



Luna Community College Safety Plan

Luna Community College encourages and supports all programs which promote safety, good health and well-being of the College community. This manual endorses efforts which ensure the quality of occupational and community environments while participating in college sponsored and work related activities.



Purpose

Luna Community College encourages and supports all programs which promote safety, good health and well-being of the College community. This manual endorses efforts which ensure the quality of occupational and community environments while participating in college sponsored and work related activities.

Plan

It is the intent of Luna Community College to promote good health, well-being and occupational safety for its faculty, employees, students and visitors. This plan endorses programs which:

1. Provide safe and healthful conditions and reduce injuries and illness to the lowest possible level. No task is so important and no service so urgent that it cannot be done safely.
2. Assure compliance with federal, state, and local regulations providing for environment health and occupational safety.
3. Provide information, training and safeguards to faculty, staff and students regarding health and safety hazards, and to the surrounding community regarding environmental health hazards arising from operations and events at the College.
4. Install and maintain facilities and equipment in accordance with recognized and accepted standards essential to reduce or prevent exposure to hazards by faculty, staff, students and visitors.
5. Provide appropriate personal protective equipment to all employees at the Colleges expense when engineering controls are not adequate to minimize exposure.
6. Provide medical services as required by law and as may be dictated by existing circumstances or programs.

Responsibility and Accountability

This is a non-inclusive list of responsibility and accountability for environmental health and occupational safety issues at Luna Community College.

1. **College President**
Has ultimate responsibility for supporting and promoting health and safety programs and establishing a system for assessing safety performance for the College.
2. **All Vice Presidents and Department Heads**
 - a. Ensuring that facilities and equipment provided meet requirements for a safe work environment for activities being conducted or modify those activities accordingly to come into compliance with applicable rules, regulations and standards.

- b. Ensuring individuals under their management have the authority and support to implement environmental health and safety plans, practices and programs.
- c. Ensure areas under their management are in compliance with College, state and federal environmental health and safety plans, practices and programs.
- d. Establish priorities and committing resources for correction of environmental health and safety deficiencies.
- e. Establish procedure for decimation of safety-related information.
- f. Establish procedure to implement plan practices and programs.
- g. Utilizing the system which will be established for assessing safety performance to evaluate their own area of responsibility and report findings back to central administration.
- h. Immediately inform the Life/Safety Coordinator when they become aware of a violation of any College, state or federal environmental health or occupational safety rule or regulation. This includes any contact with the state and federal regulatory agencies.

3. Supervisor Responsibilities

The supervisor is responsible for the safety of employees under his/her direction and the safe operation of machines and equipment within his/her area.

- a. Ensure full compliance with all safety rules and procedures.
- b. Ensure that each employee is fully trained for each task he/she is assigned, including safety rules and procedures.
- c. Maintain safe working conditions by conducting periodic inspections of equipment, tools and the work site and correcting any deficiencies.
- d. Investigate and report all accidents
- e. Conduct regular safety meetings and on-going on-the-job training.

4. Employee Responsibilities

Each employee has the authority for preventing accidents and injuries to themselves and others.

- a. Obey all safety rules, policies and regulations.
- b. Report any unsafe condition or acts to their supervisor.
- c. Report all injuries, no matter how minor and complete a “notice of accident form” (appendix A).
- d. Make their safety and health and safety of coworkers the primary responsibility in performing work duties.
- e. Know how to operate all equipment and machinery used, and fully understand all safety and health requirements for all work tasks.

5. Life/Safety Coordinator

- a. Develop written plans and programs; perform a periodic review to determine if revisions are necessary.
- b. Provide guidance and technical assistance to departments.
- c. Promote campus compliance with the OSHA standard.
- d. Conduct periodic compliance inspections.
- e. Administer a means by which employees can direct suggestions, complaints and concerns regarding environmental health and safety. (appendix B)

Appendix A

**NOTICE OF ACCIDENT OR OCCUPATIONAL DISEASE DISABLEMENT
NOTIFICACION DE ACCIDENTE O ENFERMEDAD DE OFICIO**

In accordance with New Mexico law, Section 52-1-29, Section 52-3-19 and Section 52-1-49,
NMSA 1978; NMAC 11.4.4.11

