



**FOREST LAKE AREA SCHOOLS
FOREST LAKE, MN 55025**

June 30, 2011

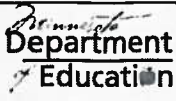
AGENDA ITEM: 9.3

TOPIC: HEALTH & SAFETY FUNDING REQUIREMENTS

BACKGROUND: The Minnesota Department of Education has required that a document called "Attachment 10" be reviewed and executed by School Board action as a requirement for the property tax levy. The School Board has approved a similar documents in the past entitled "Attachment 99" or "Attachment 4."

PROCESS: The Board reviews Attachment 10 which has specific information about School District Health & Safety Programs. This form must be completed by July 22, 2011.

RECOMMENDATION: Approval of Attachment 10 and signature by the School Board President.

	Division of Program Finance 1500 Highway 36 West Roseville, MN 55113-4266	HEALTH AND SAFETY (Attachment 10) PROGRAM REVENUE APPLICATION	ED-02459-01
			DUE: 07/22/2011

GENERAL INFORMATION AND INSTRUCTIONS: In accordance with Minnesota Statutes, section 123B.57, 1(a) the intent of this document is to satisfy the requirement for districts to submit their health and safety program application including hazardous substance removal, fire and life safety code repairs, Labor and Industry-regulated facility and equipment violations, and health, safety, and environmental management, including indoor air quality management.

This completed form with attached school board approved minutes and Management Assistance Physical Hazard/Building Walkthrough report shall be provided to your regional management assistant professional for submittal to the Minnesota Department of Education before July 22, 2011.

IDENTIFICATION INFORMATION

District Name: Forest Lake Area Schools	District Number and Type: 0831 - 01
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Health and Safety Coordinator: Mr. Mike Kopietz	Telephone Number (651) 982 - 8117	E-Mail: mkopietz@flaschools.org
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Accident Investigation (View 29 CFR 1904.32)

- Is the annual summary of injuries and illnesses recorded on the OSHA 300 posted from February 1 until April 30 of the following year? Yes No
- What is your 2010 Worker's Compensation Experience Modification Rate? 0.96
- What is your district's most common injury? strains
- Describe your procedure for accident investigation and implementing corrective action:
Supervisor conducts investigation, reviewed by business manager, reviewed by safety committee; recommended action implemented

Bloodborne Pathogens (View 29 CFR 1910.1030)

- Name of Exposure Control Officer: Mr. Mike Kopietz

Asbestos (View 40 CFR Part 763 Subpart E)

- Name of AHERA Designated Person: Mr. Mike Kopietz
- Do you have current AHERA three-year and six-month inspection records on file? Yes No

Bleachers (View Minn. Stat. § 326B.112)

- How many sets of bleachers (55 inches above grade and higher) are in your districts? 10
- Have all of your bleachers received the five-year certification? Yes No

Chemical Hygiene (View 29 CFR 1910.1450)

- Name of Chemical Hygiene Officer: Mr. Mike Kopietz

Fire and Life Safety (View Minn. Stat. § 121A.037)

- Are you conducting a minimum of one tornado, five fire and five lock-down drills within a school year per building? Yes No
- Are you conducting the first emergency evacuation drill within 10 days from the beginning of the school year? (MSFC 408.3.1) Yes No

Indoor Air Quality (View US EPA Tools for Schools Program)

- Name of IAQ Coordinator: Mr. Larry Martini Certification Number: I 1543
- Date of last IAQ building walkthrough: February 2010
- Date of last Ventilation and Maintenance checklist: May 2010

Machine Guarding (View 29 CFR 1910.212)

- Name of Contact Person: Mr. Doug Stahl Certification Number: MG 2828

Management Assistance

- Do you contract with Management Assistance? Yes No
- Name of Management Assistance Professional: AES - Heather Heil

Mercury (View Minn. Stat. § 121A.33)

- As of December 31, 2009, are you purchasing, storing or using elemental mercury or an instrument of measurement containing mercury for any purpose? (This does not apply to thermostats for heating, ventilation and air conditioning in the school.) Yes No

Safety Committee (View Minn. Stat. § 182.676)

- Are you conducting a minimum of four quarterly safety committee meetings per school year? Yes No

VERIFICATION OF REPORT DATA

The undersigned certifies that all information given in this report are true and correct.

Signature - Board Chair

Date