15	Are oxygen and/or acetylene tanks secured properly?				
<b>OTHER BUILDING SAFETY ISSUES &amp; CONCERNS NOTED BY THE INSPECTOR</b>					
<b>Item</b>		<b>Comments</b>			

Upon completion send a copy to the Loss Prevention Representative and keep a copy for your file. Any hazards found shall be reported to the Loss Prevention Representative for corrections and/or follow-up.

\_\_\_\_\_  
Inspector's Signature

\_\_\_\_\_  
Date





**STATE EMPLOYEE INCIDENT/ACCIDENT ANALYSIS FORM - DA2000**

**OFFICE OF RISK MANAGEMENT - UNIT OF RISK ANALYSIS AND LOSS PREVENTION**

**WORKER'S COMPENSATION – FOR AGENCY USE ONLY**

- This form is NOT for use in reporting a claim. The claim reporting form can be found at: [www.laorm.com](http://www.laorm.com)
- Required for all incidents/accidents except auto accidents, for which a police report serves as the investigation document.
- Keep completed forms on file at the location where the audit/compliance review will occur.

**(PLEASE TYPE OR PRINT)**

1. AGENCY NAME and LOCATION CODE: \_\_\_\_\_

2. ACCIDENT DATE and TIME: \_\_\_\_\_ 3. REPORTING DATE: \_\_\_\_\_

4. EMPLOYEE NAME (LAST, FIRST): \_\_\_\_\_

5. JOB TITLE: \_\_\_\_\_

6. IMMEDIATE SUPERVISOR: \_\_\_\_\_

7. DESCRIBE IN DETAIL HOW INCIDENT/ACCIDENT OCCURRED: (USE ADDITIONAL SHEET IF NECESSARY):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. PARISH WHERE OCCURRED: \_\_\_\_\_ 9. PARISH OF DOMICILE: \_\_\_\_\_

