

**(Insert Parish/School Name)**

**Employee Safety Manual**

**A Guide to Safety Policies & Procedures**

**to Support a Safety-Conscious Work Environment**

**Provided by: LMC Insurance & Risk Management**

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Phone Number xxx-xxx-xxxx | Fax Number xxx-xxx-xxxx

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# 1. ROMAN CATHOLIC DIOCESE OF DES MOINES SAFETY STATEMENT

It is the goal of the Roman Catholic Diocese of Des Moines (hereinafter “diocese”) to ensure a safe, healthful environment for all, including, but not limited to, employees, volunteers, students, parishioners, vendors and other visitors. Injury losses from incidents can be personally devastating and are costly and preventable. The diocese will initiate an effective accident prevention program that involves all parties in the effort to eliminate hazards.

Everyone is accountable for preventing incidents and injuries and is expected and encouraged to participate in safety program activities including the immediate reporting of hazards, accidents and unsafe and unhealthy practices to the respective parish/school office or a safety committee representative. All incidents resulting in injury and occurring on parish/school premises~~,~~ must be reported as soon as possible to the insurance broker for the diocese, LMC Insurance and Risk Management. Do not try to determine whether it is a reportable incident, the insurer for the diocese will make that decision. Late reporting can cause issues for the injured party, parish/school and the diocese.

The pastor and all program administrators will provide top-level support of all safety program initiatives. All suggestions for achieving a safer, healthier parish/school will be considered by the Safety Committee at each location. Diocesan insurers and the Diocesan Safety Culture Subcommittee will keep pastors, parish/school administrators and each safety committee informed about safety and health hazards, through electronic newsletters, blogs and other appropriate means of communication and will serve as resources for all safety committees.

**Parish/School Safety Committee:**

*The safety committee may include:*

* parish priest
* a member from the church finance council
* the person responsible for building and grounds maintenance
* Faith Formation staff or volunteer
* other interested volunteers

*If there is a school at the location, this committee should also include:*

* a teacher
* a parent
* representative of the cafeteria staff

*The safety committee responsibilities include, but are not limited to:*

* recommending safety improvements for Your Parish/School facilities and grounds
* identifying hazards and unsafe practices
* removing obstacles
* incident prevention
* assisting the parish’s/school’s evaluation of its accident prevention program

The parish/school safety committees are encouraged to use the resources available through the diocesan insurers and the diocesan website and to share safety information with one another and the Diocesan Safety Culture subcommittee.

If you have any questions,

please contact the

Director of Human Resources at the

Diocese of Des Moines.

515-237-5085

# 2. EMPLOYEE SAFETY RESPONSIBILITIES

The primary responsibility of the employees of Your Parish/School is to perform his or her duties in a safe manner in order to prevent injury to themselves and others.

As a condition of employment, employees **MUST** become familiar with, observe, and follow

Your Parish/School’s established policies and procedures for health, safety, and preventing injuries while at work. Additionally, employees MUST learn the approved safe practices and procedures that apply to their work.

Before beginning special work or new assignments, an employee should review applicable and appropriate safety rules.

If an employee has any questions about how a task should be done safely, he or she is under instruction ***NOT*** to begin the task until he or she discusses the situation with his or her supervisor. Together, they will determine the safe way to do the job.

If, after discussing a safety situation with his or her supervisor, an employee still has questions or concerns, he or she is required to contact the Safety Coordinator.

***NO EMPLOYEE IS EVER REQUIRED*** to perform work that he or she believes is unsafe, or that he or she think is likely to cause injury or a health risk to themselves or others.

1. **Conduct:** Horseplay, ‘practical jokes,’ etc., are not allowed. Employees are required to work in an injury-free manner displaying accepted levels of behavior. Conduct that places the employee or others at risk, or which threatens or intimidates others, is not allowed.
2. **Drugs and Alcohol**: Use and/or possession of illegal drugs or alcohol on Your Parish/School property or on Your Parish/School time are not allowed. Reporting for work while under the influence of illegal drugs or alcohol is forbidden.
3. **Housekeeping:** The following areas must remain clear of obstructions:

* Aisles/exits
* Fire extinguishers and emergency equipment
* All electrical breakers, controls, and switches
* Eye wash/safety showers

You are responsible to keep your work area clean and safe. Clean-up several times throughout the day, disposing of trash and waste in approved containers, wiping up any drips/spills immediately, removing trip hazards such as open file drawers, purse/computer bag on floor, electrical cords, and putting equipment and tools away as you are finished with them.

1. **Injury Reporting:** All work-related injuries must be reported to your supervisor immediately. Failure to immediately report injuries can result in loss of Workers’ Compensation benefits. Medical appointments should be made with your designated provider for Your Parish/School. After each medical appointment resulting from a work-related injury, you must contact your supervisor to discuss your progress. You must also give your supervisor any paperwork that you received at the appointment.

Your Parish/School provides Transitional Return to Work (light duty) jobs for persons injured at work. Transitional work is meant to allow the injured employee to heal under a doctor’s care while she/he remains productive. Employees are required to return to work immediately upon release.

1. **Personal Protective Equipment (PPE):** Inspect PPE prior to each use. Do not use damaged PPE. You are required to maintain and keep PPE clean.

* Safety Glasses – must be worn at all times when doing any indoor/outdoor cutting-type activities with power equipment for Your Parish/School.
* Hard Hats – must be worn at all times in designated areas.
* Gloves – work gloves must be worn at all times when handling sharp or rough stock, welding, or performing other jobs, which could cause hand injuries. Synthetic gloves must be worn when handling chemicals.
* Welding – appropriate filter lens, welding helmet, gloves, and sleeves are required for welders at all times. (If Applicable)
* Respirators – only employees trained and authorized to use respirators are allowed to do so. (If Applicable)
* Hearing Protection – is required in areas where noise exposure is more than 90dBA (equivalent to. . .) (85dBA if you already have experienced a hearing loss).

