

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

Explain:

1. Drug/alcohol testing being done on-site by a trained individual when reports of injuries and/or reasonable suspicion issues arise.
2. The whole group reviewed the PA's list of work-related injuries category focusing on the fact that almost 50% are strains and sprains (soft tissue) which are typically not-treatable.

9. Health & Safety Topic: Machine Guarding Safety

See attached Checklist. After reviewing the Checklist, our discussion included:

1. What are our MOST critical areas of concern?
2. What can be done NOW that will reduce potential injury risks?
3. Are there additional concerns that were not addressed in the Checklist?

MACHINE GUARDING SAFETY CHECKLIST

- the answers to the following questions SHOULD be YES –

1. Are you making sure guards are in place and operating properly before starting a machine or tool?

☒ Yes ☐ No ☐ Not Applicable

2. Do you avoid wearing loose clothes or jewelry that could get caught in pinch points?

☒ Yes ☐ No ☐ Not Applicable

3. Do you plan tasks to avoid getting too close to points of operation?

☒ Yes ☐ No ☐ Not Applicable

4. Before you start a grinder do you check that the wheel type and size are right for the job?

☒ Yes ☐ No ☐ Not Applicable

5. Is the portable grinder steady?

☒ Yes ☐ No ☐ Not Applicable

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.