10. WAS MEDICAL TREATMENT REQUIRED? \_\_\_ Y \_\_\_ N

11. EXACT LOCATION WHERE EVENT OCCURRED: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

12. NAME(S) OF WITNESS(ES): \_\_\_\_\_

13. NAME OF PERSON COMPLETING THIS SECTION OF REPORT: \_\_\_\_\_

14. SIGNATURE: \_\_\_\_\_ 15. DATE: \_\_\_\_\_

**This form is for internal use only  
and is prepared in anticipation of litigation.**

**STATE EMPLOYEE INCIDENT/ACCIDENT INVESTIGATION FORM - DA2000**  
**MANAGEMENT SECTION**

16. NAME OF PERSON COMPLETING THIS SECTION OF REPORT: \_\_\_\_\_

17. POSITION/TITLE: \_\_\_\_\_

18. IS THE PERSON COMPLETING REPORT TRAINED IN ACCIDENT INVESTIGATION? \_\_\_\_ Y \_\_\_\_ N

19. WAS EQUIPMENT INVOLVED? \_\_\_\_ Y \_\_\_\_ N (If no, skip to question 20) STATE-OWNED? \_\_\_\_ Y \_\_\_\_ N

A. TYPE OF EQUIPMENT: \_\_\_\_\_

B. IS THERE A JSA FOR EQUIPMENT? \_\_\_\_ Y \_\_\_\_ N C. DATE LAST JSA PERFORMED: \_\_\_\_\_

20. HAVE SIMILAR ACCIDENT/INCIDENTS OCCURRED? \_\_\_\_ Y \_\_\_\_ N

21. DID INCIDENT INVOLVE SAME INDIVIDUAL? \_\_\_\_ Y \_\_\_\_ N

22. SAME LOCATION? \_\_\_\_ Y \_\_\_\_ N

23. WAS THE SCENE VISITED DURING THE INVESTIGATION? \_\_\_\_ Y \_\_\_\_ N

A. DATE & TIME: \_\_\_\_\_ B. ARE PICTURES AVAILABLE? \_\_\_\_ Y \_\_\_\_ N

C. IF NO, REASON FOR NOT VISITING: \_\_\_\_\_

**ROOT CAUSE ANALYSIS**

<p><b>UNSAFE ACT (PRIMARY):</b> <input type="checkbox"/> Failure to comply with policies/procedures <input type="checkbox"/> Failure to use appropriate equipment/technique <input type="checkbox"/> Inattentiveness <input type="checkbox"/> Inadequate/lack of JSA/standards <input type="checkbox"/> Incomplete or no policies/procedures <input type="checkbox"/> Inadequate training on policies/procedures <input type="checkbox"/> Inadequate adherence of policies/procedures</p> <p>Other (specify) _____</p> <p>Detailed explanation of checked box _____</p>
<p><b>WHY WAS ACT COMMITTED:</b></p>
<p><b>UNSAFE CONDITION (PRIMARY):</b> <input type="checkbox"/> Inappropriate equip/tool <input type="checkbox"/> Inadequate maintenance <input type="checkbox"/> Inadequate training <input type="checkbox"/> Wet surface <input type="checkbox"/> Worn/broken/defective building components <input type="checkbox"/> Broken equipment <input type="checkbox"/> Inadequate guard <input type="checkbox"/> Electrical hazard <input type="checkbox"/> Fire Hazard</p> <p>Other (specify) _____</p> <p>Detailed explanation of checked box _____</p>
<p><b>WHY DID CONDITION EXIST:</b></p>
<p><b>CONTRIBUTORY FACTORS (IF ANY):</b></p>
<p><b>IMMEDIATE ACTION TAKEN TO PREVENT RECURRENCE:</b></p>
<p><b>LONG RANGE ACTION TO BE TAKEN:</b></p>
<p><b>WHAT ADDITIONAL ASSISTANCE IS NEEDED TO PREVENT RECURRENCE:</b></p>

**This form is for internal use only  
and is prepared in anticipation of litigation.**

**TRANSITIONAL DUTY EMPLOYMENT AUDIT FORM – DA WC4000**

The purpose of this form is to record an agency's Transitional Duty activity for the **current month** only. It is not cumulative.

Month of Report \_\_\_\_\_ Location code \_\_\_\_\_

Agency \_\_\_\_\_ Contact Person \_\_\_\_\_

**The agency has developed and implemented a Transitional Duty Employment plan:     \_\_\_ Yes \_ No**

**Transitional Duty Employment is monitored at the department level:**  
\_\_\_\_\_ Yes \_\_\_\_\_ No

**REPORT THE FOLLOWING ACTIVITY:**

1. Number of lost time workers' compensation claims during the month of reporting: \_\_\_\_\_.\*
2. Number of employees returned to work on transitional duty: \_\_\_\_\_.
3. Number of employees returned to work full duty: \_\_\_\_\_.
4. Number of employees on workers' compensation at month's end: \_\_\_\_\_.
5. The RTW committee has met and reviewed all W/C claims eligible for Transitional Duty Employment: \_ yes \_\_\_ no \_\_\_ n/a.

**\*NOTE: Lost time refers to whole days an employee has missed from work due to a work-related accident for which indemnity benefits would be paid.**

**Please keep completed forms on file at the location or department level that is responsible for Transitional Duty Employment.**

**THIS FORM IS FOR INTERNAL USE ONLY.**

FORM DA  
WC4000  
REVISED  
06.2020

**VISITOR/CLIENT POST INCIDENT/ACCIDENT INITIAL INFORMATION FORM  
DA 3000**

OFFICE OF RISK MANAGEMENT - UNIT OF RISK ANALYSIS AND LOSS PREVENTION

**GENERAL LIABILITY – FOR AGENCY USE ONLY**

- This form is **NOT** for use in reporting a claim. The claim reporting form can be found at: [www.laorm.com](http://www.laorm.com)
- Required for all incidents/accidents except vehicle accidents, for which a police report serves as the proper documentation.
- Keep completed forms on file at the location where the audit/compliance review will occur.

**(PLEASE TYPE OR PRINT)**

1. AGENCY NAME and LOCATION CODE: \_\_\_\_\_

2. DATE and TIME of INCIDENT/ACCIDENT: \_\_\_\_\_ 3. REPORTING DATE: \_\_\_\_\_

4. VISITOR/CLIENT NAME (LAST, FIRST): \_\_\_\_\_

5. VISIT/CLIENT ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

6. VISITOR'S/CLIENT'S TELEPHONE #: \_\_\_\_\_

7. VISITOR'S/CLIENT'S DETAILED DESCRIPTION OF HOW ACCIDENT OCCURRED:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. DID ANY EMPLOYEE ASK THE VISITOR/CLIENT IF HE/SHE WAS INJURED:      Y      N

9. DID THE VISITOR/CLIENT VERBALLY EXPRESS AN INJURY TO ANY PART OF HIS/HER BODY:      Y      N

(IF NO, SKIP TO Q. 10)

