STATE OF LOUISIANA
LOSS PREVENTION POLICY STATEMENT

As Governor of the State of Louisiana, I am committed to providing a safe and healthful environment for state employees, protecting the public, and preserving the state's assets and property. To accomplish these objectives, all state agencies, boards, and commissions are directed to participate in the Loss Prevention Program administered by the Office of Risk Management. That program shall assist agencies in controlling hazards and risks in an effort to minimize employee and customer injuries and damage or destruction of state property.

The head of each department, agency, board or commission shall be accountable for compliance with the Loss Prevention Program, including the following:

- One employee shall be appointed to serve as safety coordinator to direct each organization's safety program and act as liaison to the Office of Risk Management;
- Every reasonable effort shall be made to comply with all government regulations pertaining to safety and health issues;
- Employee exposure to all known or suspected occupational health and safety risks shall be reduced as quickly as governmental regulations, technology and economic feasibility allow;
- Controlling and eliminating undesirable risks and hazards shall be given priority when budgeting and financial planning take place;

The State of Louisiana is sincerely interested in each employee's safety. As part of the Loss Prevention Program, all employees of the state shall be made aware of safety rules and how they directly affect their positions and job duties. It is the employee's responsibility to follow the rules of safety as established for their protection and the protection of others.

If everyone works toward these objectives, injuries and costs can be reduced, for the benefit of state employees, their families and co-workers, and the State of Louisiana as a whole.

John Bel Edwards, Governor
State of Louisiana

6/14/2016
Date
University of Louisiana System

**Policy Number: M-(8)**

**Title:** SYSTEM OPERATIONAL SAFETY PLAN

**Effective Date:** January 3, 2000

**Cancellation:** None

**Chapter:** Miscellaneous

---

Policy and Procedures Memorandum

**MANAGEMENT SAFETY POLICY STATEMENT**

In accordance with the requirements of the Office of Risk Management and R.S. 39:1543-1544, the Board of Supervisors for the University of Louisiana System is committed to a safe environment for employees and clients of this agency. Safety is not the exclusive responsibility of any one employee. Every employee is responsible for his/her own safety and the safety of those with whom he/she comes in contact. The safety responsibility of each employee is in direct relationship to his or her own operational responsibility.

**ASSIGNMENT OF SAFETY RESPONSIBILITY**

Each employee is responsible for periodic self-inspections of his or her area of responsibility and should make appropriate inspection reports as required. Employees should immediately report all accidents resulting in personal injury to their immediate supervisor.

Supervisory personnel should investigate all accidents reported to them and they should complete the required injury/accident report.
PROCEDURES FOR INSPECTION

Employees are encouraged to regularly inspect their work areas and to identify and report unsafe conditions to their immediate supervisor for corrective action.

PROCEDURES FOR ACCIDENT INVESTIGATION

When an accident occurs, the immediate supervisor of the accident victim should investigate it as soon as possible. Other levels of management may be involved depending upon the nature and severity of the accident.

PROVISIONS FOR SAFETY MEETINGS

Safety meetings will be held to discuss any unsafe behavior or activity noted in work areas as a result of safety inspections.

SAFETY RULES FOR THE FACILITY

Employees will observe the rules and regulations for this facility as promulgated by the Division of Administration Office of Buildings and Grounds.

PROVISION FOR SAFETY TRAINING FOR EMPLOYEES

Supervisory personnel are responsible for training their employees to perform required tasks in a safe and efficient manner.

RECORD KEEPING PROCEDURES

Injury reports, first aid logs, inspection reports, hazard control logs, risk reports, minutes of safety meetings, and training records will be retained for at least one year.

FIRST AID PROCEDURES

Only someone who has completed a certified first aid or emergency response course or someone who has advanced medical training may administer first aid. Management will maintain a file of trained first aid attendants.
Policy References:
Office of Risk Management
Louisiana R.S. 39:1543-1544

Distribution:
System Staff
1.0 INTRODUCTION

1.1 Preface

The University of Louisiana at Lafayette is a public research university with high research activity offering a diversity of degrees in eight colleges. These educational colleges are supported with extensive research and public service programs to form a complete and progressive academic environment. The University is housed in some 275 buildings and over 1500 acres of land. It is the mission of the University to promote economic and cultural development, explore solutions to national and world issues, and advance its reputation among its peers.