1. **Equipment Operation:** You must specifically be trained and authorized by your supervisor to operate the following:

* Office/School equipment
* Parish/School vehicles
* Forklifts
* Machine and power tools
* Paint sprayers
* Welders
* Cranes/hoists

When operating machines: do not wear loose clothing, long hair should be tied up and back, remove jewelry, and sleeves should either be rolled all the way up, or all the way down.

Never operate damaged or defective equipment. Turn the machine off and report it to your supervisor immediately.

Never tamper with, remove, or deactivate machine guards or controls designed to ensure safe operations.

Never reach into an operating machine or moving machine part.

1. **Ladders:**

* Inspect all ladders prior to each use.
* Ladders must be placed on secure footing.
* Only one person is allowed on a ladder at a time.
* Never stand on the top two steps of a stepladder.
* Always maintain 3-point contact when working on ladders.
* Never reach beyond arm length when working on a ladder.
* Never use metal ladders when working on or around electrical equipment.
* When required to utilize an extension ladder, when and where possible have a second person, butt or heel the base of the ladder to prevent movement or slipping.

1. **Cranes/Hoists/Lifting Devices:**

* Inspect all cranes, hoists and lifting devices (slings, hooks, etc.) prior to each use.
* Never use damaged equipment.
* Never walk under a load suspended from a hoist or crane.
* Keep all personnel clear of the ‘fall zone’ of the crane/hoist.
* Know the weight of material being lifted. Never overload a crane/hoist.

1. **Lockout/Tagout:** Prior to working on any machinery when guards are removed, every energy source (electrical, hydraulic, chemical, mechanical, etc.) must be deactivated, stored energy dissipated, and the control locked in the off (safe) position.

Never remove or tamper with a lockout performed by another employee or contractor. A lockout could consist of a lock applied to a control such as a switch, breaker, or valve. A tag containing words such as “DANGER - DO NOT OPERATE” may also be used for lockout. If you see the lock, the tag, or both applied to an energy control device it means, “DO NOT USE.”

1. **Hazard Communication:**
2. All Your Parish/School employees have a right to know what chemicals they work with, what the hazards are and how to handle them safely.
3. Safety Data Sheets (SDS) are documents provided by the supplier of a chemical. SDSs detail the chemical contents, associated hazards and general safe handling guidelines. At Your Parish/School, the SDS collection is located at [insert location]. Employees are free to utilize the SDS as needed.
4. General rules for handling chemicals:

* Read all label warnings and instructions, if none, do not use.
* Follow instructions for quantity. More does not mean better.
* Minimize contact with chemicals. Use double layer cloths or gloves to protect your skin and keep your face clear of the area to reduce inhalation.
* Always wash your hands after handling chemicals.
* If a chemical enters your eye(s) immediately hold open the injured eye(s) and rinse it/them with clean, cool water for 15 minutes. Then be sure to report the injury immediately.
* Any questions or concerns regarding chemicals should be reported to your Safety Coordinator and Human Resources.

1. All chemical containers must be labeled to identify contents and hazards.
2. **Confined Space Entry:** Only trained and authorized employees are permitted to enter confined spaces. If you believe that your job requires confined space entry, contact your supervisor prior to undertaking the work. (Confined spaces are areas not meant for human occupancy, have limited means of entry/exit, or have electrical, chemical, thermal, atmospheric, or entrapment hazards).
3. **Vehicles and Driver Safety:**

PURPOSE: The purpose of this policy is to ensure that all of the various entities that are part of the Diocese of Des Moines are following the same procedures regarding the use of vehicles on behalf of the Church. Our priority is to provide for the safety of the drivers and the passengers. It is recommended that the number of drivers be limited and that they be adequately screened. This policy applies to all employees and volunteers who are required or expected by their responsibilities to operate a vehicle.   
  
All Church entities will implement the following policy regarding Drivers, the Use of Private Vehicles, Vehicle Maintenance, Vehicle Safety, Accident Reporting, Record Keeping, and the Use of 11-15 Passenger Vehicles.

I. Drivers  
 A. All Operators

* 1. Drivers must be 21 years of age or older
  2. A driver must have a valid, non-probationary driver’s license and no physical disability that would impair his/her ability to drive the vehicle safely.
  3. Operators must possess a current valid driver’s license for the type of vehicle they will be operating.
  4. No operator will be hired or be allowed to provide volunteer transportation on behalf of any parish/school entity who has had any of the following citations or convictions in the past three years:
     1. operating a vehicle during a period of license suspension, revocation or forfeiture
     2. driving under the influence of alcohol or drugs
     3. hit and run accident
     4. failure to report an accident
     5. negligent homicide arising out of the use of a motor vehicle
     6. using a motor vehicle for the commission of a felony
     7. operating a motor vehicle without the owner’s authority
     8. permitting an unlicensed person to drive reckless
     9. a combined total of three or more accidents and/or moving violations
  5. It is the responsibility of the operator to ensure that passengers adhere to the current State of Iowa safety belt laws and regulations.
  6. All operators are expected to take the online defensive driving course Be Smart-Drive Safe. <http://www.cmgdrivesafe.com>

B. Employee Operators

* 1. Vehicles owned by the diocese cannot be used for personal use without authorization.
  2. A copy of the **Motor Vehicle Record** (MVR) from each state where he/she has ever had a valid driver’s license is required and will be obtained in the background check process.

