



Office of Risk  
Management

# Compliance Review



## Agency 5220 - Southeastern Louisiana Univ. - General Operations

| Audit Information |                   | Audit Results |           |
|-------------------|-------------------|---------------|-----------|
| Audit Type        | Compliance Review | Score         | 99.32%    |
| Site Visit Date   | 10/2/2023         | Status        | Compliant |
| LP Officer        | Jack TravisII     | No. of Recs   | 0         |

| Location Information   |   |
|------------------------|---|
| Location Name          | Southeastern Louisiana Univ. - General Operations |
| Location Code          | 5220  |
| Mailing Address 1      | SLU 10452   |
| Mailing Address 2      |   |
| City, State, Zip       | Hammond, LA, 70402                                |
| Safety Contact         | Jeremy Brignac                                    |
| Safety Contact Phone # | 985-549-2157                                      |
| Safety Contact Email   | jeremy.brignac@selu.edu                           |
| Location Mgr           | Jeremy Brignac                                    |
| Location Mgr Phone #   | 985-549-2157                                      |
| Location Mgr Email     | jeremy.brignac@selu.edu                           |

## 1 General Safety

### CR - General Information

| Question   | Answer  |
|--|---------|
| CR - Number of Employees:  | 2156    |
| CR - Number of Full Time Employees:  | 1157    |
| CR - Number of Part Time Employees:  | 999     |
| CR - Was this agency Class A or Class B during the audit period in question? | Class B |

### 1.1 Program

| Question   | Answer |
|--|--------|
| CR - 1.1.1 Is there a written general safety plan?   | Yes    |
| CR - 1.1.1.3 Has the program been presented to new employees during orientation and such action been documented? | Yes    |
| CR - 1.1.2 Are there written safety responsibilities?  | Yes    |

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|   |     |
|---|-----|
| CR - 1.1.2.1 Have documented safety responsibilities been presented to all new employees initially during orientation and/or upon assignment to a position with different/additional safety responsibilities?   | Yes |
| CR - 1.1.3 Are there general safety rules?  | Yes |
| CR - 1.1.3.1 Have these rules been: 1). distributed ANNUALLY (via printed copy and/or electronically) to ALL EMPLOYEES with such action documented, and 2). posted in the facility for review by ALL EMPLOYEES? | Yes |

## 1.2 Safety Meetings and Training

| Question  | Answer       |
|---|--------------|
| CR - 1.2.2 How many documented safety meetings have been conducted at this agency during the most recently completed audit/Compliance Review period?                              | 4+           |
| CR - 1.2.2.1 Did the agency meet the 75% attendance requirement at every meeting during the audit period?   | Yes          |
| CR - 1.2.2.2 Did the department and/or agency head (or his/her designee) meet the 100% attendance requirement during the audit period?  | Yes          |
| CR - 1.2.3 Does the agency have a written policy that covers Drug-Free Workplace?   | Yes          |
| CR - 1.2.3.1 Is the agency conducting mandatory, documented awareness/training on the basics of and the agency's policy on a Drug-Free Workplace within ninety (90) days of hire? | Yes          |
| CR - 1.2.3.2 Is the agency conducting mandatory, documented awareness/training on a Drug-Free Workplace at least once every five (5) years?                                       | Yes          |
| CR - 1.2.4 Is this audit being conducted for a Headquarters or a Field Office?  | Headquarters |
| CR - 1.2.8 Is documented, specific training provided to all employees who must perform new tasks or operate new equipment, or whose safety performance is unsatisfactory?         | Yes          |

## 1.3 Inspections

| Question   | Answer |
|--|--------|
| CR - 1.3.1. How many potential inspections were there during the most recently completed audit/Compliance Review period? | 520    |
| CR - 1.3.2 How many inspections were there during the most recently completed audit/Compliance Review period?            | 520    |

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|--|---------|
| CR - 1.3.3 What percentage of inspections were conducted during the most recently completed audit/Compliance Review period?                      | 95-100% |
| CR - 1.3.7 Was there a State Fire Marshal's inspection completed at this agency during the most recently completed audit/Compliance Review year? | Yes     |
| CR - 1.3.7.1 Were there any deficiencies found by the State Fire Marshal during these inspections?   | Yes     |
| CR - 1.3.7.1.1 Were the deficiencies corrected?  | Yes     |

## 1.4 Incident/Accident Investigations

| Question   | Answer |
|--|--------|
| CR - 1.4.3 Has the agency had any accidents or incidents within the most recently concluded audit/Compliance Review period?  | Yes    |
| CR - 1.4.3.2 Are all completed DA2000/DA3000 or equivalent form(s) from the prior fiscal year for all incidents/accidents available for review by the Loss Prevention Officer?                 | Yes    |
| CR - 1.4.4 Are Job Safety Analyses (JSAs) needed at this agency?   | No     |
| CR - 1.4.5 Did any incident/accident involve one or more of the following: 1) Reasonable suspicion of employee drug or alcohol use or impairment, 2) Fatality, 3) Hazardous Materials Release? | No     |

## 1.5 Return to Work

| Question  | Answer             |
|---|--------------------|
| CR - 1.5.1 Is there a written Transitional Return to Work policy?   | Yes                |
| CR - 1.5.1.1 Is the written Transitional Return to Work policy:   | Department/Generic |
| CR - 1.5.1.2 Is the agency conducting documented awareness/training on its Transitional Return to Work policy within ninety (90) days of hire?      | Yes                |
| CR - 1.5.1.3 Is the agency conducting documented awareness/training on its Transitional Return to Work policy once every five (5) years thereafter. | Yes                |
| CR - 1.5.2 Does the agency have a Transitional Return to Work team?   | Yes                |
| CR - 1.5.3 Has management designated a Return to Work coordinator?  | Yes                |
| CR - 1.5.4 Did the agency have any lost time claims?  | Yes                |

