

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 Buffalo-Hanover-Montrose Schools ISD #877

Health and Safety Coordinator Name and Contact Information Eric Hamilton 763-682-8733
ehamilto@buffalo.k12.mn.us

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? 1.4

What is your district's most common injury? injury from student to multiple body locations

Describe your procedure for accident investigation and implementing corrective action.

1. Employee reports injury to health office or supervisor.
2. First Report of Injury is completed and submitted to Business Office. If conditions onsite led to injury, custodians are informed to remedy the situation. If is it a more serious crisis situation, we would refer to the district's crisis management plan.
3. Information is submitted to district's Work Comp Company (SFM). If further action is needed, SFM makes recommendations or investigates the situation.
4. The site safety committee reviews accidents at the quarterly safety committee meeting to determine what actions can be taken to prevent similar injuries in the future. Names are kept confidential.

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

Name of Exposure Control Plan Coordinator: Nancy Halagan, District Nurse

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

Name of AHERA Designated Person: Eric Hamilton

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? 9

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

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

Name of Chemical Hygiene Plan Coordinator: HS: Paul Anderson; BCMS: Jeff Erickson

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: Eric Hamilton I-0721

Date of last IAQ Building Walkthrough: November 2009

Date of last Ventilation and Maintenance Checklist: August 2009

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

Name of Contact Person and Certification Number: Mike Beilke MG1044

Management Assistance

Do you contract with Management Assistance? Yes

Name of Management Assistance Professional: Mike Weigel

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