## SUPPORT SERVICES Form 5260

# Safety, Security and Communications

**Safety Standards**

In order to promote safety and to reduce the occurrence of injuries to the employee; to the employee’s colleagues, students and visitors to our schools, the following requirements are mandated by the Board. These requirements are not intended to be exclusive, but to be illustrative for measures required to promote safety. Moreover, these requirements are in addition to all relevant requirements of federal and state law, as well as, Board policy. Employees will be required to review, sign and return this policy on an annual basis. These requirements are:

1. All accidents are to be reported, in writing, to your supervisor on the date they occur.
2. All unsafe conditions are to be reported to your supervisor immediately.
3. No running or horseplay is permitted.
4. The use of alcohol or non-prescribed drugs during work hours is strictly prohibited. The use of prescribed drugs is permitted subject to the limitations imposed by the prescribing physician.
5. Standing on chairs, desks, boxes, or any object other than a ladder or step stool is prohibited.
6. When using chemicals, all appropriate safety equipment must be used. If the appropriate safety equipment is not available, the absence of same should be reported to your supervisor immediately.
7. If your duties require you to drive, the use of a seatbelt is mandatory. The use of a cell phone for phone calls or texting is prohibited in a moving vehicle.
8. The use of employer provided safety devices is mandatory.

By signing below, I acknowledge that I have read and understand all of the General Safety Requirements. I further acknowledge that I understand that these requirements are not all inclusive. Additions can be made by the location I am working at, the supervisor I am working under, the specific job I am working on, and/or local, state or federal law. Failure to comply with one or more of these requirements will result in disciplinary action.

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

Name

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

Date