



Nevada-Utah Conference Office of Education
ADMINISTRATIVE REPORT #2
Due by the Second Week of October

REQUIRED DOCUMENTATION:

- School board minutes
- Finance reports
- Asbestos Checklist (attached)
- Periodic Surveillance Report (attached)
- Record Keeping Summary Log (attached)
- OSHA Bloodborne Pathogen Regulation Checklist (attached)

REMINDERS:

- * Schedule and record safety drills in accordance with Education Code A27-108. Copy of annual safety drills will be due to the Office of Education with Administrative Report #10.
- * Copies of the Vacation Worksheet for 12-Month Employee should be given to all 12-month employees. It is expected that vacation requests are submitted to the Superintendent of Schools at least two weeks BEFORE vacation is scheduled. Vacation time should be recorded accurately. (attached)
- * Keep entries in Jupiter current, such as grades, calendar of events, attendance, etc. Remind teachers that student attendance should be recorded daily and recorded accurately.
- * Plan for a fall Week of Prayer.
- * Review classroom schedules. Schedules should be posted in the classroom and be on file in the school office.
- * Verify that student immunization and medical records meet State of Nevada, Utah, and California Department of Health requirements.
- * Notify the Office of Education of any major calendar changes.

Asbestos Checklist

Name of School _____

1. ___ Management Plan in file with updated documentation.
2. ___ Inspection every 3 years by EPA accredited inspector/management planner. Document name, accreditation of inspector, and date of inspection.

Last EPA accredited inspection date: _____

3. ___ Complete and file the Periodic Surveillance Form every 6 months.

Date of last two surveillances _____ and _____

4. ___ Document in file of personnel training – 2 hours awareness training

Principal _____ Date certified _____

Maintenance/Custodian _____ Date certified _____

Teachers _____ Date certified _____

List other personnel on the back of form

5. ___ Document in file of all asbestos abatement work done, including date and name of person who did work.
6. ___ Documentation of communication(s) with parents.
7. ___ All documents and *Management Plan* filed in accessible place in school administration file.
8. ___ Document all activities on the *Record Keeping Summary Log*.
9. ___ Send a copy of this checklist to the Hawaii Conference Office of Education. File original checklist in the school's files. A signed copy of the checklist will be returned after approval from the Office of Education.
10. ___ Send the following documents with this checklist:

___ Copy of 6-month surveillance documentation

___ Copy of certification of principal/teacher/maintenance/custodial people

___ Copy of letter to parents

___ Copy of asbestos abatement documentation, if any

___ Copy of *Record Keeping Summary Log*

Principal's Signature _____ Date _____

Superintendent's Signature _____ Date _____

Periodic Surveillance Report

Date _____ Document Number _____ School/Building Name _____
 Building/Room _____ Building Location _____

Note: If the status of the ACBM has changed (e.g. renovations performed, etc.), then photograph the area and record the photograph number in the space provided. Notify the asbestos program manager concerning the change.

Sample Area/ Lot or Salient ID	Sample Area/Lot or Salient Description	Last Mat. Condition			* Change?		*New Photo #	*Notes
		T	DC	PD	Yes	NO		

Signature of Person Completing Report _____

Title of Person Completing Report _____

Refers to Material Type and Damage

T – Material Type as:
 S – Surfacing
 M – Miscellaneous
 T – Thermal Systems

DC – Damage Condition
 ND – No Damage
 D – Damage
 SD – Significant Damage

PD – Potential Damage Categories
 NPD – No Potential Damage
 PD – Potential Damage
 PDS – Potential Significant Damage

*** Columns to be completed by inspecting representatives**

Record Keeping Summary Log

LEA NAME & TITLE: Fernando Lista Oleynick, Superintendent of Schools

SCHOOL NAME: _____

SCHOOL ADDRESS: _____

SCHOOL ASBESTOS PROGRAM MANAGER: _____

Entry Information			ACBM Activity Information				Refer Page No.
No.	Date	Entered By	Type*	Location	Date	Conducted By	

* Recordkeeping is Required by 40 CFR Part 763.94 for the following Activities related to ACBM.

