



Louisiana Board of Pharmacy

3388 Brentwood Drive
Baton Rouge, Louisiana 70809-1700
www.pharmacy.la.gov



Loss Prevention Manual

May 29, 2013

The policies and procedures contained in this manual have been approved by the Board on the date indicated on each document. The entire manual is subject to periodic review by the Board, and their continuing approvals are noted below.

May 5, 2010

May 4, 2011

May 2, 2012

May 29, 2013

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General Safety

- A. Management Policy
- B. Assignment of Safety Responsibility
- C. Safety Rules
- D. Safety Meeting Procedures
- E. Employee Safety Training
- F. Safety Committee
- G. Inspection Procedures
- H. Incident & Accident Investigation
- I. Job Safety Analysis
- J. Recordkeeping Requirements
- K. Blood Borne Pathogens
- L. First Aid
- M. Emergency Preparedness
- N. Hazardous Materials
- O. Employee Non-Compliance

Louisiana Board of Pharmacy

Loss Prevention

Title: Management Policy

Policy No. I.A

Approved: 05-05-2010

Revised:

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It is the policy of the Appointing Authority to assure that all employees and guests who use our facilities have an environment which is accident-free and as safe as possible.

The administration of safety is not only a function of management, but of the entire staff. Each individual employee is responsible for helping reach the goal of reducing personal injury and loss of property to the lowest possible degree. Each employee is responsible for supporting safety programs, following safety rules, immediately reporting potentially unsafe conditions or work practices, and for taking effective temporary actions to minimize the risk to themselves, others or property.

Employees are to report the following items to the Office Manager immediately:

- Any accident, injury, or near miss, no matter how slight;
- Damaged or defective pieces of equipment;
- Any electrical equipment, fixtures, or outlets needing repair;
- Any lights that will not burn or any fluorescent lights that are flickering;
- Broken or missing tiles, damaged floors, or walls; and
- Water or spills on floors.

Remember that safety is up to each and every employee. Try to become familiar with hazards in the work area and do not take any unnecessary risks. If an employee is injured on the job, the Office Manager should be notified immediately. An accident report and other forms must then be completed.

Title: Assignment of Safety Responsibility

Policy No. I.B

Approved: 05-05-2010

Revised:

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The ultimate responsibility for preventing accidents and controlling hazards rests with management. Safety should be managed like any other administrative function. Management should direct the safety effort by setting achievable goals and by planning, organizing, and controlling activities to achieve those goals. The keys to effective safety performance are management procedures that assign responsibility. The following is a list of responsibilities assigned to the indicated employees:

Executive Director

1. Has full responsibility for safety.
2. Authorizes necessary expenditures to provide safe work conditions.
3. Approves safety policies as formulated by the loss prevention coordinator.
4. Participates in the safety program by conducting safety tours, approving safety contracts, reviewing and responding to safety reports, ensuring safety awareness among key management personnel, evaluating safety program, and reviewing safety audit reports.

Loss Prevention Coordinator

The coordinator is responsible for the development and implementation of the safety program. Duties include:

1. Planning and directing a regular program of safety inspections and accident investigations.
2. Checking for compliance with applicable safety laws and codes.
3. Primary responsibility for coordinating the safety operations at the office.
4. Keeping and analyzing accident records.
5. Conducting safety meetings.
6. Conducting activities to stimulate and maintain interest in safety among employees.
7. Conducting educational activities.
8. Supervising and appraising accident investigations.

Supervisors

1. Inspects work area for compliance with safe work practices and safety rules.
2. Trains employees to work safely.
3. Corrects unsafe conditions and unsafe acts.
4. Obtains prompt first aid for the injured.
5. Reports and investigates accidents and works with loss prevention coordinator to determine cause and correct any problems.
6. Discusses safety with individual employees.

Title: Assignment of Safety Responsibility

Policy No. I.B

Approved: 05-03-2010

Revised:

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Employees

1. Works in accordance with accepted safety practices.
2. Reports unsafe conditions and practices.
3. Observes safety rules and regulations.
4. Makes safety suggestions.
5. Asks for assistance or further explanation when needed.

Title: Safety Rules

Policy No. I.C

Approved: 05-02-2012

Revised:

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1. Smoke only in approved areas.
 2. Horseplay and fighting will not be tolerated in the work place.
 3. Before beginning work, notify your supervisor of any permanent or temporary impairment that may reduce your ability to perform in a safe manner.
 4. Use personal protective equipment to protect yourself from potential hazards that cannot be eliminated.
 5. Operate equipment only if you are trained and authorized.
 6. Inspect the workstation for potential hazards and ensure that the equipment is in safe operating condition before using it.
 7. Immediately report any recognized potentially unsafe condition or act to your supervisor.
 8. If there is any doubt about the safe work method to be used, consult the supervisor before beginning work.
 9. Immediately report accidents, near misses, and property damage to a supervisor regardless of the severity.
 10. Maintain an orderly environment and work procedure. Store all tools and equipment in a designated place. Put scrap and waste material in a designated refuse container.
 11. Report any smoke, fire, or unusual odors to your supervisor.
 12. Use proper lifting techniques. For objects exceeding 50 pounds in weight, the immediate supervisor shall determine specific methods for safe lifting.
 13. Never attempt to catch a falling object.
 14. If your work creates a potential slip or trip hazard, correct the hazard immediately or use safety tape to tag the area before leaving it unattended.
 15. Adhere to office rules regarding first aid, evacuation routes, and fire department notification.
 16. Adhere to office rules and procedures specific to office operations.
 17. Assist and cooperate with all safety investigations and inspections and assist in implementing safety procedures as requested.
 18. Employees authorized to drive on state business should fasten restraint belts before starting any motor vehicle, obey all driver safety instructions, and comply with all traffic signs, signals, markers, and persons designated to direct traffic while on duty.
 19. The exterior employee entrance shall remain locked and closed at all times.
 20. The interior doors leading from the lobby to non-public areas shall remain closed and secure at all times.

Louisiana Board of Pharmacy

Loss Prevention

Title: Safety Rules

Policy No. I.C

Approved: 05-02-2012

Revised:



Revisions

05-02-2012 Added items 19 and 20.

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Meeting Preparation

1. Identify topics for safety meetings by conducting frequent inspections of the work spaces and note any unsafe activities or behaviors that should be remedied.
2. Select an activity or topic that can benefit all employees in attendance. Safety meetings can help identify and eliminate hazards before accidents occur.
3. The Safety Meeting Report shall list the topics to be discussed.
4. Identify the methods to be used during the meeting, e.g., classroom, demonstrations, reading materials, etc.

Conduct the Meeting

1. Meetings may be conducted in a classroom-like setting with lecture, video, and/or demonstrations.
2. Information may be distributed via e-mail, handouts, or correspondence, and employees shall be required to indicate they 'have received and read' the materials.
3. Record the total number of employees participating vs the total number of employees and calculate a percentage of employees who participated.

Document Attendance

1. Ensure an original signature is obtained from each employee in attendance at each meeting and that the documentation reflects the date on which the information was actually received.
2. For those employees to whom the safety meeting information is provided electronically, maintain a record of receipt by each employee, e.g., e-mail return receipt.

Meeting Record Maintenance

1. Safety meeting report forms should be sent to the loss prevention coordinator.
2. Sign-in sheets should be maintained for a minimum of three years, and training records should be maintained for as long as possible.

Louisiana Board of Pharmacy

Loss Prevention

Title: Employee Safety Training

Policy No. I.E

Approved: 05-05-2010

Revised:

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1. Safety training shall be provided to all employees who must perform new tasks or operate new equipment or whose safety performance is not satisfactory. The safety related training, whether conducted by a supervisor on the job or by a training specialist, shall include instruction in correct work procedures, use of safety equipment, and availability of assistance. Additionally, safety related training shall cover a review of the basics pertaining to a specific topic and the Board's specific policy.
 2. All safety related training, whether formal or on-the-job training, shall be documented.
 3. The executive director shall ensure that trained persons are conducting safety meetings, inspecting the work area, investigating accidents, analyzing jobs for safety, and demonstrating leadership skills in safety.
 4. The loss prevention coordinator shall have documented proof of attendance at least once every three years in the La. Division of Administration, Office of Risk Management LOSs Prevention Program course.
 5. The Board shall conduct documented training on the following topics:
 - Drug-Free Workplace
 - Sexual Harassment

Training on these topics shall be completed within one year of hire plus once every five years thereafter, and may count toward the quarterly safety meeting requirement.

Louisiana Board of Pharmacy

Loss Prevention

Title: Safety Committee

Policy No. I.F

Approved: 05-02-2012

Revised:

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1. Since the Board staff consists of 18 employees, only 14 of whom work in the Board office and then under minimal risk, the appointment of a safety committee to meet on a routine basis would be counterproductive to Board operations.
 2. Safety risks will be evaluated and acted upon as they are discovered.

