



Health and Safety Plan  
2021-2022

## **Mission**

Our mission is to positively impact the residence of the Dallas Forth Worth community through educational and economic empowerment in the beauty industry. Dallas Lash Academy strives to prepare the next generation of students by providing an exceptional educational experience during their training to become a Beauty Professional.

## **Hours of Operation**

The campus has classes in session Tuesday through Saturday. Evening classes are offered to serve the needs of post-secondary and adult general education students.

## **Scope and Availability**

### **Reporting and Investing Accident**

Faculty/staff and students are orientatied on reporting accidents or incindents including COVID-19 exposure to administration immediately. Once reported a report is executed. Faculty/staff are made aware of the the procedures at the opening of schools meeting and students are made aware via the orientaion process.

All non-confidential reports are communicated to help in the preventions of any furture accidents or inccendents.

Reporting Procedures:

\*Call 911 immediately if warrented.

1. Report all incidents and or accidents to the on-site administrator immediately
2. All witnesses to the incident and or accident are required to write a statement.

# WORKPLACE INCIDENT REPORT FORM

## INSTRUCTIONS

Fill out this form to report a workplace incident that resulted in injury, illness, or a near miss. Return completed form to:

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THIS FORM SERVES TO DOCUMENT *select all that apply*

<input type="checkbox"/> LOST TIME / INJURY	<input type="checkbox"/> FIRST AID	<input type="checkbox"/> INCIDENT	<input type="checkbox"/> CLOSE CALL	<input type="checkbox"/> OBSERVATION
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**INDIVIDUAL AFFECTED** To be filled in by person injured / involved, if possible.

NAME OF PERSON COMPLETING REPORT	SUPERVISOR NAME	DATE OF REPORT

PERSON(S) INVOLVED	EQUIPMENT / VEHICLES INVOLVED

## INCIDENT DETAILS

LOCATION	DATE OF INCIDENT	TIME

WITNESSES

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**INCIDENT DESCRIPTION** Describe tasks being performed and sequence of events. *Attach additional pages as necessary.*

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

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### TO BE COMPLETED ONLY IF LOST TIME / INJURY OR FIRST AID WAS REQUIRED

TYPE OF INJURY SUSTAINED:			
CAUSE OF LOST TIME / INJURY OR FIRST AID:			
Was medical treatment necessary?	If yes, name of hospital / physician:		
<input type="checkbox"/> YES	<input type="checkbox"/> NO		

EMPLOYEE SIGNATURE	DATE	SUPERVISOR SIGNATURE	DATE