A. WHICH PART OF HIS/HER BODY WAS INJURED? PLEASE BE SPECIFIC (e.g., RIGHT FOREARM, LEFT WRIST, LOWER RIGHT ABDOMEN) \_\_\_\_\_

B. WAS MEDICAL CARE OFFERED?      Y      N

1. DID THE VISITOR/CLIENT ACCEPT MEDICAL CARE?      Y      N

10. WERE THERE ANY WITNESS(ES)?      Y      N (IF NO, SKIP TO Q 11)

A. WITNESS'S NAME, ADDRESS, and TELEPHONE # *9*use additional sheet if needed)  
\_\_\_\_\_  
\_\_\_\_\_

B. WITNESS STATEMENT(S) ATTACHED?      Y      N

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**This form is for internal use only  
and is prepared in anticipation of litigation.**

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11. DETAILED DESCRIPTION OF INCIDENT/ACCIDENT LOCATION \_\_\_\_\_

A. IS THIS LOCATION IN A  STATE-OWNED OR  LEASED BUILDING?

B. IS THIS SPACE SHARED WITH NON-STATE EMPLOYEES? \_\_\_Y\_\_\_N

12. DID THE PERSON CONDUCTING THE INVESTIGATION OBSERVE ANYTHING THAT WAS DIFFERENT THAN THE VISITOR'S/CLIENT'S/WITNESS'S ACCOUNT? \_\_\_Y\_\_\_N IF YES, PLEASE PROVIDE A BRIEF SUMMARY:

13. CHECK THE APPROPRIATE ENVIRONMENTAL CONDITION(S) THAT IS/ARE APPLICABLE TO THE INCIDENT/ACCIDENT:

- RAINING  SUNNY  CLOUDY  FOGGY  COLD  HOT  LIGHTING  WIND
- OTHER WEATHER CONDITION(S) \_\_\_\_\_  WEATHER NOT A FACTOR

14. CHECK THE APPROPRIATE BOX(ES) THAT PERTAINS TO THE INCIDENT/ACCIDENT:

- STAIRS  PARKING LOT  GARAGE  SIDEWALK  ELEVATORS  GRATING
- SPONSORED ACTIVITY  DORMITORY  WAITING ROOM  WALKWAYS  RAILINGS
- FURNITURE  LIQUID ON FLOOR - TYPE OF LIQUID \_\_\_\_\_
- FLOORING - DESCRIBE THE TYPE OF FLOOR AND TYPE OF WAX \_\_\_\_\_
- EQUIPMENT (SPECIFY TYPE) \_\_\_\_\_ STATE-OWNED? \_\_\_Y\_\_\_N
- OTHER CONDITION(S): \_\_\_\_\_

15. IF THE INCIDENT/ACCIDENT INVOLVED ITEMS THAT CAN BE RETAINED (e.g., furniture, muffler, exam table), THE CLAIMS UNIT REQUIRES THAT THE ITEM BE TAGGED WITH THE DATE OF INCIDENT/ACCIDENT AND NAME OF VISITOR/CLIENT.

IF THE STATE-OWNED ITEM IS BROKEN OR DAMAGED, IT MUST BE PLACED IN A SECURED AREA AFTER BEING TAGGED.

THE TAG CANNOT BE REMOVED OR THE BROKE/DAMAGE ITEM CANNOT BE SURPLUS/DISCARDED UNTIL NOTIFIED BY THE CLAIMS UNIT.

IF APPLICABLE, WERE THESE STEPS FOLLOWED? \_\_\_Y\_\_\_N

16. WAS THE VISITOR/CLIENT AUTHORIZED TO BE IN THIS AREA? \_\_\_Y\_\_\_N

17. DID ANY EMPLOYEE OBSERVE ANYTHING BEFORE/AFTER THAT IS REVELANT TO THE ACCIDENT?

\_\_\_Y\_\_\_N (IF NO, SKIP TO Q. 18)

A. WAS A STATEMENT OBTAINED AND ATTACHED? \_\_\_Y\_\_\_N

18. DID THE SUPERVISOR OR AGENCY SAFETY OFFICER RECEIVE A REPORT OF ANY OBSERVED CONDITIONS?

\_\_\_Y\_\_\_N

19. WERE PICTURES TAKEN AND ARE THEY ATTACHED TO REPORT? \_\_\_Y\_\_\_N

20. NAME AND POSITION OF EMPLOYEE FILLING OUT THIS REPORT:

DATE