Although Louisiana State agencies are not required to comply with Federal Occupational Safety and Health Administration (OSHA) regulations, this policy is modeled after and references OSHA, The Louisiana Department of Environmental Quality (LaDEQ), the Louisiana Office of Risk Management (ORM), and other governing agencies whenever possible.

1.2 Safety Policy Statement

In order to realize its mission, the University must use its resources to provide an environment that is both safe and secure. This requirement extends to all University employees and to students. Long-term safe practices are created through education and leadership by example. To do this, the University will:

- Assign various safety responsibilities throughout the campus
- Provide a program for inspecting and maintaining its physical facilities
- Conduct safety meetings to increase awareness and remedy unsafe conditions
- Provide safety training to educate people on all issues related to safety
- Develop a campus-wide Emergency Preparedness Plan

Thus, the University will succeed in reducing accidents, hazards, and risk exposure. The Environmental Health and Safety Director is committed to administering this policy. It will serve as a guide for incorporating safe working and learning ethics for all employees and students at the University of Louisiana at Lafayette.

Approved and signed on this 26th day of August, 2015

Approved and signed by Dr. Joseph Sobe, University President, September 2010

President:

EH & S Director:
1.3 Contact Information

*Note: The information in the table below shall be updated yearly.*

<table>
<thead>
<tr>
<th>Nature of your business</th>
<th>Department to Call</th>
<th>Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical Emergency</td>
<td>911 University Police Dispatcher</td>
<td>911</td>
</tr>
<tr>
<td>Fire</td>
<td>911 University Police Dispatcher</td>
<td>911</td>
</tr>
<tr>
<td>Criminal Activity</td>
<td>911 University Police Dispatcher</td>
<td>911</td>
</tr>
<tr>
<td>Motor Vehicle Accident</td>
<td>911 University Police Dispatcher</td>
<td>911</td>
</tr>
<tr>
<td>Accidental Chemical Ingestion</td>
<td>Poison Control Center</td>
<td>1-800-256-9822</td>
</tr>
<tr>
<td>Hazardous Material Problems</td>
<td>EH &amp; S Office</td>
<td>482-1840</td>
</tr>
<tr>
<td>Safety with Radioactive Materials</td>
<td>Louisiana Accelerator Center</td>
<td>482-6184</td>
</tr>
<tr>
<td>Unsafe Conditions</td>
<td>** Departmental Safety Coordinator or EH &amp; S Office</td>
<td>482-1840</td>
</tr>
<tr>
<td>Electrical Problems</td>
<td>Facility Management</td>
<td>482-6440</td>
</tr>
<tr>
<td>Plumbing Leaks</td>
<td>Facility Management</td>
<td>482-6440</td>
</tr>
<tr>
<td>Air Conditioning/Heating Problems</td>
<td>Facility Management</td>
<td>482-6440</td>
</tr>
<tr>
<td>Telephone Problems</td>
<td>Information and Media Networks</td>
<td>2-HELP</td>
</tr>
<tr>
<td>Computer Networking Problems</td>
<td>Information and Media Networks</td>
<td>2-HELP</td>
</tr>
</tbody>
</table>

**Note: Departmental Safety Coordinators are listed on the EH&S Webpage at: [http://www.safety.louisiana.edu](http://www.safety.louisiana.edu) (click on “Coordinators”)**
1.4 Quick Reference Guide

The Quick Reference Guide is designed to provide campus employees with readily available information for dealing with hazards. It is not intended to be a substitute for the Environmental Health and Safety Policy, but rather a fast way to get useful information.

This information will be provided to every employee on campus. New employees will be given this information during their formal orientation process and should keep it readily available throughout their employment at the University. All departmental safety coordinators will be trained on the Quick Reference Guide and shall be available to assist employees on its contents (see sections 2.6, 7.3). Finally, the Quick Reference Guide is available for download from the EH&S website at http://www.safety.louisiana.edu.

Information to be included in the Quick Reference Guide

- Emergency Contact Sheet
- The UL Lafayette Campus Safety Rules
- Handout on “What to do if you have an accident”
- Sample copy of the Accident Investigation Form (ORM DA-2000)
- Copy of the Motor Vehicle Driver’s Accident Report (ORM DA-2041)

Department Heads and Directors shall also be informed of the purpose and scope of the Quick Reference Guide and how it can be used in performing university business pertaining to safety.

