

Name of school district: _____

Facilities:				
Number of schools? High school _____ Intermediate school _____ Middle school _____ Elementary school _____				
Are there any additional facilities? (Check all that apply.)				
Stadiums <input type="checkbox"/> Yes <input type="checkbox"/> No Garages <input type="checkbox"/> Yes <input type="checkbox"/> No Warehouses <input type="checkbox"/> Yes <input type="checkbox"/> No				
Greenhouses <input type="checkbox"/> Yes <input type="checkbox"/> No Swimming pools <input type="checkbox"/> Yes <input type="checkbox"/> No				
Employees:				
	Elementary	Middle school	Intermediate	High school
Number of locations				
Number of employees				
Full-time?		Part-time?		
Pre-employment practices? (Check all that apply.)				
Physicals <input type="checkbox"/> Upon hire <input type="checkbox"/> Annually <input type="checkbox"/> No Drug testing <input type="checkbox"/> Upon hire <input type="checkbox"/> Random <input type="checkbox"/> No				
Background checks <input type="checkbox"/> Upon hire <input type="checkbox"/> Annually <input type="checkbox"/> No				
Total number of employees in the following positions:				
Administration:		Cafeteria:		
Teaching subcontractor:		Transportation:		
Maintenance:		Athletics/Coaching:		
Custodial:		Security:		
Faculty:				
What training is required for substitute teachers?				
Have all teachers been trained in conflict resolution and basic restraining techniques? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Is there a zero-tolerance policy regarding student assaults on faculty or staff? <input type="checkbox"/> Yes <input type="checkbox"/> No				
What is the school's average student-to-teacher ratio per class? (According to the U.S. Department of Education, 18 [or fewer] to 1 is advisable.)				
Safety and workers' compensation claims management:				
Who is responsible for the safety program?				
Name:		Title:		
Contact information:				
Who manages open workers' compensation claims? (title)				
Are "root cause" investigations completed for each claim? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Is there a modified duty/return-to-work program? <input type="checkbox"/> All lost-time claims <input type="checkbox"/> Case-by-case basis <input type="checkbox"/> Never				
Is safety part of the annual or in-service training? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Does the school district's collective bargaining agreement provide salary continuation in lieu of workers' compensation indemnity benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No (Salary continuation—injured employee signs indemnity check over to employer, and the employer continues to pay their normal salary.)				
Is there a workers' compensation medical panel established and posted (where permitted by law)? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Does the insured have any objection to utilizing a UPMC-defined provider panel (where permitted by law)? <input type="checkbox"/> Yes <input type="checkbox"/> No				

Food service:	
How are food service operations handled? <input type="checkbox"/> Subcontracted <input type="checkbox"/> Employed	
Are new food service personnel trained on the safe operation of all equipment used? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have all employees been trained in the proper techniques for lifting heavy objects and maneuvering rolling carts transporting large or heavy objects? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Transportation:	
Does the school district own and operate its own transportation service? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are any drivers under 25 or over 75 years of age?	
Are vehicles maintained in-house or by an outside mechanic?	
Security:	
Are event and regular security done in-house or by subcontractors?	
Who monitors the lunchroom and hallways between classes and during lunchtime when antisocial behavior is most likely to occur? <input type="checkbox"/> Security guards <input type="checkbox"/> Teachers <input type="checkbox"/> Volunteers	
Does the school district utilize armed security guards? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Who is responsible for managing the district's armed security program?	
Is there a written training program currently in place for armed guards? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do armed guards have arrest authority? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are armed guards required to have law enforcement experience? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is psychological testing completed for armed guards? <input type="checkbox"/> Yes <input type="checkbox"/> No How frequently?	
Is range/shooter training required for employees eligible to carry a firearm? <input type="checkbox"/> Yes <input type="checkbox"/> No How frequently?	
Does the insured have a specific scope for the power of guards and the use of their weapon? <input type="checkbox"/> Yes <input type="checkbox"/> No How often is this reviewed?	
Is PA Act 235 certification required for security guards? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are teachers allowed to carry firearms? <input type="checkbox"/> Yes <input type="checkbox"/> No	
At any school, do students pass through metal detectors? <input type="checkbox"/> Elementary <input type="checkbox"/> Middle School <input type="checkbox"/> Intermediate <input type="checkbox"/> High School	
Maintenance/Facilities:	
Are any maintenance and facilities operations subcontracted?	
Ground maintenance <input type="checkbox"/> Yes <input type="checkbox"/> No	Equipment repair <input type="checkbox"/> Yes <input type="checkbox"/> No
Snow plowing <input type="checkbox"/> Yes <input type="checkbox"/> No	Construction/Remodeling <input type="checkbox"/> Yes <input type="checkbox"/> No
Are new maintenance personnel paired with more experienced workers until they have learned their duties? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are employees required to wear appropriate personal protective equipment (for example, goggles, respirator masks, or rubber gloves) when working with harsh chemicals or known skin irritants? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are emergency eye and hand wash stations provided in areas where employees might be exposed to the aforementioned substances? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have all employees been trained in proper lifting techniques? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are maintenance and facilities workers trained in the proper handling, storage, and labeling of chemicals? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is hazard communication and confined space training conducted annually? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Completed by: _____

Title: _____

Fraud statement: Any person who knowingly, and with intent to defraud any insurance company, files an application for insurance or statement of claim which contains any material false information or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties.

Authorized signature: _____

Date: _____