



Safety Policy

The Rogue Valley Genealogical Society strives to provide a safe environment, complying with applicable laws and official recommendations.

Safety Rules

1. Room capacities are determined by the Fire Marshal and are posted in each room. It is the responsibility of the person in charge of a meeting, program, class, or event to ensure compliance. Librarians on duty are responsible for enforcing the capacity of the library area during open hours.
2. Safety hazards should be reported to the librarians on duty. If possible, hazards will be dealt with immediately. Hazards requiring additional resources will be reported as soon as possible to the Maintenance Coordinator, or if not available, to the President or another Board member.
3. An incident report (see page 2) shall be completed for any accident, injury or incident. Incident report forms are available at the reception desk. Librarians should encourage patrons to complete a form if they have been injured or observe a hazardous situation.
4. Aisles to exits will remain unobstructed at all times. In the Meeting Room and Reading Room, furniture will be arranged in such a way that there are clear pathways to the exits.
5. Librarians and Board members will be shown locations of fire extinguishers and of all exits.

Training and Display

1. This policy will be shared with all Board members and Librarians.
2. This policy will be posted on the lunchroom bulletin board.



Incident Report Form

This form is to be used to report any accident, injury, or incident.

Return completed form to the Library Director and/or Board President box.

Send an immediate email to both the Library Director and Board President that a report was completed and in their box.

This is documenting an:

Injury

First Aid

Incident

Close Call

Observation

Was 911 called: _____

Date of Event: _____ Time of Event: _____

Location of Event: _____

Details and contact information of person injured or involved: _____

Witnesses:

Description of Events (Describe tasks being performed and sequence of events):

*If more space is required, please use the back of this sheet.

Was event / injury caused by an unsafe act (activity or movement) or an unsafe condition (machinery or weather)? Please explain:

TO BE COMPLETED ONLY IF INJURY OR FIRST AID WAS REQUIRED	
Type of injury sustained:	
Was medical treatment necessary?	Yes_____ No_____ If yes, name of hospital or physician:

Person Completing Report: _____ Date: _____

Signature: _____

Reviewed by President and/or Library Director:

PRINT NAME and TITLE: _____

Signature: _____ Date: _____

Action Taken: _____