C. Volunteer Operators

* 1. Any volunteer who drives on a regular basis for Your Parish/School must complete the **Volunteer Driver Application** (Appendix A) and the background screening application. Please retain the Volunteer Application in your office.

1. A copy of the Motor Vehicle Report (MVR) from each state where he/she has ever had a valid driver’s license is required and will be obtained in the background check process.
2. Potential drivers should not be utilized if they answered “YES” to any of the questions asked on the Volunteer Driver Application.

II. Use of Private Vehicles

1. All privately owned vehicles used on behalf of Your Parish/School must be insured. They must have a valid and current registration, license plates and proof of insurance card.
2. The vehicle must be in a safe operating condition.
3. The private automobile insurance company of the owner of the vehicle will be the primary insurance carrier.
4. The minimum liability limit for privately owned vehicles is: $100,000/$300,000.
5. A **Private Vehicle Use Application** (Appendix B) must be completed for each vehicle.

III. Organization Owned Vehicle Maintenance

* 1. Each institution will implement a quarterly vehicle maintenance and inspection program in addition to the manufacturer’s operation and maintenance recommendations for all vehicles that they own.
  2. All Your Parish/School owned vehicles must be equipped with a road safety kit and inspected for all vehicles that they own.
  3. Cell phones and other electronic devices are not permitted to be used while operating a motor vehicle on behalf of Your Parish/School.

IV. Accident Reporting

If an accident occurs:

* 1. Obtain medical assistance, if needed, **at the scene** as soon as possible
  2. Contact local police, sheriff or highway patrol authorities as required
  3. Exchange driver, vehicle and insurance information
  4. Report the accident/moving violation to the insurance agent.
  5. Report the accident/moving violation to Your Parish/School
  6. Complete the **Vehicle Accident Report (Appendix C).**

V. Recordkeeping

1. Records pertaining to driver selection and training should be kept on file for a period of three years following termination of their driving privileges.
2. Vehicle maintenance logs and vehicle inspections must be maintained for the duration of ownership of Parish/School owned vehicles.
3. All organization owned vehicles must carry, at all times, a current vehicle proof of insurance identification card.
4. Retention of Forms:

Appendix A: Volunteer Driver Application, retain for a minimum of 3 years  
Appendix B: Private Vehicle Use Application, retain for a minimum of 3years  
Appendix C: Vehicle Accident Report, retain for 7 years from date of accident

VI. Use of 11-15 Passenger Vans is prohibited  
  
 A. The use of these vans is strictly prohibited by our insurance carrier.

1. **Electrical Safety:**
   * Never operate or tamper with the electrical main switch or breakers. You are authorized only to operate switches/disconnects on/for individual machines.
   * Report all electrical problems and suspected problems to your supervisor.
   * All junction boxes, control boxes, connections, and other wiring must have covers securely installed to prevent accidental contact.
   * Inspect all plugs, cords, and portable equipment prior to use.
   * Report any damaged electrical equipment to your supervisor. Only qualified and authorized personnel are permitted to make repairs.
   * Extension cords are to be used only for temporary applications. Never stretch cords across aisles or areas where others may trip over them. Do not attach extension cords to the building or run them under rugs/mats or through walls.
   * Any personal electrical device must be approved by Your Parish/School prior to use.  
     + 1. **Lifting:**
   * If you need help moving material, request assistance.
   * When you lift, use your leg muscles by squatting close to the load, preserving the curve in your back, spreading your feet, and lifting with your legs, keeping the load close to your body.
   * When you turn holding an object, move your feet, and **DO NOT TWIST**.
   * Consider using a cart, two wheeler or other mechanical device when possible.  
     + 1. **Staying Safe:** Report any unsafe conditions or situations to your supervisor. If you have suggestions on improving any aspect of safety in the facility, discuss it. If you are unsure of how to operate a piece of equipment or how to complete an assignment, ask forhelp. Asking for help when you are unsure reduces the chance of injury.

These rules are established to help you stay safe and injury free. Violation of the above rules, or conduct that does not meet minimum accepted work standards, will result in discipline, up to and including discharge.

# 3. SAFETY COMMITTEE RESPONSIBILITIES

In order to promote better communication between employees and management, a Safety Committee has been established for Your Parish/School’s operations. Its primary function is to serve as a two-way channel of communication, promote safety awareness throughout the workplace and to facilitate good safety practices.  
  
(Insert Name) is designated as Your Parish/School’s Safety Coordinator. [Insert Name] is designated as the Associate Safety Coordinator. The Safety Coordinator is responsible for implementation and compliance with the Safety Policy of Your Parish/School.

Other responsibilities include:

1. Resolve questions, approve and/or recommend necessary expenditures to correct unsafe conditions.
2. Make regular safety inspections of all facilities and the grounds to determine if safe work practices are being observed; ensure that unsafe conditions do not exist.
3. Actively participate and follow the safety and health programs.
4. Plan, coordinate, perform, or delegate all safety training and testing given to supervisors and employees. Review results to be sure they are satisfactory. Maintain appropriate records of training and testing.
5. Review disciplinary actions related to safety with the employees.
6. Personally perform safety inspections, and review safety inspection reports and unsafe conditions reported by supervisors, employees, or others. Recommend corrections as required to maintain a safe workplace and ensure compliance.
7. Conduct regular safety meetings with employees to promote safety awareness and compliance with the Safety and Health Policies.
8. Ensure safety awareness among workers through regular meetings.
9. Ensure compliance with safe work practices and Your Parish/School’s safety rules.
10. Investigate accidents and assist with completion of accident report forms when required.
11. Review reports of first aid incidents and reportable injuries to determine possible preventative actions. Recommend immediate corrective actions as required.
12. Ensure that specific programs (i.e. hazard communication, protection from bloodborne pathogens, hearing conservation,) are implemented and complied with consistently.

