



HEALTH AND SAFETY PROGRAM REVENUE APPLICATION

In accordance with Minnesota Statutes section 123B.57 Subd. 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 23, 2010.

District Name and Number: *Duluth Public Schools, ISD #709*

Health and Safety Coordinator Name and Contact Information:

Curt Conrad, Phone: 218 336-8700 ext. 3240

Signature of Board Chairman

Date

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**

What is your 2009 Worker's Compensation Experience Modification Rate? **1.21**

What is your district's most common injury? **Slip/Trip/Fall**

Describe your procedure for accident investigation and implementing corrective action.

Handled in-house, interview(s) of employee and witness(s) led by Supervisor, with the assistance of the Safety Dept. if requested.

Identification of all "root" (or primary) and contributing factor, instituting appropriate action as needed.

Bloodborne Pathogens (View [29 CFR 1910.1030](#))

Name of Exposure Control Plan Coordinator: ***Kathy Hughes***

Asbestos (View [40 CFR Part 763 Subpart E](#))

Name of AHERA Designated Person: ***Curt Conrad***

Do you have current AHERA three-year and six-month inspection records on file? **Yes**

Bleachers (View [Minn. Stat. § 326B.112](#))

How many sets of bleachers (55 inches above grade and higher) are in your district? **11**

Have all of your bleachers received the five-year certification? **Yes**

Chemical Hygiene (View [29 CFR 1910.1450](#))

Name of Chemical Hygiene Plan Coordinator: ***Curt Conrad***

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**

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

Name of IAQ Coordinator and Certification Number: ***John Hoban, CFL# I0304***

Date of last IAQ Building Walkthrough: ***Ongoing, by Building Engineer***

Date of last Ventilation and Maintenance Checklist: ***1-27-10***

Machine Guarding (View [29 CFR 1910.212](#))

Name of Contact Person and Certification Number: ***Jim Arndt***

Management Assistance

Do you contract with Management Assistance? **No**

Name of Management Assistance Professional: ***N/A***

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.) **No**

Safety Committee (View [Minn. Stat. § 182.676](#))

Are you conducting a minimum of four quarterly safety committee meetings per school year? **Yes**