- Preventive Measures
- Response Actions
- Training

- Periodic Surveillance
- Cleaning, Initial and Additional Operations and Maintenance

- Major Asbestos Activity
- Fiber Release Episode

OSHA Bloodborne Pathogen Regulation Checklist

School _____

OSHA and DOSH requirements for dealing with bloodborne pathogens:

1. **ALL** school employees must be trained how to properly deal with the bloodborne pathogens. The Nevada - Utah Conference uses the SafeSchools online training program.
2. Schools must document and file evidence of training for each employee. SafeSchools training certificates are appropriate documentation.
3. Schools must appoint one person on campus as primary first aid caregiver. This person must be first aid certified and preferably CPR certified. All appointed caregivers must be inoculated with the hepatitis B vaccination.
4. Schools must provide necessary protection devices and have them available in accessible areas of the campus. The devices are to include but not limited to: Approved first aid kit, disposable rubber gloves, disposable plastic bags with ties, eye protection devices, resuscitation device for bodily fluid protection, face mask, disinfectant for cleanup.
5. Schools must report to the conference annually, on the "Connection" form, the school's compliance to the OSHA regulations dealing with bloodborne pathogens.

The following document compliance with OSHA regulations:

- _____ Employee *SafeSchools* online training is documented in school file.
- _____ Attach names of *SafeSchools* trained employees with training date.
- _____ One employee has been appointed as primary emergency care giver and has a current first aid certificate.
 - _____ Name of appointee _____
 - _____ Date of First Aid certification _____
 - _____ Date of Hepatitis B vaccination _____
- _____ Necessary protective and emergency equipment is available in accessible places.
 - _____ Supply of disposable gloves
 - _____ Supply of disinfectant
 - _____ Supply of plastic disposable bags
 - _____ Eye protector device
 - _____ Resuscitator body fluid protector device
 - _____ First Aid kits
- _____ Send copy of above documentation to the Office of Education. Keep originals on file at the school.

Principal's Signature _____ Date _____

Vacation Worksheet for 12-Month Employee

Name _____ Years of Service (including this one) _____

School _____ School Year _____

Notes on vacation policy (Pacific Union Education Code E10-164):

- Annual vacation entitlement for full-time administrative and certificated employees is accrued and calculated on the following basis:
 - During the first four year period of service 2 weeks vacation
 - During the next five year period of service 3 weeks vacation
 - After nine years of service 4 weeks vacation
- The vacation entitlement is based on the fiscal year, July 1 – June 30. For full-time certificated personnel employed for less than 12 months during the fiscal year, the entitlement is accrued on a prorated basis.
- Vacation time should generally be taken in the year of accrual. The maximum accrual is up to 150% of vacation entitlement including current year accruals.
- Paid holidays include: Independence Day, Labor Day, Thanksgiving (Thursday and Friday), Christmas, New Year's Day, Martin Luther King Day, Presidents' Day, and Memorial Day.
- Christmas recess taken as a vacation time shall be counted as one week of the total vacation.
- Vacation shall be approved by the superintendent of schools at least two weeks BEFORE vacation is scheduled.

The following indicates vacation taken during this school year, July 1 to June 30.

Start Date _____ End Date _____ Total Days _____

Start Date _____ End Date _____ Total Days _____

Start Date _____ End Date _____ Total Days _____

Start Date _____ End Date _____ Total Days _____

Start Date _____ End Date _____ Total Days _____

Start Date _____ End Date _____ Total Days _____

Start Date _____ End Date _____ Total Days _____

Employee's signature _____ Date _____

***** Office of Education Use Only *****

_____ The above vacation is approved.

_____ The above request is denied for the following reasons _____

Superintendent's signature _____ Date _____