The following pages contain a sample of a University employee Quick Reference packet.
Quick Reference Guide, revised 12/2015 – What’s In This Document?
Minimum safety information that all university employees need to know
- How to report emergencies - dial 911 – from any telephone on or off campus.
- UL Lafayette General Safety Rules
- An informational sheet on what to do if you have an accident
- A copy of an accident reporting form – entitled DA2000
- A copy of an accident reporting form – entitled DA3000
- A copy of the Motor Vehicle Accident reporting form – DA2041 (keep this in your glove box)
- Bloodborne Pathogens Information/Meningitis General Information

Other Matters of Safety That You Need To Know
1. Environmental Health and Safety Website – (safety.louisiana.edu)
   - Safety Policies
   - Supervisor Responsibilities
   - Safety Training classes with schedule
   - Safety Forms (downloadable/ editable)
   - Departmental Safety Coordinators – find out who yours is.

2. Driver’s Safety Training – (safety.louisiana.edu/training/defensive-driver)
   - Training is mandatory for all drivers, but some people cannot become drivers.
   - NEW – Driver training is available online, but instructor courses are still held monthly
     - (Authorization Form, Online Certificate & Road Sign test must be returned to the EH&S office upon completion) EH&S is not automatically notified upon completion
     - If certificate doesn’t print-a printed screen shot will be fine to send in
   - Travel Request documents require a training date for expenses relative to driving motor vehicles.

3. Violence In The Workplace Policy
   - Copy available on the Safety Website (in the policies section)
   - If threatened or assaulted, report to either University Police or Human Resources Manager

4. Employee Drug Testing Policy
   - Copy available on the Safety Website (in the policies section)
• Pre-employment, Post Accident, Random for Safety Sensitive Positions, Reasonable Suspicion

5. Other Employee Policies of Interest – NOT included in this handout
• ADA Policy Statement – policies.louisiana.edu
• EEOC Policy Statement - policies.louisiana.edu
• Sexual Harassment Policy – policies.louisiana.edu
• Asbestos Management Plan - facilities.louisiana.edu/resource-center/asbestos-management-plan
• Tobacco-Free Policy - Copy available on the Safety Website (in the policies section)

6. Emergency Preparedness (safety.louisiana.edu)
• Hurricane/Tropical Storm Preparedness, 3-phased plan
• Pandemic Flu Preparedness, 4-phased plan
• Emergency Notification System – ens.Louisiana.edu (cell phone text messages)

Contact Information for Emergencies and Unsafe Conditions

DIAL 911 FOR ALL EMERGENCIES

University Police are the First Responders for ALL Emergencies

Notice for University Employees Regarding Safe Work Practices

Good safe work ethics are required from every University employee. Any employee who repeatedly commits unsafe acts is a danger to himself or herself and to others around him or her. Once any unsafe condition is discovered, it should be reported to a Departmental Safety Coordinator or supervisor immediately. Departmental supervisors are responsible for initiating corrective action and for ensuring that all employees are trained on how to do these tasks safely.
UL Lafayette General Safety Rules

Note: These rules shall be distributed to every university employee as required by the Office of Risk Management. These rules shall also be available for students.

- Every employee is expected to take responsibility for his or her own safety.
- DO NOT knowingly put yourself in an unsafe working environment.
- Determine who is your Departmental Safety Coordinator – as your supervisor if you are not sure
- Report accidents or any unsafe activity to a Departmental Safety Coordinator or Supervisor.
- Possession or use of any weapons on campus is prohibited by law.
- UL Lafayette is an alcohol and drug free zone. Possession or use of these on campus is prohibited
- Smoking is not allowed in any University building
- Horseplay and fighting are not tolerated on campus.
- Notify your supervisor of any impairment that may reduce your ability to perform tasks in a safe manner.
- Operate equipment only if you are trained and authorized to do so.
- Use Personal Protective Equipment (safety glasses, ear protection, etc) to protect yourself from hazards
- Keep an orderly work environment. Pay close attention to hazards that can cause slips, trips, or falls.
- Store flammables, hazardous materials, and hazardous waste in appropriate containers.
- Bend your knees when lifting objects. DO NOT bend your back when lifting objects.
- Fasten safety belts before starting any motor vehicle.
- Additional safety procedures and policies may be applicable for certain departments. Consult your Departmental Safety Coordinator or the EH & S Policy for more information on these. If you do not know who your Departmental Safety Coordinator is, contact the EH & S office at 482-5357.