# 4. EMERGENCY ACTION PLAN

**GENERAL EMERGENCY GUIDELINES:**

1. Stay calm and think through your actions.
2. Know the emergency numbers:

* Fire/Police/Ambulance 911
* Internal Emergency Number (if applicable)
* Human Resources \_\_\_\_\_\_
* Page \_\_\_\_\_\_\_
* Operator “0”

1. Know where the stairwell exits are located.
2. In the event of any emergency, do not take elevators, use the stairs.
3. Do not hesitate to call/alert others if you believe that an emergency is occurring you will not “get in trouble.”
4. Know where emergency equipment is located: (insert location)

**FIRE:**

1. **Employee Discovering A Fire:**
2. Alert other persons in the immediate hazard area.
3. Confirm 911 received your call.
4. Activate a fire alarm or call [insert name] to page an emergency announcement.
5. If you have been trained, you can decide to use a fire extinguisher following these instructions:

-P=Pull the safety pin  
-A=Aim the nozzle at the base of the fire  
-S=Squeeze the operating lever  
-S=Sweep side to side covering the base of the fire

* *When using a fire extinguisher always stay between the fire and an exit; stay low and back away when the fire is extinguished.*
* *Never feel that using a fire extinguisher is required. If the fire is too hot, too smoky or you are frightened, evacuate.*

1. Have someone notify [insert name of incident commander] where the emergency is located. He/she will relay this information to the fire department.
2. **Evacuation:**
3. Employees will be notified of a fire alarm either by the fire alarm system or by a paged announcement.
4. Upon becoming aware of a fire alarm, employees should immediately evacuate the building using the nearest exit or stairs. Do not delay evacuation to get personal belongings or to wait for co-workers. Also, all doors should be closed as the last person passes through. (Note: never use elevators during fire alarm situations).
5. Supervisors should be the last persons to leave the area. Pre-assign areas that need to be checked: conference rooms, lavatories, and offices to be sure that all personnel have evacuated.
6. Before any emergency situation, any employee having mobility, visual, hearing, or other condition, which may hinder them from becoming aware of an emergency or evacuating, should request special assistance through their supervisor/human resources.
7. Upon exiting the building, personnel should report to (insert meeting location) for headcount. (Insert department) personnel should gather and be accounted for by (insert name). (Insert department) personnel should gather and be accounted for by (insert name).
8. If you confirm a child or adult may still be in the building and Fire Command has not yet arrived, the Incident Commander should contact 911 and inform them someone may be trapped in the building. They will radio and inform Fire Command. This will speed up their response.
9. Employees should stay together in a group so that periodic updates on the situation can be issued.
10. The order to re-occupy the building will be issued by (insert name of Incident Commander).
11. In the event of inclement weather, (insert name of Incident Commander) will make arrangements for all personnel to move to a shelter.

**MEDICAL EMERGENCY**: (chest pains, loss of consciousness, fall from a height, etc.)

1. Upon discovering a medical emergency, call 911.
2. Notify appropriate personnel.
3. Stay with the person involved being careful not to come in contact with any bodily fluids, unless properly trained and equipped.
4. Send two persons (greeters) to the building entrance, [insert building entrance], to await the fire department. (One person should call and hold an elevator car. Often two fire department units will arrive, so the second greeter should wait at the entrance to receive the second unit while the first greeter escorts the fire dept. personnel to the scene).
5. Employees in the immediate vicinity of the emergency, but not directly involved, should leave the area.
6. The supervisor or business manager will make any necessary notifications to family members of the person suffering the medical emergency.

**SEVERE WEATHER:**

1. Your Parish/School will monitor a weather alert radio. If a severe weather report is issued, she/he will immediately page the following announcement: [insert announcement.]
2. Employees will shut down office equipment and will be instructed where to go for safety.
3. The receptionist will take the weather radio with her/him. Batteries should be replaced annually to ensure they will work when needed. When the severe weather warning is cancelled, she/he will send runners to advise that it is safe to return to office areas. A general announcement will also be made.

**WORKPLACE VIOLENCE:**

1. Any employee who feels that she/he has been threatened should immediately report their concern to their manager and to supervisor.
2. If any person is observed exhibiting threatening behavior or making threatening statements, the person discovering the situation should warn others in the area and immediately notify supervisor and stay away from the person exhibiting threatening behavior.
3. Depending upon the level of concern, 911 should be called immediately.
4. Never attempt to confront any person exhibiting threatening behavior.

\*If you have reason to believe that events in your personal life could result in acts of violence occurring at work, you are urged to confidentially discuss the issue with your supervisor so that a prevention plan can be developed.

