

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: _____