Louisiana Board of Pharmacy

Loss Prevention

Title: Inspection Procedures & Forms

Policy No. I.G

Approved: 05-05-2010

Revised:

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1. The loss prevention coordinator is responsible for conducting quarterly inspections and for identifying and correcting conditions or practices that are potential safety or fire hazards.
 2. The coordinator shall complete the inspection form during each inspection. The completed checklist shall be forwarded to the executive director for review. The checklist shall be retained for at least three years, and further, shall be made available to the Office of Risk Management Loss Prevention Unit upon request.
 3. All employees are responsible for reporting any potentially hazardous condition or practice they discover. The employee shall record the unsafe condition on the Hazard Control Log which shall be kept in the Office Manager's office. The loss prevention coordinator is responsible for checking the Hazard Control Log and is authorized to take immediate temporary control of the area to prevent exposure to the hazard until corrective action is taken. If a supervisor or administrative officer cannot correct the hazard, they shall immediately report it to the executive director.
 4. If a hazard exists for more than 30 days, the supervisor shall send a copy of the Hazard Control Log to the executive director and to the Office of Risk Management Loss Prevention Unit.
 5. The Hazard Control Log shall be retained in the originating work area for at least three years.
 6. Deficiencies identified by the State Fire Marshal's office shall be reported immediately to the executive director.

Louisiana Board of Pharmacy
Quarterly Safety Inspection Checklist

Quarter: _____

Date: _____

If an item is checked as "NOT OK" go to the last page and complete the "Comments" section.

ITEM	OK	NOT OK
1. Is there litter or spilled liquid on the floor?		
2. Are floor surfaces chipped, does carpeting show worn spots or holes?		
3. Are warning signs posted near repair work or redecorating?		
4. Are aisles free of boxes, wastebaskets, chairs and other obstacles that impede traffic?		
5. Are cords placed where they might trip a passerby?		
6. Do cords looked frayed? Are they draped over hot pipes, bent around hooks or stepped on?		
7. Are flimsy extension cords in use? (All extension cords should be 3-pronged)		
8. Is all electrical equipment connected with three pronged plugs?		
9. Are electrical outlet boxes or bonnets exposed so that they pose a tripping hazard?		
10. Do employees stand on chairs, desks, boxes, or other improvised ladders?		
11. Do employees lean back in chairs, with feet up on desk?		
12. Do employees run in office?		
13. Are stairs well lighted?		
14. Are handrails, tread and risers in good condition?		
15. Are stairs free of litter or spills?		
16. Are desk or file drawers left open?		
17. Is more than one file drawer opened at the same time?		
18. Are files top-heavy with empty drawers at the bottom and full drawers on top?		

19.	Are boxes, papers, and books stored on top of files, storage cabinets, and windowsills?		
20.	Is machinery turned off when not in use?		
21.	Do employees wear dangling jewelry or floppy clothing around machinery?		
22.	Are employees using spike files or pencil holders with pencil points up?		
23.	Is the paper cutter placed in a safe location?		
24.	Are sharps or razor blades mixed in with paper clips?		
25.	Are fire exits clearly marked and lighted?		
26.	Have emergency lights been tested?		
27.	Have fire extinguishers been inspected recently? (Is the needle in the green?)		
28.	Are ABC extinguishers readily available?		
29.	Do all employees know the location of exits and extinguishers?		
30.	Are adequate first aid supplies available?		
31.	Are all accidents/incidents recorded and reported?		
32.	Do employees practice good housekeeping and maintain a safe environment in their respective work areas?		

COMMENTS: Please specify item number, location of deficiency and the corrective action being taken. If it cannot be corrected immediately, you must record the deficiency on the hazard log so that follow-up can occur.

Area Inspected by:

Signature of Inspector

Date

Title: Incident & Accident Investigation

Policy No. I.H

Approved: 05-05-2010

Revised:

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An accident is defined as “an unplanned event that caused personal injury or property damage.” An incident is defined as “an unplanned event that could have caused personal injury or property damage. Incidents and accidents may occur in spite of an emphasis on safety and regular inspections. Such events do not just happen – they are caused. All such events should be investigated by responsible personnel to determine the cause and any contributing factors in order to prevent a recurrence.

Employee-Related Incidents

For every employee-related incident or accident, a copy of the DA2000 investigation form shall be completed. The form shall include information about the individual injured, a description of the incident/accident (bodily injury vs property damage), a statement of what caused or might have caused the incident/accident, and any corrective action that has been taken or that should be taken to prevent recurrence.

The supervisor of the work unit involved is primarily responsible for conducting the incident/accident investigation and completing all related forms. The loss prevention coordinator may be involved depending upon the nature and severity of the incident or accident. All information fields (including the root cause analysis section on the DA2000) on the forms shall be completed and reviewed for accuracy. Notations such as N/A [not applicable] are not acceptable.

In the event of a fatality or near fatality, the Office of Risk Management (ORM) Loss Prevention Unit shall be contacted immediately.

The loss prevention coordinator shall retain all incident and accident related DA2000 forms for review by the ORM Loss Prevention Unit, and further, report online all DA1973/LDOL-OWC-1007 [E1 – First Report of Injury] forms to the appropriate ORM Claims Unit within the required reporting time frame established by the Claims Unit.

Workers’ Compensation Injuries

When an accident involves an injury that results in employee medical expenses or workers’ compensation related loss, the loss prevention coordinator shall also complete the Employer’s Report of Injury/Illness [LDOL-WC-1007] in a timely manner. This form is also known as the DA1973 (E1) and is available online at <http://doa.louisiana.gov/orm/formsCR.htm>.

Title: Incident & Accident Investigation

Policy No. I.H

Approved: 05-03-2010

Revised:

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After acquiring necessary medical aid for the injured worker, the supervisor or loss prevention coordinator should follow these steps in investigating the accident:

1. If possible, ask the person or persons involved to describe what happened. Do not assign blame or fault; just get the facts.
2. Survey the accident scene for information. If a camera is available, document the scene with photographs as necessary. Assemble and secure any objects that may have contributed to the accident.
3. Determine if there were any witnesses to the accident and get their written description of the accident.
4. Take whatever steps are necessary to prevent recurrences until the condition can be permanently corrected.
5. Complete the Incident/Accident Reporting Form [DA2000].

Visitor / Client-Related Incidents [DA3000]

For every non-employee-related incident/accident, an investigation form shall be completed. ORM Form DA3000 shall include information on the individual injured, a description of the incident/accident (bodily injury vs property damage), a statement of what caused or might have caused the incident/accident, and any corrective action that has been taken or that should be taken to prevent recurrence.

The supervisor of the work unit involved is primarily responsible for conducting the incident/accident investigation and completing all related forms. The loss prevention coordinator may be involved depending upon the nature and severity of the incident or accident. All information fields (including the root cause analysis section on the DA2000) on the forms shall be completed and reviewed for accuracy. Notations such as N/A [not applicable] are not acceptable.

In the event of a fatality or near fatality, the ORM Loss Prevention Unit shall be contacted immediately.

The loss prevention coordinator shall retain all incident and accident related DA3000 forms for review by the ORM Loss Prevention Unit, and further, report online all DA1973/LDOL-OWC-1007 [E1 – First Report of Injury] forms to the appropriate ORM Claims Unit within the required reporting time frame established by the Claims Unit.

**OFFICE OF RISK MANAGEMENT
UNIT OF RISK ANALYSIS AND LOSS PREVENTION
STATE EMPLOYEE INCIDENT/ACCIDENT INVESTIGATION FORM
Worker's Compensation Claims—To Be Filled Out By Injured Worker's Employer**

(PLEASE TYPE OR PRINT)

1. AGENCY _____
2. ACCIDENT DATE _____ 3. REPORTING DATE _____
4. EMPLOYEE NAME (LAST, FIRST) _____
5. JOB TITLE _____
6. IMMEDIATE SUPERVISOR _____
7. DESCRIBE IN DETAIL HOW INCIDENT/ACCIDENT OCCURRED (*USE ADDITIONAL SHEET IF NECESSARY*) _____

8. PARISH WHERE OCCURRED _____ 9. PARISH OF DOMICILE _____
10. WAS MEDICAL TREATMENT REQUIRED _____ Y _____ N
11. EXACT LOCATION WHERE EVENT OCCURRED _____

12. NAME (S) OF WITNESSES _____
13. NAME OF PERSON COMPLETING THIS SECTION OF REPORT _____
14. SIGNATURE _____ 15. DATE _____

**KEEP COMPLETED FORMS ON FILE AT THE LOCATION
WHERE INCIDENT/ACCIDENT OCCURRED**

MANAGEMENT SECTION

16. NAME OF PERSON COMPLETING THIS SECTION OF REPORT _____
17. POSITION/TITLE _____
18. IS THE PERSON COMPLETING REPORT TRAINED IN ACCIDENT INVESTIGATION ____ Y ____ N
19. WAS EQUIPMENT INVOLVED ____ Y ____ N (If no, skip to question 20)
- A. TYPE OF EQUIPMENT _____
- B. IS THERE A JSA FOR EQUIPMENT ____ Y ____ N
- C. DATE LAST JSA PERFORMED _____
20. HAVE SIMILAR ACCIDENT/INCIDENTS OCCURRED ____ Y ____ N
21. DID INCIDENT INVOLVE SAME INDIVIDUAL ____ Y ____ N
22. SAME LOCATION ____ Y ____ N
23. WAS THE SCENE VISITED DURING THE INVESTIGATION ____ Y ____ N
- A. DATE & TIME _____
- B. ARE PICTURES AVAILABLE ____ Y ____ N
- C. IF NO, REASON FOR NOT VISITING _____

