



**Comprehensive Safety Program Requirements for All Employees**

Legislation establishing the Office of Risk Management (ORM) and the Loss Prevention (LP) Unit (R.S. 39:1543) calls for a comprehensive loss prevention program [“plan”] for implementation by all state agencies. These rules require Delgado Community College to implement an operational loss prevention plan to protect employees from injury. All state agencies and facilities shall be audited every 3 years by the Loss Prevention Unit concerning implementation of their loss prevention plan. During the non-audit years a compliance review shall be conducted by a Loss Prevention Officer.

Delgado is committed to providing a safe environment for students, employees, visitors, and persons using College facilities. A comprehensive safety program has been established to address the various threats to the safety of the College’s constituents. The College works in cooperation with appropriate federal, state and external agencies – in particular the State of Louisiana Office of Risk Management, which is responsible for coordination, implementation, and maintenance of safety and loss prevention programs within all State agencies. Furthermore, Delgado strives for adherence to and compliance with all safety-related laws and regulations.

As an employee of Delgado:

- You are required ***to complete several safety training modules within the first 30 days of hire and others at prescribed intervals of the first year of employment.***
- Because of the College’s current agency classification and ORM requirements, you are ***required to continue to complete monthly and annual safety training modules for the duration of your employment*** with the College.
- You will be presented with ***all training in an electronic format via email.***
- ***Failure to complete the designated training*** within the allotted timeframe ***may result in disciplinary action by the College.***

The College is committed to maintaining a safe working environment and complying with ORM standards and regulations. ***By signing below you are acknowledging that you have received and understand Delgado Community College’s Safety Program requirements.***

_____	_____	_____
Print Name	Department/Unit	Campus/Site
_____	_____	_____
Signature	Title	Date