# 5. EMERGENCY CONTACT INFORMATION

**FIRE DEPARTMENT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   
TELEPHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**POLICE DEPARTMENT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   
 TELEPHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**HOSPITAL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   
TELEPHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DOCTOR: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   
TELEPHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

# 6. FIRE PREVENTION PLAN & ELECTRICAL SAFETY

1. Smoking is not allowed in any interior area of the building. Smoking is only allowed in designated exterior smoking areas.
2. No candles or open flames are allowed within Your Parish/School except perpetual flames and approved, candles in double panel glass containers on a non-combustible surface.
3. Hot work: contractors performing hot work (welding, grinding, flame cutting, brazing, soldering, etc.) must contact [insert name] for approval prior to the start of the work. Please be sure that Your Parish/School is only using a licensed/bonded contractor.
4. Only space heaters approved for use within Your Parish/School may be used. See Catholic Mutual guidelines. Employees using space heaters are responsible to turn the heater off when leaving their desk for extended periods of time (lunch, end of the workday, etc.).
5. Proper storage is needed for flammable chemicals inside the building at any time. If you feel that there is a work-related need to use a flammable chemical, contact the Safety Coordinator for guidance.
6. Electrical safety:
7. With the exception of independently fused multi-tap cords for computers, extension cords are not allowed for long term use. Use of extension cord should be temporary and properly gauged.
8. Keep electric cords out of areas where they will be damaged by stepping on/kicking them.
9. Turn electrical appliances off with the switch, not by pulling out the plug.
10. Turn all appliances off before leaving for the day.
11. Radios/tape/CD players and PDAs are the only personal electrical devices allowed to be used in offices/cubes. These devices must be in good repair. Your Parish/School reserves the right to instruct you to remove personal electrical devices at any time.
12. Never run cords under rugs or other floor coverings.
13. Have GFCI receptacles anytime there is a water source within 4 feet.
14. Any electrical problems should be reported immediately to [insert name].  
      
    The following areas must remain clear within a minimum 3’ radius and unobstructed at all times:
15. Exit doors
16. Aisles
17. Electrical panels
18. Fire extinguishers

If you use a fire extinguisher, remember:

* Stay low.
* Where possible have a fellow employee hold open the door and stand in the exit to aid in you leaving the fire room.
* Keep yourself between the fire and an exit.
* Do not turn your back on a fire.
* Immediately report the use to your supervisor.

# 7. REPORTING INJURIES AND RETURN TO WORK

It is our goal to prevent work-related injuries from happening. We are always concerned when one of our employees is injured or ill due to a work-related condition. We believe that such absences cost both Your Parish/School and its employees. We want our injured employees to get the best possible medical treatment immediately to assure the earliest possible recovery and return to work.

Your Parish/School has a workers’ compensation program available for employees who have suffered work-related injuries. The program’s administrator will determine, based upon their guidelines, whether you are eligible for wage loss or medical expenses under that program.

**Employee Procedures**

1. Any work-related injury, suspected injury, hazardous conditions and “near miss incidents” must be reported immediately to your supervisor and to business manager. A [insert form name] form must be completed. Failure to promptly report an injury may result in disciplinary action.
2. You must complete and sign a Report of Injury or Illness form.
3. An accident investigation will be conducted to determine the root cause of the accident. The injured employee will be asked to participate in the investigation.
4. When medical treatment is sought, the injured employee must advise their supervisor that they are seeking treatment and obtain a Return to Work Evaluation form. Regardless of the choice of physicians, the Return to Work form must be completed for each practitioner visit. Your Parish/School will not accept a general note stating that you are only to be off of work.
5. An accident investigation will be conducted to determine the root cause of the accident. The injured employee will be asked to participate in the investigation.
6. If you are unable to return to your regular job, but are capable of performing transitional duty, you must return to transitional duty. Failure to do so will result in your not being eligible for full disability benefits under the workers’ compensation program, and may result in disqualification for certain employee benefits and, in some cases, be a basis for termination.
7. Employees who are unable to work and whose absences Your Parish/School approves must keep us informed on a weekly basis of their status. Failure to do so will result in a reduction in benefits available and discipline, up to and including termination from employment.
8. If an employee is unable to return to his/her regular job or light duty, the absence must be approved under the Family Medical Leave Act (FMLA) program. For this purpose, you need to complete a Family Medical Leave Request form and submit it to the employee’s supervisor.
9. Employees who are not eligible for leave under FMLA must return to light duty or regular work if at all possible. If you are unable to return to any available work, your job position may be filled after a reasonable time. When able to do so, you will be entitled to return to a suitable position, if available and consistent with any limitations. However, you must keep us regularly informed of your status and any changes in your condition.
10. Employees must provide a Return to Work form indicating they are capable of returning to full duty. Permanent restrictions will be evaluated on a case-by-case basis and relate to the performance of essential job functions. No permanent light duty positions will be created.
11. Cooperate with our third-party administrator and provide accurate and complete information as soon as possible so that you receive all benefits to which you are entitled. If you have problems or concerns, please contact your supervisor and the Human Resources Department.
12. Any attempt to defraud Your Parish/School with a false workers’ compensation claim will result in disciplinary action. The case can also be referred to the district attorney for possible prosecution.

8. CONSIDERATIONS FOLLOWING A SERIOUS ACCIDENT  
  
Any work-related accident resulting in serious injury or the death of an employee presents significant emotional challenges for management. Following are some guidelines, which may reduce the effects on fellow employees and minimize the impact from regulators, such as OSHA.

1. Be prepared to talk to local police officials, district attorney investigators, coroners, and OSHA compliance officers. Be aware that police and district attorneys can conduct criminal investigations. Be truthful but do not speculate or offer unsolicited opinions, information, or theories. Also be prepared for contacts from local news media. Consult with legal advisors if in doubt. (Operate under the assumption that OSHA will investigate. Take steps to be sure that your entire facility is as prepared as possible).
2. Fatalities must be reported within 8 hours to the closest OSHA area office. If after hours, the incident can be reported to OSHA at: 1-800-321-6742.
3. Have a representative of your company contact the employee’s next of kin to inform her/him of the circumstances. If possible, this contact should be made in person. Offer to provide transportation and/or other support. (For example, providing a Your Parish/School representative at the hospital will convey the company’s concern).
4. Get all witnesses names. If some witnesses are not employees, be sure to get full addresses and phone numbers.
5. Render safe any hazards created by the accident scene. (i.e. material that may fall, leaking chemicals, etc.). Rope off or otherwise isolate the accident scene early on to prevent it from becoming a “tourist attraction.”
6. Conduct an initial investigation. If equipment and/or duties directly involved in the accident are duplicated elsewhere in the company, take immediate steps to assure that there will be no re-occurrence of the accident.
7. Take pictures to document the scene. Note anything that may help you identify specific equipment involved such as serial numbers, license plate numbers, etc.
8. Follow Your Parish/School’s procedure for bloodborne pathogens in cleaning any bodily fluid spills.
9. Consider meeting with employees in small groups to discuss, in general terms:

* The serious accident that occurred.
* That all the necessary steps were taken to care for the person involved.
* That an accident investigation is being performed.
* That all employees will be kept informed.
* The availability of the Employee Assistance Program (EAP) (if applicable).
* Provide encouragement and request that employees work safely.

1. Request your supervisors be alert for employees who may not be paying full attention to their jobs and thereby jeopardizing their own safety. During these discussions, do not discuss fault, discipline, opinions, etc.
2. If your company has a physician on contract, have him/her follow the case.

# 9. HAZARD COMMUNICATION

Please refer to Your Parish/School hazard communication policy.

# 10. OFFICE SAFETY

**Office Safety:**

1. Never leave file drawers open, or open multiple file drawers at once.
2. Do not stack heavy or bulky objects on top of cabinets.
3. Do not store frequently used objects above shoulder height or below knee height.
4. Never reach into office machines without turning them off and unplugging them if possible.
5. Keep your work area free of trip hazards such as storage in walkways, cords across aisles, and damaged floor coverings.
6. Inspect step stools/ladders before use. Be sure to keep a stationary object in front of you when using a step stool to provide stability.
7. Never use defective or broken equipment. Report these problems to your supervisor.

**Facilities & Grounds Safety:**

1. Parking lots and sidewalks may contain cracks and/or settling so be sure to scan the ground ahead of you as you walk. Don’t carry objects so large that you can’t see the ground in front of you either.
2. Be sure mats are out whenever wet weather is expected and know where your “wet floor” signs are kept and that they are in use when appropriate.
3. Be smart about the footwear you use in winter or wet conditions. We recommend that you not wear leather soled shoes or high heels in winter conditions. Keep an extra pair of winter footwear in your vehicle during the winter.
4. Good lighting is an important aspect of trip/fall prevention. If you see outside building lights that are out or walkways that are poorly lit please notify your supervisor or facilities staff.
5. Please use the designated walkways outdoors and don’t take short-cuts across the grounds.
6. Be sure to use the handrail when coming up or down steps.
7. Report unsafe slip/trip conditions to your supervisor immediately.

**Security:**

1. Always be aware of your surroundings. Keep your head up and hands out of your pockets while walking to and from your car.
2. Immediately report any suspicious activity or persons to [insert name]. And immediately report any theft to [insert name].
3. When parking, remove all valuables from sight and lock car doors.
4. Do not enter an elevator car if you are concerned about other riders; instead, wait for the next car.
5. Keep all valuables (money, purse, jewelry, etc.) out of sight when at your desk. Do not bring large sums of money or other valuables into the building.
6. Secure laptop computers, PDAs, and other small electronic devices before leaving your workspace for extended periods of time (lunch, meetings, etc.).
7. If you are working alone and are in the office before or after regular business hours, on weekends, or holidays, observe these additional guidelines:

* Be sure doors close and lock after you.
* Turn on lights as you move through the building. Always be aware of the closest telephone (do not hesitate to call 911 if you feel threatened).
* Be sure that someone at home knows that you are at work and is expecting you to check in by a specified time.
* As you leave the office, be sure to turn off all equipment, lights, etc., after use.

1. Weapons, including firearms, knives with blades longer than two inches, bow/arrow, pepper spray (mace, tear gas), and clubs, are not allowed on Your Parish/School property.

# 11. STATEMENT OF SPECIFIC POLICY ON SEXUAL HARASSMENT

It is a policy of the Diocese of Des Moines to prohibit sexual harassment of its employees in any form. Such conduct may result in disciplinary action up to and including dismissal.

The following conduct is illegal:

Unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature when:

1. Submission to such is made either explicitly or implicitly a term or condition of an individual’s employment,
2. Submission to or rejection of such conduct by an individual is used as the basis for employment decisions affecting such individual, or
3. Such conduct has the purpose or effect of substantially interfering with an individual’s work performance or creating an intimidating, hostile or offensive working environment.

The following is a partial list of conduct that would be considered sexual harassment:

1. Unwanted sexual advances.
2. Offering employment benefits in exchange for sexual favors.
3. Making or threatening retaliation after a negative response to sexual advances.
4. Visual conduct such as leering, making sexual gestures, displaying sexually suggestive objects or pictures, cartoons, calendars, or posters.
5. Verbal conduct such as making or using derogatory comments, epithets, slurs, sexually explicit jokes, sexual banter or innuendoes, or comments about an employee's body or manner of dress.
6. Written communications of a sexual nature distributed in hard copy or via a computer network.
7. Verbal sexual advances or propositions.
8. Verbal abuse of a sexual nature, graphic verbal commentary about an individual's body, sexually degrading words to describe an individual, suggestive or obscene letters, notes or invitations.
9. Physical conduct such as touching, assault, impeding or blocking movements.
10. Retaliation for making harassment reports, threatening to report harassment or participating in a harassment investigation.