ROOT CAUSE ANALYSIS

UNSAFE ACT (PRIMARY): Failure to comply with policies/procedures Failure to use appropriate equipment/technique Inattentiveness
 Inadequate/lack of JSA/standards Incomplete or no policies/procedures Inadequate training on policies/procedures Inadequate adherence of policies/procedures

Other (specify) _____

Detailed explanation of checked box _____

WHY WAS ACT COMMITTED:

UNSAFE CONDITION (PRIMARY): Inappropriate equip/tool Inadequate maintenance Inadequate training Wet surface
 Worn/broken/defective building components Broken equipment Inadequate guard Electrical hazard Fire Hazard

Other (specify) _____

Detailed explanation of checked box _____

WHY DID CONDITION EXIST:

CONTRIBUTORY FACTORS (IF ANY):

IMMEDIATE ACTION TAKEN TO PREVENT RECURRENCE:

LONG RANGE ACTION TO BE TAKEN:

WHAT ADDITIONAL ASSISTANCE IS NEEDED TO PREVENT RECURRENCE:

**KEEP COMPLETED FORMS ON FILE AT THE LOCATION
WHERE INCIDENT/ACCIDENT OCCURRED**

OFFICE OF WORKER'S COMPENSATION
 POST OFFICE BOX 94040
 BATON ROUGE, LA 70804-9040
 (225) 342-7565

**EMPLOYER REPORT
 OF
 INJURY / ILLNESS
 LDOL-WC-1007**

Employee Social Security Number
Employer UI Account Number
Employer Federal ID Number
Location Code

This report is completed by the Employer for each injury/illness identified by them or their employee as occupational. A copy is to be provided to the employee and the insurer immediately. Forms for cases resulting in more than 7 days of disability or death are to be sent to the OWCA by the 10th day after the incident or as requested by the OWCA.

PURPOSE OF REPORT: (Check all that apply)

- | | | |
|---|---|---------------------------------------|
| <input type="checkbox"/> More than 7 days of disability | <input type="checkbox"/> Possible dispute | <input type="checkbox"/> Medical Only |
| <input type="checkbox"/> Injury resulted in death | <input type="checkbox"/> Lump Sum Compromise/Settlement | (no copy needed by OWCA) |
| <input type="checkbox"/> Amputation or disfigurement | <input type="checkbox"/> Other | |

1. Date of Report MM/DD/YY	2. Date / time of injury: MM/DD/YY Time <input type="checkbox"/> AM <input type="checkbox"/> PM	3. Normal Starting Time Day of Accident: <input type="checkbox"/> AM <input type="checkbox"/> PM	4. If Back to Work Give Date MM/DD/YY	5. At same Wage? <input type="checkbox"/> Yes <input type="checkbox"/> No	DO NOT WRITE IN THIS COLUMN	
6. If Fatal injury, Give Date of Death: MM/DD/YY	7. Date Employer Knew of injury: MM/DD/YY	8. Date Disability began: MM/DD/YY	9. Last Full Day Paid MM/DD/YY	Date Received		
10. Employee Name: First Middle Last			11. <input type="checkbox"/> Male <input type="checkbox"/> Female	12. Employee Phone # () -		S.I.C.
13. Address and Zip Code			14. Parish of Injury	18. Dept./Division Employed:		State-Parish Occupation
15. Date of Hire	16. Age at illness/injury	17. Occupation	19. Place of Injury-Employer's Premises ? <input type="checkbox"/> Yes <input type="checkbox"/> No			Nature
		20. If No, indicate Location-Street, City, Parish and State				
21. What work activity was the employee doing when the incident occurred ? (Give weight, size and shape of material or equipment involved. Tell what he was doing with them. Indicate if correct procedures were followed.)					Part of Body	
					Source	
					Event	
					NCC:	
22. What caused the incident to happen? (Describe fully the events which resulted in injury or disease. Tell what happened and how it happened. Name any objects or substances involved and tell how they were involved. Give full details on all factors which led to or contributed to this injury or illness.)						
23. Part of body injured and Nature of Injury or Illness(ex. left leg: multiple fractures)					24. If Occ. Disease- Give Date Diagnosed	
25. Physician and Address street city state zip			26. If Hospitalized, give name & address of facility			
27. Employer's Name			28. Person Completing This Report - Please print			
29. Employer's Address street city state zip			30. Employer's Telephone Number () -			
31. Employer's Mailing Address - If Different From Above city state zip			32. Nature of Business - Type of Mfg., Trade, Construction, Service, etc.			
33. Wage Information Employee was paid <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other					The average weekly wage was \$ per week.	
34. Verification of Employer Knowledge of this Report. Name: Title: Date:						

OFFICE OF RISK MANAGEMENT COPY

EMPLOYER CERTIFICATE OF COMPLIANCE

You must submit this Certification to your workers' compensation insurer. Failure to submit this Certification as required may result in your being penalized by a fine of \$500, payable to your insurer.

You must secure workers' compensation for your employees through insurance or by becoming an authorized self-insured. If you fail to provide security for workers' compensation, you must pay an additional 50% in weekly benefits to your injured workers.

If you willfully fail to provide security for workers' compensation, then you are subject to a fine of up to \$ 10,000, imprisonment with or without hard labor for not more than I year, or both. If you have been previously fined and again fail to provide security for workers' compensation, then you are subject to additional penalties, including a court order to cease and desist from continuing further business operations.

You must not collect, demand, request, or accept any amount from any employee to pay or reimburse for the workers' compensation insurance premium. If you violate this provision, you may be punished with a fine of not more than \$500, or imprisoned with or without hard labor for not more than one year, or both.

It is unlawful for you to willfully make, or to assist or counsel someone else to make, a false statement or representation in order to obtain or to defeat workers' compensation benefits. If you violate this provision, you may be fined up to \$10,000, imprisoned with or without hard labor for up to I 0 years, or both depending on the amount of benefits unlawfully obtained or defeated. In addition to these criminal penalties, you may be assessed a civil penalty of up to \$5,000.

EMPLOYER CERTIFICATION

I certify that I can read the English language, that I have read this entire document and understand its contents, and that I understand I am held responsible for this information. I certify my compliance with the Louisiana Workers' Compensation Act.

Preparer Name (PRINT)

Signature

Date

Company Name

Company Address

() -

Phone Number

Insurance Policy Number

Employee Name

Employee Social Security Number

**OFFICE OF RISK MANAGEMENT
UNIT OF RISK ANALYSIS AND LOSS PREVENTION
VISITOR/CLIENT ACCIDENT REPORTING FORM
General Liability Claims – For Agency Use Only**

**KEEP COMPLETED FORMS ON FILE AT THE LOCATION
WHERE INCIDENT/ACCIDENT OCCURRED**

(PLEASE TYPE OR PRINT)

1. AGENCY NAME and LOCATION CODE _____

2. DATE and TIME of ACCIDENT _____

3. VISITOR/CLIENT NAME _____

4. VISITOR/CLIENT ADDRESS _____

5. CLAIMANT'S TELEPHONE # _____

6. CLAIMANT DETAIL DESCRIPTION OF HOW ACCIDENT OCCURRED

7. DID THE EMPLOYEE ASK THE CLAIMANT IF HE/SHE WAS INJURED? ___Y ___N

8. DID THE CLAIMANT VERBALLY EXPRESS AN INJURY TO ANY PART OF HIS/HER BODY? ___Y ___N

9. IF THE CLAIMANT EXPRESSED AN INJURY, WHAT PART OF HIS/HER BODY DID THEY STATE WAS INJURED? PLEASE BE SPECIFIC (I.E. RIGHT FOREARM, LEFT WRIST, LOWER RIGHT ABDOMEN) _____

10. IF THE CLAIMANT EXPRESSED INJURY, WAS MEDICAL CARE OFFERED? ___Y ___N

11. DID THE CLAIMANT ACCEPT OR DECLINE MEDICAL CARE? ___ACCEPT ___DECLINE

12. WERE THERE WITNESS (ES) ___Y ___N

13. WITNESS'S NAME, ADDRESS, and TELEPHONE # (use additional sheet if needed)

14. WITNESS STATEMENTS ATTACHED ___Y ___N

15. DETAIL DESCRIPTION OF ACCIDENT LOCATION _____

IS THIS LOCATION IN A STATE-OWNED OR LEASED BUILDING

16. DID THE PERSON CONDUCTING THE INVESTIGATION OBSERVE ANYTHING THAT WAS DIFFERENT THAN THE VISITOR'S/CLIENT'S/WITNESS'S ACCOUNT ___Y ___N IF YES, WHAT

17. CHECK THE APPROPRIATE ENVIRONMENTAL CONDITION THAT IS APPLICABLE TO THE ACCIDENT: RAINING SUNNY
 CLOUDY FOGGY COLD HOT LIGHTING WIND
 OTHER WEATHER CONDITION _____ WEATHER NOT A FACTOR