Reference: UL Lafayette Environmental Health and Safety Policy, section 8.2
What to do if you have an accident…

For All Accidents (Including those involving a Motor Vehicle)

- If necessary, dial 911 or report to an emergency medical center of your choice
- Contact Departmental Safety Coordinator (DSC)
- For any employee injury, DSC will complete ORM DA –2000 (keep copy for your records)
- For an injury to a NON-employee, the DSC will complete ORM DA –3000
- For an employee injury requiring medical attention, contact:
  Worker’s Compensation Representative
  Human Resources Department
  ser2783@louisiana.edu
  Martin Hall, room 174
  482-6246
  @louisiana.edu

(This is for Worker’s Compensation paperwork)

Additional Information for Accidents Involving a Motor Vehicle

- Contact University Police or the Police Authority Having Jurisdiction - Dial 911
- Complete Form DA-2041 – Driver’s Accident Report Form
- Contact:

  Joey Pons, Director
  Environmental Health and Safety
  Parker Hall, room 214
  482-5357
  safetyman@louisiana.edu
OFFICE OF RISK MANAGEMENT, DA2000
UNIT OF RISK ANALYSIS AND LOSS PREVENTION
STATE EMPLOYEE INCIDENT/ACCIDENT INVESTIGATION FORM
Worker’s Compensation Claims—For Agency Use Only

(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 ________________________________
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 JSO 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 FORM ON FILE AT LOCATION WHERE ACCIDENT OCCURRED
**SUPERVISOR**

<table>
<thead>
<tr>
<th>1. Agency’s Name</th>
<th>2. Person to Contact</th>
<th>3. Phone No.</th>
<th>4. Loc. Code</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>5. State Vehicle Drivers Name (PRINT)</th>
<th>6. Drivers Social Security No.</th>
<th>7. Date of Accident</th>
<th>8. Time of Accident</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>9. Exact Location of Accident (Use street numbers, mileage markers, etc. to pinpoint location)</th>
</tr>
</thead>
</table>

10. **DESCRIBE HOW ACC. HAPPENED**

11. Seat Belt in Use

- Yes
- No

### STATE VEHICLE INFORMATION

If other than vehicle damage, fill in as much as possible under “Other Vehicle” section substituting property owner information for vehicle driver.

<table>
<thead>
<tr>
<th>12. State Vehicle Driver’s Address (Street No., City, State, Zip Code)</th>
<th>13. Home Phone</th>
<th>14. Work Phone</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>15. Driver’s Lic. No.</th>
<th>16. Age</th>
<th>17. Sex</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>M</td>
</tr>
<tr>
<td></td>
<td></td>
<td>F</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>18. Vehicle Owner’s Name and Address</th>
</tr>
</thead>
</table>

|------------------|------------------|------------------|--------------|----------------------------------|

<table>
<thead>
<tr>
<th>24A. Where can Vehicle be seen?</th>
<th>24B. Describe Damage</th>
</tr>
</thead>
</table>

### OTHER VEHICLE INFORMATION

If more than one vehicle is involved, submit additional sheet with information on other vehicle(s).

<table>
<thead>
<tr>
<th>25. Other Vehicle Driver’s Name</th>
<th>26. Driver’s Social Security No.</th>
<th>27. Driver’s License No.</th>
<th>28. Age</th>
<th>29. Sex</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>M</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>F</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>30. Other Vehicle Driver’s Address (Street No., City, State, Zip Code)</th>
<th>31. Home Phone</th>
<th>32. Work Phone</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>33. Vehicle Owner’s Name and Address (Street No., City, State, Zip Code)</th>
</tr>
</thead>
</table>

|------------------|------------------|------------------|--------------|-----------------------------|-------------------------------|

<table>
<thead>
<tr>
<th>40. Other Vehicle Insurance Co.</th>
<th>41. Policy No.</th>
<th>42. Describe Damage</th>
<th>43. Estimated Amount</th>
</tr>
</thead>
</table>