*Conforme a la Ley de la Compensación de los Trabajadores, Sección 52-1-29, Sección 52-3-19
y Sección 52-1-49, NMSA 1978; NMAC 11.4.4.11*

I, _____, *was involved in an on-the-job
accident or was disabled*

Yo, (name of employee/nombre del empleado) *me lastimé en un accidente
en el trabajo o fui incapacitado*

by an occupational disease at approximately _____, on _____, 20____.
por enfermedad de oficio aproximadamente (time/a la(s) hora(s)) el (date/fecha) del 20_____.

Employee's social security number: _____ *Where did the accident
occur?*

Número de suguro social del empleado: ¿Dónde ocurrió el accidente?

What happened? _____

¿Qué ocurrió? _____

To be completed by Employer:

Completado por el empleador:

If Yes, Employer has right to change health care provider after 60 days.

*En caso afirmativo, el empleador tiene derecho a cambiar de
proveedor de atención médica después de 60 días.*

Worker will choose health care provider. Yes ___ No ___

Trabajador elegir proveedor de atención médica.

If No, Worker has the right to change health care provider after 60 days.

*En caso que no elige, el trabajador tiene derecho a cambiar de proveedor
de atención médica después de 60 días.*

WORKER MUST INITIAL _____ INICIALES DEL TRABAJADOR

Signed: _____
Firma: (employee/empleado)

Signed/Notice Received: _____
Firma/Notificación recibida: (employer or representative/
empleador o representante)

Date/Fecha: _____

Date/Fecha: _____

**ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT
OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE
INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE
SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.**

Form NOA-1-W (4/12)

PREVIOUS NOA FORMS ARE STILL VALID FOR USE

(front of form)

Appendix A

Worker --

For emergency medical care, go to any emergency medical facility.

Workers and Employers with questions about workers' compensation may contact an Ombudsman at any New Mexico Workers' Compensation Administration office for information and assistance. The offices are open Monday through Friday, 8 a.m. to 5 p.m., except holidays.

Trabajador

Para emergencias médicas vaya a cualquier clinica / hospital.

Trabajadores y empleadores con preguntas acerca de la compensación de los trabajadores pueden comunicarse con un asesor ("ombudsman") a cualquier oficina de la Administración de la Compensación de los Trabajadores para información y asistencia. Las oficinas están abiertas desde las ocho de la mañana hasta las cinco de la tarde de lunes a viernes, con la excepción de días festivos.

Statewide Helpline -- Linea de Asistencia

1-866-WORKOMP / 1-866-967-5667

toll free -- llamada sin costo de larga distancia

New Mexico Workers' Compensation Administration

PO Box 27198, Albuquerque, NM 87125

Albuquerque: (505) 841-6000 - 1 (800) 255-7965

Las Vegas: (505) 454-9251 - 1 (800) 281-7889

Santa Fe: (505) 476-7381

Farmington: (505) 599-9746 - 1 (800) 568-7310

Lovington: (575) 396-3437 - 1 (800) 934-2450

TDD for the deaf: (505) 841-6043

Las Cruces: (575) 524-6246 - 1 (800) 870-6826

Roswell: (575) 623-3997 - 1(866) 311-8587

www.workerscomp.state.nm.us

Employer/employee: Each keep one copy.

Empleador/empleado: Retener una copia.

(back of form)

Appendix B



Office of Life/Safety Coordinator
366 Luna Dr. • Las Vegas, NM 87701
(505) 454-5334 • 1-800-588-7232 ext. 1109 • Fax (505) 454-5325

Safety / Hazard Reporting Form

Building Name: _____ Date: _____

Room Number / Location Description: _____

Description of Hazard or Concern:

Submitted By: _____

Contact Number: _____

| | |
|---|--------------------------|
| Office Use Only | |
| Date Received: _____ | Received By: _____ |
| Work Order Necessary <input type="checkbox"/> YES <input type="checkbox"/> NO | Work Order Number: _____ |