18. CHECK THE APPROPRIATE BOX (S) THAT PERTAINS TO THE ACCIDENT: LIQUID ON FLOOR—TYPE OF LIQUID _____
 STAIRS PARKING LOT GARAGE SIDEWALK ELEVATORS GRATING
 SPONSORED ACTIVITY DORMITORY WAITING ROOM WALKWAYS RAILINGS FURNITURE
 FLOORING—DESCRIBE THE TYPE OF FLOOR AND TYPE OF WAX _____
 EQUIPMENT (SPECIFY TYPE) _____
 OTHER CONDITION _____

19. IF THE ACCIDENT INVOLVED ITEMS THAT CAN BE RETAINED (i.e. furniture, muffler, exam table), THE CLAIMS UNIT REQUIRES THAT THE ITEM BE TAGGED WITH THE DATE OF ACCIDENT AND NAME OF CLAIMANT. IF THE ITEM IS BROKEN OR DAMAGED, IT MUST BE PLACED IN A SECURED AREA AFTER BEING TAGGED. THE TAG CANNOT BE REMOVED OR THE BROKE/DAMAGE ITEM CANNOT BE SURPLUS/DISCARDED UNTIL NOTIFIED BY THE CLAIMS UNIT. IF APPLICABLE, WAS THIS DONE Y___ N___

20. WAS THE CLAIMANT AUTHORIZED TO BE IN THIS AREA ___Y ___N

21. DID ANY EMPLOYEE OBSERVE ANYTHING BEFORE/AFTER THAT IS REVELANT TO THE ACCIDENT ___Y ___N IF YES, WAS A STATEMENT OBTAINED AND ATTACHED ___Y ___N

22. DID THE SUPERVISOR OR AGENCY SAFETY OFFICER RECEIVE A REPORT OF ANY OBSERVED CONDITIONS? ___Y ___N

23. WERE PICTURES TAKEN AND ARE THEY ATTACHED TO REPORT? Y_____ N_____

24. NAME AND POSITION OF EMPLOYEE FILLING OUT THIS REPORT

PLEASE DATE

KEEP COMPLETED FORMS ON FILE AT THE LOCATION
WHERE INCIDENT/ACCIDENT OCCURRED

Louisiana Board of Pharmacy

Loss Prevention

Title: Job Safety Analysis

Policy No. I.I

Approved: 05-05-2010

Revised:

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When to Perform a Job Safety Analysis

A job safety analysis shall be performed on all jobs that have resulted in an incident/accident trend, death, or a change in a job procedure/equipment.

Based on the nature of tasks conducted at the Board office, the risk of incidents, accidents or death is minimal. The Board maintains basic office equipment, none of which requires specialized skills or in-depth training to operate.

Louisiana Board of Pharmacy

Loss Prevention

Title: Recordkeeping Requirements

Policy No. I.J

Approved: 05-05-2010

Revised:

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The following safety records shall be maintained for at least three years. Copies of forms describing the specific procedures are available on the ORM website.

Safety Meeting Report

Completed quarterly by, and maintained by, the loss prevention coordinator.

Training Documentation

Sign in sheets shall be completed for all training sessions and maintained by the loss prevention coordinator.

Inspection Checklist

Inspection forms shall be completed quarterly by the loss prevention coordinator. The completed form shall be made available to the executive director and the ORM Loss Prevention Unit upon request.

Hazard Control Log

Shall be posted in a conspicuous location and made available as needed to identify potential hazards in each work area. The original form stays in the area it covers or until the hazard has been corrected, and all completed forms will be kept on file until the next Loss Prevention audit. Copies are maintained by the loss prevention coordinator, and the ORM Loss Prevention Unit if not corrected in 30 days.

Incident/Accident Reporting Form

Complete for each incident/accident that occurs whether or not it requires medical expense or lost time. A copy should be given to the loss prevention coordinator.

Title: Blood Borne Pathogens

Policy No. I.K

Approved: 05-05-2010

Revised:

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The purpose of this policy is to reduce or eliminate occupational exposure to blood and other potentially infectious materials to our employees. All bodily fluids will be considered infectious regardless of the perceived status of the source individual. However, the risk of exposure to blood borne pathogens by Board staff is minimal.

Blood Borne Diseases

- HIV: Human Immunodeficiency Virus causes AIDS
- Hepatitis B and C
- Syphilis
- Malaria

Hepatitis B (HBV) and C (HCV):

- Inflammation of the liver – most common blood borne disease
- Symptoms vary
- Can be infectious or non-infectious
- Hepatitis infects hundreds of thousands of people in the USA annually
- An infected person may carry the virus for years before symptoms appear
- No cure or vaccine at present
- Means of Transmission – must enter body through contact or injected (examples: sexual contact, sharing needles, cutting yourself with a sharp object, body fluids, Infected blood or body fluid on skin with open cuts, sores, getting blood or body fluid in eyes, mouth)
- HBV has a preventive vaccine available
- HCV does not have a preventive vaccine available

Preventative Measures

- Use universal precautions – treat all blood and body fluids as potentially infectious.
- Unbroken skin provides some protection from blood borne pathogens
- Wear personal protective equipment (PPE) (examples: latex gloves, safety glasses, goggles, face shields, aprons, boots) whenever blood or body fluids are present or expected
- Utilize engineering techniques (examples: tongs, recognized work practices, specialized equipment) whenever possible

Title: Blood Borne Pathogens

Policy No. I.K

Approved: 05-05-2010

Revised:

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Decontamination Procedures

1. Call a professional for proper decontamination and disposal.
2. Obtain Blood Borne Pathogen (BBP) clean-up kits and either require employees to follow the manufacturer's instructions that are provided with the kits or train employees on their use and disposal.

The following are general guidelines for decontamination:

- After an accident, the contaminated area must be cleaned with the proper recommended decontamination solution.
- Cleaning equipment must be properly decontaminated.
- Wear required PPE.
- Restrict access to the area.
- Use disposable supplies whenever possible and dispose of properly.

Disposal

The disposal of all regulated waste shall be in accordance with applicable federal, state, and local regulations. All waste with the possibility of contamination of BBP shall be placed in containers that are closeable, constructed to contain all contents and prevent leakage of fluids during handling, storage, transportation or shipping. The waste must be labeled or color-coded prior to removal to prevent spillage or protrusion of contents during handling, storage, transportation or shipping.

Medical Provisions

Preventive Vaccine

If the HBV vaccine is offered to an employee and the employee accepts it, it will be provided to the employee free of charge. Training by a knowledgeable person will be provided to the employee.

If an employee declines the offer of the HBV vaccine, then the employee is required to sign a declination statement. If at anytime the employee changes his/her decision and decides to accept the offer of the HBV vaccine then the series will be provided free of charge and training by a knowledgeable person will be provided to the employee.

Post-exposure Procedures

- Wash hands with antibacterial soap after contact.
- Flush eyes and face with fresh water for several minutes after contact.
- Follow Board's notification/reporting procedures for an exposure.
- Follow Board's written procedures for seeking medical counseling .

Title: Blood Borne Pathogens

Policy No. I.K

Approved: 05-05-2010

Revised:



Other Exposure Hazards

- Cleaning surfaces contaminated with blood, vomit, feces.
- Always wear gloves and protective apron or clothing.
- Be alert for sharp objects, broken glassware, used syringes in trash.
- Do not pick up broken glass – use brush or broom & dustpan.
- Dispose of glass, sharp objects safely.
- Laundry – bloody or contaminated linens or sharp objects.

Training

The level of training shall be contingent upon the level of exposure to BBP:

High Risk: Health Care Facilities/professionals, and other high risk occupations
Workers with occupational exposure shall receive training when they are hired and at least once per year afterwards. The training must be given during working hours and at no cost to the employee and training records shall be maintained for five years.

Low Risk: General Office/Classroom personnel
All employees shall participate in a training program within 12 months of employment. If there are no BBP events, the training shall be required every five years thereafter. If the Board or employee experiences a BBP event, the employee shall be required to retrain within the following 60 days.

Common Sense Rules

- Wash hands and remove protective clothing before eating, drinking, smoking, handling contact lenses, applying lip balm or cosmetics.
- Keep hands away from eyes, nose, mouth while cleaning.
- Frequent hand washing is best defense against spreading infection.

Summary

- Protect yourself on and off the job; know the facts.
- Practice good personal hygiene.
- Follow work rules, use gloves and protective clothing.
- Wash your hands often, after work or exposure.
- Keep areas clean – report problems immediately to supervisors.

Title: First Aid

Policy No. I.L

Approved: 05-05-2010

Revised:

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Requirements for First Aid:

All employees shall report any injury to the office manager as soon as possible, at least before the end of the shift during which the accident occurred.

The employee shall be required to complete an Accident/Incident Report (DA2000). A description of the accident and names of witnesses (if any) are included on the form.

If a physician is needed, the employee may be given an Employer's First Report of Injury Form for treatment to be given to the treating physician.

The employee will provide the agency with the treating physician's diagnosis of the injury and the length of time he or she is expected to be unable to work.

First Aid Training

Only someone who has completed a certified first aid or emergency response course or someone who has advanced medical training may administer first aid. Refresher training is required according to certification requirements.

First Aid Kit and Inventory Form

A first aid supply kit shall be maintained and inventoried periodically. An inventory list may be included in each first aid kit. Expiration dates on kit contents must be checked as well.