Sexual harassment can occur between employees of the opposite sex or of the same sex. It is unlawful for males to sexually harass females or other males, and for females to sexually harass males or other females. Sexual harassment can occur between supervisors and subordinates, employees and non-employees and between co-workers.

**Schools go to** [**http://www.dmdiocese.org/catholic-schools.cfm**](http://www.dmdiocese.org/catholic-schools.cfm) **Click ‘About Catholic Schools, School Policies and then Regulations’. Sexual Harassment #478 and #582**

**Other Types of Harassment**

The Diocese of Des Moines also prohibits other forms of harassment on the basis of race, color, national origin, religion, gender, sexual orientation, gender identity, physical or mental disability, age, marital status, veteran status or any other characteristic protected by applicable laws. Such prohibited harassment includes, but is not limited to, the following:

1. Verbal conduct such as threats, epithets, derogatory comments or slurs.
2. Visual conduct such as derogatory posters, photographs, cartoons, drawings or gestures.
3. Written communications containing statements that may be offensive to individuals in a particular protected group, such as racial or ethnic stereotypes or caricatures.
4. Physical conduct such as assault, unwanted touching or blocking normal movement.
5. Retaliation for making harassment reports, threatening to report harassment or not participating in a harassment investigation.

Just as harassment is a serious situation, so too is the filing of a frivolous claim of harassment. Any claim proven to be unfounded or frivolous could result in disciplinary action up to and including termination.

The Diocese of Des Moines is committed to providing a work environment that is free of all discrimination.

# 12. HARASSMENT COMPLAINT REPORTING PROCEDURE

Any employee who believes he or she has been subjected to harassment prohibited by this policy should immediately report that behavior to his or her supervisor, business manager, the pastor, or parish council chair. (Customize for your location)

If an employee becomes aware of harassing conduct engaged in or suffered by an employee, regardless of whether such harassment directly affects that employee, the employee should immediately report that information to his or her supervisor.

The Director of Human Resources of the Diocese of Des Moines should be made aware of a situation that may violate this policy so that appropriate support can be provided. The location will conduct an immediate, thorough and objective investigation of any harassment claims. The Director of Human Resources is available to assist in the process as needed.

The claimant will put their complaint in writing within 10 days of the incident, or as soon as practical, to allow management to conduct a timely investigation. Form provided for documentation of the harassment complaint by the claimant on the following page.

The investigation will be conducted by two individuals, one male and one female, named by the pastor. The investigation will include the interview of the alleged harasser, the witness and the claimant. Attached are forms to be used when interviewing the alleged harasser on page 28 and the witness on page 29.

If it is determined that prohibited harassment has occurred, the location will take appropriate action against any person found to have engaged in prohibited harassment. A determination regarding the alleged harassment will be made and communicated to the person claiming harassment as soon as practical. The type of discipline administered will be dependent upon the severity of the conduct, as well as any other factors presented in the particular circumstances. Employees violating this policy are subject to disciplinary action up to and including termination.

The Diocese of Des Moines strictly prohibits retaliation against any person by another employee or by the diocese for using this complaint procedure, reporting harassment, or for filing, testifying, assisting or participating in any manner in any investigation, proceeding or hearing conducted.

Prohibited retaliation includes, but is not limited to, termination, demotion, suspension, failure to hire or consider for hire, failure to give equal consideration in making employment decisions, failure to make employment recommendations impartially, adversely affecting working conditions or otherwise denying any employment benefit.

**Schools see policies #481 and #579 for regulations**

|  |  |
| --- | --- |
| Diocesan logo 3x3 | **Diocese of Des Moines**  **Harassment Complaint Form** |

Date of Report:

Employee’s Name:

Department: \_\_\_\_\_\_

Supervisor:

Supervisor’s signature of receipt: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_

Exactly what occurred?

When did it happen?

Where did it happen?

Who was involved? Was anyone else present?

Who else may know of relevant information?

Employee Signature: Date:

If you have not heard from your supervisor within five business days, please contact the Director of Human Resources with the Diocese of Des Moines at 515-237-5085.

|  |  |
| --- | --- |
| Diocesan logo 3x3 | **Diocese of Des Moines**  **Harassment Interview Form – Alleged Harasser** |

Date of Report:

Name of Alleged Harasser: \_\_\_\_\_\_\_

Department: Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_

Complainant: \_\_\_\_\_\_

Summary of allegation(s):

What is your response to the allegations?

If the allegations are false, why would the complainant lie?

Are there any notes, physical evidence, or other documentation regarding the incident(s)?

Do you know of any other relevant information?

Are there any persons who have relevant information?

|  |  |
| --- | --- |
| Diocesan logo 3x3 | **Diocese of Des Moines**  **Harassment Interview Form – Witness** |

Date of Report:

Name of Witness:

Alleged Harasser:

Complainant: \_\_\_\_\_\_

Summary of allegation(s):

What did you see or hear?

When did this occur?

Describe the alleged harasser’s behavior toward the complainant and toward others in the workplace.

What did the complainant tell you?

When did s/he tell you this?

Do you know of any other relevant information?

Are there other persons who have relevant information?

# APPENDIX

A. VOLUNTEER DRIVER APPLICATION  
  
We greatly appreciate your interest in assisting us to meet our transportation needs. Responsible risk management dictates that we ask our volunteer drivers to answer the following questions. Thank you for your understanding and cooperation.