### INJURED

<table>
<thead>
<tr>
<th>44. Name and Address</th>
<th>45. Phone ( )</th>
<th>46. Ins. Veh.</th>
<th>47. Other Veh.</th>
<th>48. Police Investigated?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Yes □ No □</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>44. Name and Address</th>
<th>45. Phone ( )</th>
<th>46. Ins. Veh.</th>
<th>47. Other Veh.</th>
<th>49. Type Report:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Sheriff □ State</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>City □</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>44. Name and Address</th>
<th>45. Phone ( )</th>
<th>46. Ins. Veh.</th>
<th>47. Other Veh.</th>
<th>49. Report No. (Item No)</th>
</tr>
</thead>
</table>

### WITNESSES OR PASSENGERS

<table>
<thead>
<tr>
<th>50. Name and Address</th>
<th>51. Phone</th>
<th>53. PED</th>
<th>53. Ins.</th>
<th>53. Specify</th>
</tr>
</thead>
<tbody>
<tr>
<td>Field</td>
<td>Description</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>-------</td>
<td>-------------</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>50.</td>
<td>Name and Address</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>51.</td>
<td>Witness or Passenger</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>52.</td>
<td>Phone</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>53.</td>
<td>PED</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>54.</td>
<td>State Driver’s Signature</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>55.</td>
<td>Name of Driver’s Immediate Supervisor and Phone No.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Veh.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- **Witness**: A person who has knowledge of the incident and is not directly involved.
- **Passenger**: A person who was present during the incident but was not directly involved.
- **PED**: Person, Equipment, or Device.
1.5 Emergency Information Floor Plan

Emergency Information Floor Plans have been posted in every building. These documents are located in the high-traffic areas for ease of reference (i.e. the intersection of two hallways). University employees should familiarize themselves with the information listed on the Emergency Information Floor Plan, which includes:

- Proper fire and emergency evacuation route(s)
- The point of assembly for all evacuees after exiting the building
- Location of the fire extinguishers
- Location of the Fire Alarm activation devices (pull stations)
- Any ADA approved facilitates in the building (if applicable)

Departmental Safety Coordinators shall check to ensure that these floor plans are posted during their quarterly building safety inspections (see section 3). To obtain a copy of any Emergency Information Floor Plan, contact the EH&S office at 482-5357 or safetyman@louisiana.edu.

The following page contains an example of this floor plan for the first floor in Martin Hall.

TO OBTAIN A COPY OF ANY EMERGENCY FLOOR PLAN, CONTACT THE EH & S OFFICE AT 482-1840 OR safetyman@louisiana.edu
1.6 Policy Compliance Statements and Evaluation

The University of Louisiana at Lafayette is an Equal Opportunity Employer. This policy complies with the regulations set forth by The Louisiana Department of Administration, Office of Risk Management Loss Prevention Unit. The EH &S office and/or the UL Lafayette Campus-Wide Safety Committee shall review this document yearly and, if necessary, revisions for this policy shall be implemented accordingly (see section 2.9). Also, the policies and procedures listed in this manual are subject to a yearly external audit by the Louisiana Department of Administration, Office of Risk Management Loss Prevention Unit as described in Senate Bill no. 116 (Act 11) from the First Extraordinary Session, 1999.

1.7 Acknowledgements

For their assistance in preparing this policy, the University of Louisiana at Lafayette would like to express gratitude to the following (in no specific order):

The Louisiana Office of Risk Management, Loss Prevention Unit
The Louisiana Consortium of University Safety Administrators
The Louisiana Department of Administration
The American National Standard Institute
The Occupational Safety and Health Administration
The North Carolina Department of Labor
The Louisiana Department of Environmental Quality
The Louisiana Department of Health and Hospitals, Office of Public Health
The New Iberia Research Center
Southeastern Louisiana University, Office of Safety and Hazardous Materials Management
Northwestern Louisiana University, Department of Environmental Health and Safety
Louisiana State University, Office of Occupational and Environmental Safety
The University of New Orleans, Office of Environmental Health and Safety
The National Fire Protection Association
The Louisiana Office of the State Fire Marshall
Badger Fire Protection, Inc.
The Lafayette Fire Prevention Unit
The National Electrical Safety Code
The Elevator and Escalator Safety Foundation
The Department of the Navy, Bureau of Medicine and Surgery
The American Red Cross, Acadiana Chapter
The Louisiana Department of Wildlife and Fisheries
The Community and College Consortium for Health and Safety Training
The Great Environmental Safety Trainers Institute
FLI Learning Systems, Inc.