Emergency Eye Wash

In such situations where this is needed, typical protocol calls for a minimum of 15 minutes constant flushing time. This normally cannot be achieved via the use of small, portable, disposable containers of fluid found in many first aid kits. A fixed flushing station that uses an unlimited supply of uncontaminated fluid (e.g., potable water) is preferable.

Title: Emergency Preparedness

Policy No. I.M

Approved: 05-05-2010

Revised:

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The purpose of the Emergency Preparedness Policy is to ensure that a plan for the safe evacuation of all persons in the affected area and the rapid control of hazards during life threatening situations. This program includes procedures for:

1. Preventing and controlling emergency situations,
2. Warning employees of actual or impending disasters and preparing them for possible evacuation or shelter in place, and
3. Establishing safe evacuation routes.

Emergency Evacuation Drills

1. Evacuation drills are to be conducted under the supervision of an administrative officer or his designee at least once a year.
2. Drills are necessary to train and prepare building occupants for safe evacuation should an internal emergency occur.
3. All fire alarms should be treated as "real" and proper evacuation conducted.

Evacuation Procedures

1. Refer to the building floor plan for exit doorways leading outside the building.
2. Exit doorways must be kept clear and unobstructed at all times.
3. Exit in a single-file line keeping to the right side of hallways.
4. Do not congregate in the halls.

Supervision During the Evacuation

1. The Administrative department will supervise the evacuation of the building and ensure there are no persons missing or unaccounted for.
2. Re-entry into the building after a fire shall only be upon authorization by the most senior staff member present.

All Personnel

1. All building occupants will exit the building upon announcement.
2. Close doors in the vicinity of a fire threat.
3. Assist all injured or disabled persons from the building.
4. Report to the designated assembly area. If designated assembly area is contaminated with smoke, report to one of the other designated assembly areas. Remain with and listen to instructions from the senior administrative staff member on duty.
5. Assembly area is located in the parking lot on the southeast corner of the building.

Title: Emergency Preparedness

Policy No. I.M

Approved: 05-05-2010

Revised:

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Guidelines for Fire Threats:

1. Try to remain calm and do not enter an area that may be dangerous. Recruit assistance from persons in vicinity, if possible, to alert administration and co-workers.
2. Remove victims in the immediate area of the fire; assure complete evacuation using assistance from others if necessary.
3. Use fire extinguishers to aid in evacuation and to confine the area of the fire.
4. Close doors behind you as rooms are cleared of all occupants.
5. Call 911 to report name, address, and location of fire in the building.
6. Report to designated assembly area.
7. Monitor situation until all clear is given by a senior administrative officer – Do not re-enter the building until instructed to do so.

Fire Extinguisher Procedures:

1. Pull the pin.
2. Aim the nozzle at the base of the fire.
3. Squeeze the handle to discharge the extinguishing agent.
4. Sweep from side to side until fire is extinguished.

The loss prevention coordinator shall be responsible for inspecting and maintaining all portable extinguishers. Extinguishers shall be inspected and certified by an outside contractor once a year.

Guidelines for Natural Disasters:

Events such as hurricanes, floods, or tornadoes:

1. Only enter disaster areas if it is essential.
2. Do not bring lanterns, torches, or lighted cigarettes into building that have been flooded or damaged because of the possibility of leaking gas lines or flammable materials.
3. Do not touch fallen or damaged electric wires.
4. Immediately leave the area upon discovering a leaking gas line.

Hurricanes and Tropical Storms

1. Generate two copies of electronic data and remove both copies from the property.
2. All pending items shall be removed from desktops and placed in securable locations.
3. All file cabinet doors shall be closed and locked.
4. All electrical devices should be powered down and unplugged. Computers and battery backups should be stored off of floors in the event of flooding.
5. Movable equipment should be relocated away from windows.

Title: Emergency Preparedness

Policy No. I.M

Approved: 05-05-2010

Revised:

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6. Unmovable equipment should be covered to protect from rain in the event of broken windows or roof failure.
 7. All blinds shall be closed.
 8. All interior doors shall be closed.
 9. Movable items outside the building should be secured or moved indoors.
 10. Deadbolts to all exterior entrances should be engaged in the event of a loss of power.

Floods

1. All electrical devices should be powered down and unplugged. Computers and battery backups should be moved off of floors and onto a desk or table top.
2. Vital records should be moved to higher surfaces where possible.

Tornadoes

1. When a tornado warning is issued, take shelter immediately. The warning indicates that a tornado has been sighted in the area.
2. Protect yourself from falling objects and flying debris.
3. The best protection is an underground shelter or ditch or a steel-framed or reinforced concrete building.
4. If no shelter is available, go to the basement or inner hallway of the lowest floor of the building.

Guidelines for Bomb Threats:

Every threat should be taken seriously.

1. Remain calm and avoid creating a panic; most threats are bogus.
2. If a bomb threat is received by mail, message, or telephone, record in writing the time and type of threat, location of bomb, expected time of detonation, whether the voice is male or female, and any other important information.
3. If the threat is received by phone, keep the person on the phone as long as possible to determine any unusual voice characteristics, such as raspiness, hoarseness, or stuttering. Try to notice any background noises.
4. Ask why the bomb was placed there and whom the caller wishes to hurt.
5. Do not hang up the phone when the call ends. Police may be able to reverse trace the call. Hang up only if you must call for help.
6. Call 911 immediately (during the call if possible).
7. Notify your supervisor and follow his guidance.
8. Do not touch or move any suspicious package. It is important that each employee visually scans his work area before leaving to look for unusual packages or something out of the ordinary. Local law enforcement has no way of knowing what belongs in a work area and what does not. It is necessary that employees identify suspicious objects or packages for the bomb squad.

Title: Emergency Preparedness

Policy No. I.M

Approved: 05-05-2010

Revised:

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9. Do not use a cell phone in or near the building or during the evacuation as this could trigger the bomb.
 10. Only take personal items with you if an evacuation is ordered.
 11. Do not return to your work area until you receive the all-clear signal by the authorized person.

Guidelines for Threatening Individuals:

1. Do not become confrontational.
2. Observe the person closely, taking note of clothing, method of travel, any weapons displayed or implied.
3. Take note of whether the threats are verbal or physical.
4. Disengage the individual and call 911 immediately.
5. Notify your supervisor and fellow workers.
6. Remain as calm and collected as possible, avoiding panic.

Guidelines for Civil Disturbances:

Civil disturbances are generally riots and demonstrations, marches, and groups that have become riotous or a threatening individual.

1. Restrict both employee and visitor movement in your area.
2. Prepare for evacuation or relocation.
3. Secure your area (lock doors, safes, files, vital records, etc.).
4. Notify your local law enforcement immediately and then your supervisor and/or administrative officer.

Guidelines for Proximity Threats:

Proximity threats are events that occur near the office and can cause damage to life and property, and may require the need for evacuation. Examples include:

Railroad, interstate, and water vessel disasters

1. Obtain emergency response procedures from the local municipality.
2. Once notified, determine if voluntary or mandatory evacuation is required.
3. Use applicable emergency response procedures as per the local municipality

Title: Emergency Preparedness

Policy No. I.M

Approved: 05-05-2010

Revised:

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Local chemical or nuclear plant disasters

By law, all plant facilities must report what is produced and include all of the following emergency procedures:

1. Contact local/municipal government.
2. Once notified, determine if voluntary or mandatory evacuation is required.
3. Vertical, upwind, or downwind evacuation determined by type of incident.
4. Shut down heating, ventilation, and air conditioning (HVAC) system if sheltering in place and the situation allows.

Terrorist threats include:

1. Biological weapons
2. Bomb scares or explosions
3. Chemical attacks
4. Cyber attacks
5. Nuclear weapons
6. Suspicious mail

Bomb Threat Checklist

Answer / circle all applicable

Call demographics	Number at which call was received:		Date:	Time:
	Sex of Caller:	Race:	Age:	Length of call:
	Exact wording of threat:			

Questions to ask	When is the bomb going to explode?	
	Where is it right now?	
	What does it look like?	
	What kind of bomb is it?	
	What will cause it to explode?	
	Did <u>you</u> place the bomb?	
	What is your address?	
	What is your name?	
	If voice is familiar, who did it sound like?	

Caller's Voice	Calm	Slow	Soft	Nasal	Ragged	Laughter	Disguised	Cracked voice
	Angry	Rapid	Loud	Stutter	Raspy	Slurred	Clearing throat	Distinct accent
	Excited	Familiar	Normal	Lisp	Deep	Crying	Deep breathing	

Background Sounds	Street noises	Factory machinery	Motor	Local call	Long distance
	Animal noises	Office machinery	Voices	Clear	
	House noises	Phone booth	Music	PA system	Other: _____

Threat Language	Well spoken	Irrational	Incoherent
	Foul	Taped	Message read by threat maker

Louisiana Board of Pharmacy

Loss Prevention

Title: Hazardous Materials

Policy No. I.N

Approved: 05-05-2010

Revised:



The Board currently does not handle, store or use hazardous materials.

Louisiana Board of Pharmacy

Loss Prevention

Title: Employee Non-Compliance

Policy No. I.O

Approved: 05-05-2010

Revised:

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Employees found to be non-compliant with the policies in this Loss Prevention Manual should be reported to the loss prevention coordinator.