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| CR - 1.5.4.1 Does the agency have form DA WC4000 available for review? | Yes |
|--|-----|

## 1.6 Blood Borne Pathogens/First Aid

| Question   | Answer |
|--|--------|
| CR - 1.6.1 Does the agency have a written BBP program?   | Yes    |
| CR - 1.6.2 Is the agency conducting documented employee awareness (i.e., training AND the agency's policy) on BBP for low-risk employees within 90 days of hire?                 | Yes    |
| CR - 1.6.3 Is the agency conducting documented employee awareness (i.e., training AND the agency's policy) on BBP for low-risk employees at least once every 5 years thereafter? | Yes    |
| CR - 1.6.4 Are there any high-risk employees, as identified by the agency?   | Yes    |
| CR - 1.6.4.1 Is the agency conducting documented employee training on BBP (including the agency's policy) for high-risk employees within 90 days of hire?                        | Yes    |
| CR - 1.6.4.2 Is the agency conducting documented employee training on BBP (including the agency's policy) for high-risk employees at least once every year?                      | Yes    |

## 1.7 Emergency Preparedness Plan

| Question   | Answer |
|--|--------|
| CR - 1.7.2 Are documented fire drills conducted at least once every 12 months (including space leased/outside of your agency's control)? | Yes    |

## 1.8 Hazardous Materials

| Question   | Answer |
|--|--------|
| CR - 1.8.1 Has an annual, documented assessment been conducted to determine if there are any hazardous materials at any agency location covered by this audit? | Yes    |
| CR - 1.8.2 Are hazardous materials present at any agency location covered by this audit?   | Yes    |
| CR - 1.8.3 Does the agency have a written hazardous materials program?   | Yes    |
| CR -1.8.3.7 Does the plan ensure that a list of hazardous materials, updated at least annually, is available at each agency location covered by this audit?    | Yes    |

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|--|-----|
| CR - 1.8.4 Is the agency conducting appropriate documented employee training on all components of the hazard communication program, including the hazardous material inventory list and Safety Data Sheets (SDS), within thirty (30) days of hire? | Yes |
| CR - 1.8.5 Is the agency conducting appropriate documented employee training on all components of the hazard communication program, including the hazardous material inventory list and Safety Data Sheets (SDS), at least annually?               | Yes |
| CR - 1.8.6 Is the agency conducting documented employee training on hazard communication when working in a new area?   | Yes |
| CR - 1.8.7 Is the agency conducting appropriate documented employee training on hazard communication whenever a new material or procedure is introduced into the work place?   | Yes |
| CR - 1.8.8 Is the agency conducting appropriate documented employee training on hazard communication whenever the Department Head, Department Safety Office, or Supervisor determines that refresher training is in order?                         | Yes |
| CR - 1.8.9 Is the agency conducting appropriate documented employee training on hazard communication with regard to the new label elements and safety data sheet formats now required of all hazardous materials manufacturers?                    | Yes |

## 2 Driver Safety

### 2.2 Inspection and Repair of State Owned Vehicles

| Question   | Answer |
|--|--------|
| CR - 2.2.1 Does the agency have any state-owned vehicles?  | Yes    |
| CR - 2.2.1.1 How many potential vehicle inspections (# of vehicles X 12) were there in the most recently completed audit/Compliance Review period? | 899    |
| CR - 2.2.1.2 How many documented vehicle inspections were conducted in the most recently completed audit/Compliance Review period?                 | 899    |
| CR - 2.2.1.3 What percentage of your fleet was inspected?  | 100%   |
| CR - 2.2.1.4 Is documented corrective action taken on deficiencies noted on the checklist to prevent further damage or accidents?                  | Yes    |
| CR - 2.2.1.5 Is preventative maintenance performed and documented?   | Yes    |

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## 2.3 Training

| Question   | Answer |
|--|--------|
| CR - 2.3.2 Is initial training conducted within ninety (90) days of hire or entering the program via authorization on a DA2054 form? | Yes    |
| CR - 2.3.3 Is refresher training conducted once every three (3) years thereafter?  | Yes    |

## 2.4 Records and Forms

| Question  | Answer |
|---|--------|
| CR - 2.4.1 Is there a signed and dated list of approved or unapproved drivers verified by the Official Driving Record (ODR) forms?  | Yes    |
| CR - 2.4.2 Are Driver Authorization forms (DA 2054 or other form), that have been signed and dated annually, available for review?  | Yes    |
| CR - 2.4.3 Are Official Driving Records (ODR), which have been reviewed annually, available for review?   | Yes    |
| CR - 2.4.4 Have there been any vehicular accidents during the most recent one (1) year audit period?  | Yes    |
| CR - 2.4.4.1 Has a Driver Accident Report Form (DA 2041) been completed for each accident?  | Yes    |
| CR - 2.4.4.2 Have all of the DA 2041 forms been faxed/e-mailed within forty-eight (48) hours or two (2) business days to the Third-Party Administrator's (TPA) Claims Unit? | Yes    |

## 3 Bonds, Crime, & Property

### 3.1 Program

| Question   | Answer |
|--|--------|
| CR - 3.1.8 Are there procedures in place to address handling negotiable items? | Yes    |

### 3.3 Security

| Question  | Answer |
|---|--------|
| CR - 3.3.1 Is there a comprehensive written security policy that includes but is not limited to procedures that address limited, controlled access for authorized individuals to buildings? | Yes    |

### 3.4 Key Control

| Question | Answer |
|----------|--------|
|----------|--------|

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|--|-----|
| CR - 3.4.1 Is there a key/access card control policy in place? | Yes |
|--|-----|

## 4 Equipment Management

| