

## WORKPLACE SAFETY COMMITTEE AGENDA

Company Name:

Date of Meeting:

Start Time:

Committee Purpose: To reduce the frequency and severity of work-related injuries and to ensure safety committee certification requirements are met.

1. Reviewed and Posted Minutes from Previous Safety Committee Meeting
2. Read Mission Statement
3. Safety Inspection Walk-Through
4. Any Injuries, Accidents, or Near Misses?
5. Review of any Injuries, Accidents or Near Misses
6. Review/Update OSHA 300 Log
7. Review of any Workplace Safety Concerns/Trainings/Inspections
8. Review of any Workplace Safety Accomplishments
9. Health & Safety Topic Discussion: Machine Guarding Safety
10. Health & Safety Topic: Recommended Changes

## WORKPLACE SAFETY COMMITTEE MEETING MINUTES

Company Name:

Pottsville Area School District

Date of Meeting:

September 16, 2014

Members - Present

Kerry Ansbach  
Kim Blum  
Don Ditzler  
Bill Horning  
Janine Roth  
Madonna Hammer

Members - Absent

Lisa Eckley

**STATE REQUIREMENTS INCLUDE:**

**1. Minutes from the previous safety committee meeting were:**

- Reviewed.
- Posted for other employees to read.

**2. Read the following mission statement:**

- To eliminate injuries through effective injury prevention education, training and vigilance.

**3. The State requires a periodic Safety Inspection Walk-Through. Has one been conducted recently?**

- Yes     No

**TO REDUCE THE FREQUENCY AND SEVERITY OF WORK-RELATED INJURIES:**

**4. Any injuries, accidents, or near misses?**

**Were there any injured employees requiring professional medical attention?**

- Yes     No

If there was an injury, did the injured employee bring the letter to the medical treatment provider detailing what tests needed to be performed and forms needed to be completed?

- Yes                       No                       Not Applicable

If there was an injury, was a drug & alcohol test completed?

- Yes                       No                       Not Applicable

If there was an injury, was a Physical Capacities Evaluation form completed by the medical treatment provider?

- Yes                       No                       Not Applicable

If there was an injury, was an Employee Incident Report completed and signed by a supervisor at the time of the incident?

- Yes                       No                       Not Applicable

If there was an injury, did the injured employee sign the Notice of Employees' Rights and Duties?

- Yes                       No                       Not Applicable

**Were there any accidents [damage to property or equipment OR employees NOT requiring professional medical attention such as burns, strains/sprains, cuts, bruises, falls or slips]?**

- Yes     No

**Were there any near misses?**

(Ex: Wet, slippery or uneven surfaces; Electrical cords or obstructions in aisles/walkways; Signage (emergency or non-emergency) that was not displayed or lit)

Yes     No

**5. Review of any injuries, accidents, or near misses:**

How did it/they occur?

What is being done to reduce the probability it/they will occur in the future?

Accidents:

1. Employee in Food Services area slipped on water from water leaking from refrigerator; no "wet floor" signs in place. A similar situation has occurred in the past and was supposedly fixed. The maintenance dept. was not notified so the safety issue may still exist. Employee had no lost time, no modified duty, no medical treatment. Need to determine why the maintenance dept. was not contacted and to determine what policies are in place regarding wet floors and also about refrigerator/freezer "stacking heights" and electrical connections for fans.
2. Employee struck by student but no lost time, modified duty, or medical treatment. The supervisor had not completed the Incident Investigation Report as of the safety committee meeting.

Near misses:

1. Faculty/staff are continuing to bring in electrical appliances (refrigerators, hot plates, etc.) and using them which cause circuits to be overloaded resulting in power outages and computer problems. A "progressive containment" system was discussed where non-approved appliances would have plug locks installed (so they cannot be used), followed by cutting of the electrical cable, and finally by confiscation of the appliances.
2. Newly security pads have been installed.
3. An ongoing issue with access codes being used by unauthorized individuals.

**6. Review/Update OSHA 300 Log. Where there any incidents involving any of the following?**

Death

Yes     No

Days Away from Work

Yes     No

Job Transfer or Work Restriction

Yes     No

Medical Treatment Beyond First Aid

Yes     No

Explain:

No incidents to add to the OSHA 300 Log.

There was an employee injured in August that is not fully recovered.

**7. Review of any workplace safety concerns/trainings/inspections:**

Were there any new safety concerns in your workplace?

Yes     No

Were there any trainings? Any upcoming trainings scheduled?

Yes     No

Were there any inspections? Any upcoming inspections scheduled?

Yes     No

Explain:

1. Bus drivers received extensive training
2. Asbestos training was completed by a maintenance dept. ee
3. A large number of ees were trained on fire extinguisher use
4. Security gates are being installed
5. Additional security cameras are being installed inside and outside
6. The State-required Annual Training was conducted after the monthly safety meeting.

Has your workplace conducted any of the following:

Fire Extinguisher Inspections

Yes     No

Driving Record Checks

Yes                       No                       Not Applicable

Forklift Training/Maintenance

Yes                       No                       Not Applicable

Safety Inspection Walk-Through

Yes     No





6. Is the electrical power source properly grounded, with cord and connections in good condition?

Yes                       No                       Not Applicable

7. Is the work area free from water or other liquids that could create the potential for electric shock?

Yes                       No                       Not Applicable

8. Is the work area free from any debris or material that could be ignited by sparks?

Yes                       No                       Not Applicable

9. Is the work area lighting adequate, without glare or shadows?

Yes                       No                       Not Applicable

10. Are you wearing proper PPE to protect your hands, eyes and ears?

Yes                       No                       Not Applicable

11. Are you allowing the grinder to come up to full speed each time before it contacts the work piece?

Yes                       No                       Not Applicable

12. Are you maintaining balance and firm control of the tool while grinding?

Yes                       No                       Not Applicable

**10. Health & Safety Topic: Recommended Changes**

Maintenance personnel reviewed the Machine Guarding checklist questions that were in the agenda.

Meeting Adjourned:

Date:

9/16/14

Time:

11:00 a.m.

Next Meeting:

Date:

10/14/14

Time:

10:00 a.m.