Depending on the severity of the infraction, formal disciplinary action may be taken, up to and including reimbursement of costs for damages incurred, suspension or loss of privileges, or termination of employment.

Infractions will be documented in the offending employee's personnel file.



Louisiana Board of Pharmacy

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Driver Safety

- A. Authorized Drivers
- B. Initial Authorization Process
- C. Annual Re-Authorization Process
- D. Supervisor's Responsibility
- E. Employee's Responsibility
- F. Accident Reporting
- G. Fleet Management
- H. Safety Audits and Recordkeeping

Louisiana Board of Pharmacy

Loss Prevention

Title: Authorized Drivers

Policy No. II.A

Approved: 05-05-2010

Revised:

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Authorized drivers shall include employees who hold the following positions with the Board:

1. Executive Director / Chief Executive Officer (Appointing Authority)
2. General Counsel
3. Office Manager
4. PMP Manager / Chief Operating Officer
5. PMP Assistant
6. Administrative Coordinator – Administrative Division
7. Compliance Officer

Employees holding a position not listed herein shall not be authorized to drive on state business.

Employees classified as “high-risk” shall not be authorized to drive vehicles on state business from the date of discovery for a minimum of twelve months. High-risk drivers are those individuals:

1. Having three or more convictions, guilty pleas, and/or *nolo contendere* pleas for moving violations within the previous twelve month period; or
2. Having a single conviction, guilty plea, or *nolo contendere* plea for operating a vehicle while intoxicated, hit and run driving, vehicular negligent injury, reckless operation of a vehicle, or similar violation within the previous twelve month period.

Louisiana Board of Pharmacy

Loss Prevention

Title: Initial Authorization Process

Policy No. II.B

Approved: 05-05-2010

Revised: 05-29-2013

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1. Employee shall complete and sign the Authorization and Driving History Form (DA-2054) and return the completed form to the Office Manager.
 2. Employee shall provide proof that he has a valid driver's license.
 3. Employee shall provide proof of automobile insurance.
 4. Employee shall complete an ORM-recognized defensive driving course within 30 days of hire and once every three years.
 5. The Office Manager shall obtain official driving records (ODRs) annually and ensure that employees met all program requirements to be authorized to drive.
 6. The Appointing Authority or designee shall review the Official Driving Record to ensure the employee does not meet the high-risk driver definition.

Louisiana Board of Pharmacy

Loss Prevention

Title: Annual Re-Authorization Process

Policy No. II.C

Approved: 05-05-2010

Revised: 05-29-2013

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1. Employee shall complete and sign the Authorization and Driving History Form (DA-2054) attesting that they currently carry at least the required minimum vehicle insurance annually on or before January 1st in order to be authorized for the new calendar year.
 2. The Office Manager shall obtain official driving records (ODRs) annually and ensure that employees meet all program requirements to be authorized to drive on state business.
 3. The Appointing Authority or designee shall review the Official Driving Record to ensure the employee does not meet the high-risk driver definition.
 4. Employees who meet requirements will be authorized to drive on state business until the end of the calendar year.
 5. Receipt of evidence that places a driver in the high-risk category shall cause the employee's driving privileges to be revoked immediately. An employee whose job responsibilities require driving shall be dismissed.

Louisiana Board of Pharmacy

Loss Prevention

Title: Supervisor's Responsibility

Policy No. II.D

Approved: 05-05-2010

Revised:



1. The supervisor shall provide time for each authorized employee to complete an approved Defensive Driving Course.
2. The supervisor shall allow only authorized employees to drive on state business.
3. The supervisor shall ensure that all accidents or incidents are properly reported and said records are maintained.

Louisiana Board of Pharmacy

Loss Prevention

Title: Employee's Responsibility

Policy No. II.E

Approved: 05-05-2010

Revised: 05-29-2013

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1. Employees may only operate those vehicles for which they are licensed and insured.
 2. The employee shall be required to demonstrate proof of insurance on an annual basis.
 3. The employee shall immediately report any revocation of their driver's license or any moving violations received to his supervisor, but no later than their next scheduled workday. Said reporting applies whether on state or personal/private business and whether in a state or personal/private vehicle.
 4. The employee shall complete a refresher course at least once every three years.
 5. Drivers who have convictions on their motor vehicle records shall be required to retake a recognized driving course within ninety days of notification of a conviction.
 6. Employees shall not use a Wireless Telecommunications Device while driving in a state-owned, leased, or private vehicle that is being driven on state business. This includes writing, sending, or reading a text based communication and engaging in a call. Use of a Wireless Telecommunications Device is permissible for passengers in such vehicles. The following situations shall constitute exceptions to this policy:
 - A. Report a traffic crash, medical emergency, or serious road hazard.
 - B. Report a situation in which the person believes his personal safety is in jeopardy.
 - C. Report or avert the perpetration or potential perpetration of a criminal act against the driver or another person.
 - D. Engage in a call or write, send or read a text-based communication while the motor vehicle is lawfully parked.

Louisiana Board of Pharmacy

Loss Prevention

Title: Accident Reporting

Policy No. II.F

Approved: 05-05-2010

Revised: 05-29-2013

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A vehicular accident is defined as any incident in which the vehicle comes in contact with another vehicle, person, object, or animal that results in death, personal injury, or property damage, regardless of who was injured, what was damaged or to what extent, where it occurred or who was responsible.

1. All accidents shall be reported to the employee's immediate supervisor and Office Manager by the driver of the state vehicle (or other vehicle driven on state business) on the day of the accident. If the driver is not able to complete the Louisiana State Driver's Accident Report Form (DA 2041), then the driver's supervisor will complete the report to the best of his ability for the employee. The supervisor may enter identifying information and attach the police report. The DA 2041 shall be completed within 48 hours after any vehicle accident while on state business and forwarded to the ORM Claims Unit. The DA 2041 form can be downloaded from: <http://www.doa.la.gov/orm/formsCR.htm>.

(Note: When an accident occurs in an employee's personal vehicle or a rental vehicle while he/she is on state business, complete the DA 2041 and note whether or not the vehicle is rented or personal . In addition, in ALL cases the employee's liability insurer is the primary insurer of the accident. ORM's coverage is excess over any other collectible insurance).

A copy of the Uniform Motor Vehicle Traffic Accident Report (police report) shall accompany the DA 2041 or should be sent to the ORM Claims Unit as soon as it is received by the agency. Do NOT delay submission of the DA 2041 waiting on the police report.

2. Failure of an authorized driver to report any vehicular accident may be cause for suspension of Driver Authorization. Accidents by employees in their personal vehicle after hours need not be reported unless the employee was ticketed.
3. The supervisor of the authorized driver involved in an accident shall review the accident report within two working days of the accident for completeness of information. Incomplete reports shall be returned for completion or corrected information. The supervisor may assist the individual in completing the report. All accidents require completion of the Vehicle Accident Report (DA 2041).
4. The supervisor may consider what corrective action(s) may be necessary for accidents.
5. The executive director or designee shall review the Accident Report Form, the Uniform Motor Vehicle Traffic Accident Report (police report – if one was completed), and the Authorization and Driving History Form (DA 2054).

Louisiana Board of Pharmacy

Loss Prevention

Title: Fleet Management

Policy No. II.G

Approved: 05-05-2010

Revised:



The Board does not maintain a fleet of state-owned vehicles.

Louisiana Board of Pharmacy

Loss Prevention

Title: Safety Audits and Recordkeeping

Policy No. II.H

Approved: 05-29-2013

Revised:

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1. Driver Safety Program records shall be maintained at the Board office for review until at least the next audit or compliance review.
 2. The following specific records shall be retained for the period of time indicated here:
 - A. Official Driving Records (ODR) and High-Risk Driver documentation, e.g., re-training records, letters) – maintain for one year.
 - B. Driver training (initial, refresher) documentation – maintain for 3 years.
 - C. DA 2054 forms – maintain indefinitely or until form information is updated.
 3. The Board office shall maintain a list of employees who have been authorized to drive or in the alternative, a list of employees not authorized to drive.



Louisiana Board of Pharmacy

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Bonds, Crime & Property

- A. Procedures for Managing Assets
- B. Employee Training
- C. Regular Audits
- D. Audit Findings
- E. Loss or Damage to Assets
- F. Employee Responsibilities & Accountability
- G. Office Security
- H. Key Control

Title: Procedures for Managing Assets

Policy No. III.A

Approved: 05-05-2010

Revised:

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Negotiable Items

General

- Negotiable items shall include cash, personal checks, business checks, cashier's checks, certified checks, money orders, travelers' checks and postage.
- Negotiable items accepted as payment for fees shall remain with the application or form until the application is processed and the fee has been entered into the database by an Administrative Coordinator 3.
- Negotiable items which cannot be processed by the close of business shall be secured out of sight in a locked cabinet.

Cash

- No petty cash fund shall be made available to Board staff.
- Payments made for fees with cash shall be for the exact amount of the fee as stated in the Pharmacy Practice Act as change cannot be made available.
- Cash payments in excess of the required fee shall be rejected immediately.
- A sequentially numbered receipt identifying the date the cash was received, licensee name, amount, and type of fee shall be issued and signed by the employee accepting the cash. The receipt number of the receipt given should be clearly written on the application.
- The amount of cash received by the employee shall be clearly identified on the application or form received with the cash.