Name:

Address:

City/State/Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone: Date of Birth:

Email:

Driver’s License Number:

State of Issue: Expiration Date:

**Have you had any of the following citations or convictions in the past THREE years?**

**YES NO**

Driving under the influence of alcohol or drugs \_\_\_ \_\_\_

Hit and run \_\_\_ \_\_\_

Failure to report an accident \_\_\_ \_\_\_

Negligent homicide arising out of the use of a motor vehicle \_\_\_ \_\_\_

Using a motor vehicle for the commission of a felony \_\_\_ \_\_\_

Permitting an unlicensed person to drive \_\_\_ \_\_\_

Reckless driving \_\_\_ \_\_\_

Three moving violations or accidents in the last three years \_\_\_ \_\_\_

Are you currently taking any medication that may make you drowsy? **YES NO**

**It is expected that all passengers will adhere to Iowa Safety belt laws and regulations.**I certify that the information given above is true and complete to the best of my knowledge. I agree that I will refrain from using a cell phone or any other electronic device while operating a vehicle on behalf of the parish/school.

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Volunteer Signature |  | Date |

RETAIN THIS FORM ON FILE FOR A MINIMUM OF THREE YEARS

B. PRIVATE VEHICLE USE APPLICATION  
  
We greatly appreciate your interest in assisting us to meet our transportation needs. Responsible risk management dictates that we ask you to answer the following questions. Thank you for your understanding and cooperation.

Owner’s Name:

Address:

City/State/Zip:

Vehicle Year/Make/Model: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Vehicle Identification Number:

License Plate #:

Automobile Insurance Co.:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Agent’s Name:

Address:

City/State/Zip:

Telephone:

**PLEASE BE AWARE: In case of an accident, the insurance on this vehicle will be the primary coverage. The vehicle must be insured for the minimum liability limits of: $100,000/$300,000.**

**It is expected that all passengers will adhere to the Iowa safety belt laws and regulations. It is the driver’s responsibility to ensure this.**

I certify that the information given above is true and complete and that to the best of my knowledge the vehicle is currently in a safe operating condition. I agree to maintain insurance coverage for the liability limits stated above. I agree to notify you if any of the information changes**.**

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Signature |  | Date |

RETAIN THIS FORM ON FILE FOR A MINIMUM OF THREE YEARS

## C. VEHICLE ACCIDENT REPORT

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Driver: |  | Date of birth: |  | License #: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Vehicle: | |  | |  |  |
|  | | Year | | Make | Model |
| Vehicle Identification Number: | | | |  | |
| **Accident Info** | | Date: Time: City: State:  Street location:  Description:    Use reverse side if necessary. | | | |

|  |  |
| --- | --- |
| **Other**  **Vehicle** | Year/Make/Model: License plate #: State:  Owner’s name and address:  Driver’s name and address:  Driver’s license #: State: Exp. date:\_\_\_\_\_\_\_\_\_  Relationship to owner:  Description of damage:    Insurance company:  Phone #: Policy #: Exp. date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Injuries** | Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Extent of injuries:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Use the reverse side if necessary. |

|  |  |
| --- | --- |
| **Witness /**  **Passengers** | Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address:\_\_\_\_\_\_  Extent of injuries:   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Use the reverse side if necessary. |

|  |  |
| --- | --- |
| **Other**  **Property**  **Damage** | Owner’s name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address:  Extent of damage:   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Use the reverse side if necessary. |

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Signature |  | Date |

USE REVERSE SIDE TO PROVIDE A DIAGRAM OF THE SCENE

RETAIN THIS FORM ON FILE FOR A MINIMUM OF 7 YEARS FROM THE ACCIDENT

D. EMPLOYEE ACKNOWLEDGMENT FORM  
  
Your Parish/School is firmly committed to your safety. We will do everything possible to prevent workplace accidents and are committed to providing a safe working environment for you and all employees.

We value you not only as an employee but also as a human being critical to the success of your family, the local community, and Your Parish/School.

You are encouraged to report any unsafe work practices or safety hazards encountered on the job. All accidents/incidents (no matter how slight) are to be immediately reported to the supervisor on duty.

A key factor in implementing this policy will be the strict compliance to all applicable federal, state, local, and Your Parish/School policies and procedures. Failure to comply with these policies may result in disciplinary actions.

Respecting this, Your Parish/School will make every reasonable effort to provide a safe and healthful workplace that is free from any recognized or known potential hazards. Additionally, Your Parish/School subscribes to these principles:

1. All accidents are preventable through implementation of effective Safety and Health Control policies and programs.
2. Safety is a major part of our work every day.
3. Accident prevention is good business. It minimizes human suffering, promotes better working conditions for everyone, holds Your Parish/School in higher regard with customers, and increases productivity. This is why Your Parish/School will comply with all safety and health regulations which apply to the course and scope of operations.
4. Management is responsible for providing the safest possible workplace for Employees. Consequently, management of Your Parish/School is committed to allocating and providing all of the resources needed to promote and effectively implement this safety policy.
5. Employees are responsible for following safe work practices, company rules, and for preventing accidents and injuries. Management will establish lines of communication to solicit and receive comments, information, suggestions, and assistance from employees where safety and health are concerned.
6. Management and supervisors of Your Parish/School will set an exemplary example with good attitudes and strong commitment to safety and health in the workplace. Toward this end, management must monitor the company’s safety and health performance, working environment, and conditions to ensure that program objectives are achieved.
7. Our safety program applies to all employees and persons affected or associated in any way by the scope of this business. Everyone’s goal must be to constantly improve safety awareness and to prevent accidents and injuries.

Everyone at Your Parish/School must be involved and committed to safety. This must be a team effort. Together, we can prevent accidents and injuries and keep each other safe and healthy in the work that provides our livelihood.

By signing this document, I confirm the receipt of Your Parish/School’s Employee Safety Manual. I have read and understood all policies, programs, and actions as described, and agree to comply with these set policies.

Employee Signature Date