Protection of Minors (POM) Facility Risk Assessment

Program supervisors shall review the appropriate items below to identify hazards; improvements and or corrections

Name of Program: ___________________________ Date(s) of Program: ___________________________

Location of Program: ______________________________________________________

Facility evaluation, section 1, should be completed by all programs  Note: Some programs may need to complete additional sections.

1. Facility evaluation: Date Completed: ___________________________
   a. Identify all slip, trip and fall hazards
   b. Identify electrical outlet hazards, if pre-elementary age participating
   c. Ensure proper heating, cooling and ventilation
   d. Identify any low hanging sharp objects/edges
   e. Verify cabinets are secured and locked
   f. Verify egress ability to get in and out of the room
   g. Verify bathroom facilities are available and age appropriate
   h. Determine emergency evacuation procedures

2. Mentoring/Instructing Minors – Date Completed: ___________________________
   Complete this section if your program requires one-on-one participation with a minor:
   a. Verify the room is in full view from outside
   b. Verify a window opening must exist and allow full view into the room when there is only one adult present and/or the door is closed.

3. Laboratories – Date Completed: ___________________________
   Complete this section if your program requires minors to participate in labs:
   a. Contact EHS for approval of the program
   b. Verify all MSDS sheets are available
   c. Verify all chemicals not in use are secured and locked in appropriate cabinets
   d. Verify if room needs to be de-contaminated after completion of the program
   e. Insure appropriate PPE has been provided

4. Athletics - Date Completed: ___________________________
   a. All equipment is in good working order and age appropriate

List hazards found and date of repairs, if applicable. Attached additional pages, if needed

Hazard: ___________________________ Date Completed: ___________________________
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Program Supervisor signature: ___________________________ Date: ________________