Checks

- Checks (including personal checks, business checks, cashier checks, certified checks, money orders, and travelers' checks) shall remain attached to the application until entered into the appropriate database by an Administrative Coordinator 3.
- The applicant or licensee name and / or credential type and number shall be written on the face of the instrument in ink.
- Once it has been determined that a fee can be accepted, the instrument shall be endorsed on the reverse side for deposit into the Board's account.

Receipts

- A money receipt shall be issued for all cash payments and any other type of payment upon request at the time payment is received.
- Receipts shall not be issued more than ten (10) working days after the payment is made.

Title: Procedures for Managing Assets

Policy No. III.A

Approved: 05-05-2010

Revised:

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Postage

- Postage shall be used for Board-related business only.
- It is the employee's responsibility to ensure that the appropriate amount of postage is applied to the envelope.
- If an error has been made resulting in excess postage, the original envelope containing the original metered stamp, or the original metered tape, shall be given immediately to the Administrative Assistant for the Administrative Department or Office Manager.
- Envelopes and tapes bearing excess postage shall be submitted to the United States Postmaster for credit.
- Postage refunds from the Postmaster shall be given to the Office Manager immediately for deposit.

Postage by Phone

- The Office Manager shall issue a check for postage for deposit into the Board's *Postage By Phone* account.
- Available account funds shall be downloaded to the Board's postage meter by the Administrative Assistant for the Administrative Department.
- Downloads in excess of \$5,000 shall be authorized by the Office Manager or Executive Director.
- Once the *Postage By Phone* account balance drops below \$5,000 another deposit shall be processed by the Office Manager.

Employee Equipment

- Certain employees, depending on the nature of their duties, may be issued credit cards, portable electronic equipment and other Board property for which the employee shall sign a receipt and be held personally responsible (e.g., cell phones, laptops, printers, etc).
- Employees are responsible for safeguarding such equipment and reporting any relocated, lost, stolen or damaged property to the Office Manager or the Appointing Authority within twenty-four hours.
- Employees shall never sell, loan, transfer, assign, entrust or donate any inventory and non-inventory property to any person or entity, or use property for personal or illegal purposes.
- Upon termination of service, an audit of property shall be conducted prior to out-processing with the Office Manager or the Appointing Authority.

Louisiana Board of Pharmacy

Loss Prevention

Title: Procedures for Managing Assets

Policy No. III.A

Approved: 05-05-2010

Revised:

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- Employee shall be solely responsible for said property if misplaced and/or lost, due to the negligence, recklessness, or intentional act of the employee. Further, the employee shall replace the equipment and/or reimburse the Board for the entire cost of the property, as authorized by La. R.S. 34:305(E).
 - In certain circumstances, if the property lost is not the fault of the employee, proper documentation (e.g., police reports, etc) shall be copied and sent to the Office Manager within thirty (30) business days from the time of the incident. The Appointing Authority has the discretion to waive any costs associated with said property.

Telecommunications

- All long distance calls placed on Board telephone equipment and lines shall be recorded on a telephone log and made available for review upon request.
- All telephone logs are to be retained in accordance with the Board's records retention policy.
- State employees are to make no personal long distance calls on Board telephone equipment or telephone lines, unless the employee reimburses the state for the cost of the personal long distance call at rate of ten (10) cents per minute.

Securing Negotiable Items & Data Back-ups

Negotiable Items

- Negotiable items ready for deposit shall be submitted to the Office Manager daily.
- Negotiable items shall be secured in a locked cabinet until a bank deposit is made.
- Deposits shall be made at least once per week or more frequently during higher volume processing.

Safety Deposit Box

- A safety deposit shall be maintained for the purpose of securing back-up tapes of the Board's data off-site.
- Safety deposit box keys shall be granted to the Executive Director and the Office Manager.
- Safety deposit box keys shall be relinquished to the Board office upon termination of employment.

Louisiana Board of Pharmacy

Loss Prevention

Title: Procedures for Managing Assets

Policy No. III.A

Approved: 05-05-2010

Revised:

Purchasing

Purchases

- Minor purchases shall be planned and approved in advance by the Office Manager.
- Major purchases should be sent directly to the Office Manager, who then forwards the requisition to the Appointing Authority for final approval.
- No one has the authority to obligate the Louisiana Board of Pharmacy to any expenditure for any reason without prior authorization by the Appointing Authority.
- All purchases shall comply with appropriate directives.
- Purchases of movable property valued at \$250 or higher shall be tagged and entered into the Asset Management System within 30 days of receipt of the purchased item.
 - A copy of the payment shall be attached to the invoice and filed with asset management records for a period of three (3) years.
 - A copy of invoices for property valued at \$1000 or higher shall also be submitted to the Board's Certified Public Accountant by the end of the month in which the item was purchased.

Invoices

- The Office Manager shall not process the payment of invoices and/or receipts without the approval of the Appointing Authority and the appropriate backup information as proof that the goods were received and/or that the repairs were made, as required by the Legislative Auditor.
- All invoices, receipts, shipping notices, packing slips, and tickets for merchandise must be submitted to the Office Manager no later than twenty-four (24) hours after receipt.

Printing

- All documents printed by the Board will follow the printing guidelines set forth in La. R.S. 43:31.1. This statute requires all agencies seeking to print or have printed any public document perform a "needs assessment", which shall be approved by the Appointing Authority prior to expending any funds to have the publication printed.

Title: Employee Training

Policy No. III.B

Approved: 05-05-2010

Revised:



Formal Training

- When warranted, formal training may be offered to employees on subjects that pertain to his / her job duties.
- Requests for additional training shall be made in writing to the employee's supervisor and approved by the Appointing Authority.

On the Job Training

- When necessary, on the job training shall be conducted by the employee's supervisor, Office Manager, authorized personnel, or vendor.

Documentation of Training

- All employee training shall be documented and retained in the employee's personnel file.

Title: Regular Audits

Policy No. III.C

Approved: 05-05-2010

Revised:

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Internal Review & Analysis of Procedures

- Any procedures identified by the annual legislative audit as insufficient shall be reported immediately to the agency head.
- Corrective action will be taken on a case-by-case basis depending on the nature of the discovery.

Inventory

- Inventory of moveable property shall be taken annually during the first fifteen days of August.
- Notice of Intent to conduct inventory shall be submitted to the Louisiana Property Assistance Agency (LPAA) at least 30 days prior to the start of inventory – in the first fifteen (15) days of July.
- Certification of inventory shall be submitted to LPAA and the Legislative Auditor's Office by August 28th.

Title: Audit Findings

Policy No. III.D

Approved: 05-05-2010

Revised:



Evaluation of Findings

- Internal audit findings should be promptly evaluated and reported to the Office Manager with recommendations for correction.

Corrective Action Plan

- Audit findings shall be reported to the Executive Director immediately after discovery.
- Corrective action will be taken on a case-by-case basis depending on the discovery.
- If corrective action cannot be taken due to inadequate resources, written justification will be required.

Louisiana Board of Pharmacy

Loss Prevention

Title: Loss or Damage to Assets

Policy No. III.E

Approved: 05-05-2010

Revised:

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1. The loss of or damage to Board assets shall be reported immediately to the Office Manager using the Board's Incident Report Form (see following).
 2. If the damage resulted in an injury to an employee, Form DA-2000 and any other forms necessary for Workers' Compensation must also be completed.
 3. If the loss or damage occurs due to the negligence, recklessness, or intentional act of the employee, the employee shall replace the equipment or reimburse the Board for the entire cost of replacing the property, as authorized by La. R.S. 34:305(E).
 4. In certain circumstances, if the property lost is not due to any fault of the employee, proper documentation (e.g., police reports, etc) shall be copied and sent to the Office Manager within thirty (30) business days from the time of the incident. The Appointing Authority has the discretion to waive any costs associated with replacing said property.

INCIDENT REPORT FORM
Louisiana Board of Pharmacy
3388 Brentwood Drive
Baton Rouge, LA 70809-1700

Loss or damage to Board assets must be reported to the Office Manager to establish responsibility for insurance coverage with the Division of Administration. It is the responsibility of the supervisor to complete the Incident Report Form in the following manner:

- A. As soon as the supervisor is notified of a lost or damaged asset the Incident Report Form should be completed and signed by the employee and their supervisor. If damage resulted in injury to an employee, an Employee Accident / Incident Report form and Medical Authorization Form should also be completed by the employee. Please see Office Manager for all forms.
 - B. If the employee goes to a physician, the employee should obtain the Authorization for Initial/ Emergency Medical Treatment Form from the Office Manager before going to the physician, hospital, etc. Once the employee has returned from the physician, the Original Employee Accident/ Incident Report form, the Medical Authorization, discharge instructions, etc. are turned into the Office Manager.
 - C. If the employee does not see a physician, the Employee Accident/ Incident Report and the ORM Loss Prevention form are turned into the Office Manager as soon as possible.
 - D. All charges for physicians, hospitals, prescriptions, etc. must be carried in the employee's name. Claims for reimbursement or payment of any charges may be forwarded to the Office Manager for transmittal to the Division of Administration, Office of Risk Management.
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DATES/GENERAL INFORMATION

Loss of Asset Damage to Asset

Date of Report _____ Date and Time loss discovered _____

Name of Person Loss Reported to _____ Time Reported _____

Normal Starting Time Day of Accident _____ If employee back to work give date _____

Date Employer Knew of Injury _____ Date lost time began _____

EMPLOYEE INFORMATION

Employee Name _____ Department _____

Supervisor's Name (please print) _____

Employee Accident/Incident Report Form – Page 2

Exact Location of Asset _____

How was ? *(Be specific - if using tools or equipment or handling material-name them and tell what you were doing with them)*

How did Injury Occur? *(Describe fully the events which resulted in injury or disease. Tell what happened and how it happened. Name any objects or substance involved and tell how they were involved. Give full details on all factors which led or contributed to injury or disease.)*

Name and work phone numbers of all witnesses: _____

Did Injury or Disease Occur Because of: Mechanical defect: Yes No - Unsafe Act: Yes No

If yes, explain _____

Nature and Location on Injury or Disease *(Describe Fully, include Parts of Body Affected)* _____

Did employee see physician, hospital, etc.? Yes or No

Attending Physician and Address *(If hospital involved, please indicate)* _____

Date

Employee's Signature

Date

Supervisor's Signature

Title: Employee Responsibilities & Accountability

Policy No. III.F

Approved: 05-05-2010

Revised:



Executive Director

- Responsible for the implementation of an internal fiscal control program that includes operating guidelines and the specific duties of all employees involved in the program.
- Responsible for reviewing the fiscal control program regularly for efficiency and effectiveness.
- Recommendations contained in Legislative Audits should be implemented promptly.

Supervisors

- Supervisors must ensure that employees are properly trained in the program's policies, procedures and guidelines so that all safeguards are followed at all times.
- Supervisors should review the program's internal controls to ensure protection of the State's assets and property from losses.
- No safeguard of the internal control plan is to be eliminated or bypassed.

Employees

- Employees are expected to follow the program fiscal controls and to report any deviations.
- Deviations include but are not limited to:
 - Deliberate recording of a transaction with inadequate documentation, inadequate information, and/or approval
 - Deliberate omission of information in a financial/statistical report
 - Failure to safeguard an asset (e.g., equipment: left in an insecure environment [such as a laptop with no lock], left on a desk, or in an unlocked room)
 - Unauthorized use (e.g., personal use of a computer and/or use of unauthorized/unlicensed programs on a computer)
 - Failure to safeguard fiscal/personal information (e.g., computer left unattended with 'desktop' open)
 - Failure to secure files with confidential information (should use encryption and/or password protection)
- The employee should report the deviation in accordance with Board policies and procedures.

Title: Office Security

Policy No. III.G

Approved: 05-05-2010

Revised:

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Each employee shall be responsible for helping ensure the security of office assets.

Building Access

- All visitors shall sign-in at the reception desk and shall remain in the waiting area or Board room.
- Only authorized contractors and building maintenance staff shall have access to employee areas of the office.
- Only authorized computer contractors shall have access to Board servers and computers.
- If an office area will be unattended for an extended period of time, the employee shall ensure that their workstation is secure and exterior doors are locked and closed.
- At the conclusion of the work day, each employee shall ensure that exterior doors are locked and closed.

Title: Key Control

Policy No. III.H

Approved: 05-02-2012

Revised:

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Building Access Card and Key Control

Policy Statement

To achieve, maintain and restore maximum physical security for the employees, property and offices of the Board and to establish a recorded chain of accountability for all keys issued and duplicated.

Purpose

The Board has established a process to achieve maximum physical security with minimum logistics through the control of access cards and keys and the manner of issuance, monitoring and maintenance.

Applicability

This policy applies to any individual who is granted access to any area of the Board and to all keys and devices that control such access.

Responsibility

- No persons shall knowingly possess a key or access card programmed to areas where that person is not an authorized entrant.
- Duplication of keys or cards is authorized only by the Appointing Authority or Office Manager.
- Keys or cards are not to be transferred or loaned from one employee to another without the knowledge and authorization of the Office Manager and the Appointing Authority
- Employees are responsible for all keys and access cards assigned to them.

Procedure

- Keys and access cards are issued to employees by the Office Manager.
- Employees shall sign for receipt of all keys and access cards issued to him or her and shall certify their understanding that keys / cards are to be returned upon termination of employment.
- The Appointing Authority and/or Office Manager are responsible for the collection of any and all keys and access cards issued to an employee upon the employee's termination from or transfer within the department. The collection of keys and access cards shall be acknowledged on the "Exit Interview/Separation" Form.

Louisiana Board of Pharmacy

Loss Prevention

Title: Key Control

Policy No. III.H

Approved: 05-02-2012

Revised:

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- It is the Supervisor's responsibility to immediately report to the Manager any terminating/transferring employee who departs without returning keys and access cards.
 - Lost or stolen keys and access cards must be reported immediately to the Office Manager.
 - The installation, changing or removal of locks, card readers, or any other access control devices shall only be performed with the knowledge and approval of the executive director.
 - The Board regards any violation of this policy as a serious threat to security. This includes security compromises caused by the failure to retrieve keys and access cards upon the termination of an employee, as well as any keys or access cards that may have been lost or stolen. Failure in maintaining possession and control of keys will result in the re-keying of all locks to which the keys operate. This cost shall be borne by the Board. At the discretion of the executive director, this financial cost may be passed on to individual employees who repeat such actions.
 - The Office Manger shall maintain a list of all employees with keys issued and access card information.



Louisiana Board of Pharmacy

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www.pharmacy.la.gov



Equipment Management

- A. Equipment Management

Louisiana Board of Pharmacy

Loss Prevention

Title: Equipment Management

Policy No. IV.A

Approved: 05-02-2012

Revised:

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The primary goal of an equipment management program is to ultimately decrease repairs to equipment by increasing the efficiency in managing the scheduled equipment maintenance.

An effective program will reduce loss of equipment, decrease operational down time and extend the life of the Board's mechanical and electrical and other equipment. All systems shall be monitored so that temperature, humidity, plumbing, lighting, air quality, emergency, and safety equipment are maintained at an acceptable level.

Responsibilities

- The Office Manager shall be responsible for scheduling repairs and routine preventative maintenance.
- To maximize energy efficiency, only senior staff may adjust thermostat temperatures.

Inventory

- The Board shall develop a specific inventory of all mechanical equipment including the name of the equipment, location, model number, and serial number.
- Currently, the only equipment maintained by the Board is HVAC equipment. No other equipment or electrical devices, such as elevators or boilers, exist on-site which require maintenance.

HVAC Preventative Maintenance Schedule

Quarterly

- Change air filters
- Visually inspect

Semi-annually

- Change belts

Annually

Louisiana Board of Pharmacy

Loss Prevention

Title: Equipment Management

Policy No. IV.A

Approved: 05-02-2012

Revised:

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Documentation

The Board staff shall document its preventive maintenance and/or repairs. Documentation shall be created and maintained with software tools Microsoft Word or Excel[®]. Handwritten notations deemed unreadable by the Loss Prevention Officer will require clarification.

The following shall be included in documentation, if applicable:

1. What work was performed on the equipment
2. Who performed the work
3. What replacement parts where used and their cost
4. Clear, concise documentation of the work performed by the contractor
5. Date work was performed/completed

Audits and Record Keeping

Records shall be maintained for the life of the equipment including, but not limited to: preventive maintenance schedules, testing results, repair documents, replacement documents and all completed service documents.



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Section V – Rescinded, Deleted & Obsolete Policies

I – C Safety Rules

Title: Safety Rules

Policy No. I.C

Approved: 05-05-2010

Revised: 08-16-2011

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1. Smoke only in approved areas.
 2. Horseplay and fighting will not be tolerated in the work place.
 3. Before beginning work, notify your supervisor of any permanent or temporary impairment that may reduce your ability to perform in a safe manner.
 4. Use personal protective equipment to protect yourself from potential hazards that cannot be eliminated.
 5. Operate equipment only if you are trained and authorized.
 6. Inspect the workstation for potential hazards and ensure that the equipment is in safe operating condition before using it.
 7. Immediately report any recognized potentially unsafe condition or act to your supervisor.
 8. If there is any doubt about the safe work method to be used, consult the supervisor before beginning work.
 9. Immediately report accidents, near misses, and property damage to a supervisor regardless of the severity.
 10. Maintain an orderly environment and work procedure. Store all tools and equipment in a designated place. Put scrap and waste material in a designated refuse container.
 11. Report any smoke, fire, or unusual odors to your supervisor.
 12. Use proper lifting techniques. For objects exceeding 50 pounds in weight, the immediate supervisor shall determine specific methods for safe lifting.
 13. Never attempt to catch a falling object.
 14. If your work creates a potential slip or trip hazard, correct the hazard immediately or use safety tape to tag the area before leaving it unattended.
 15. Adhere to office rules regarding first aid, evacuation routes, and fire department notification.
 16. Adhere to office rules and procedures specific to office operations.
 17. Assist and cooperate with all safety investigations and inspections and assist in implementing safety procedures as requested.
 18. Employees authorized to drive on state business should fasten restraint belts before starting any motor vehicle, obey all driver safety instructions, and comply with all traffic signs, signals, markers, and persons designated to direct traffic while on duty.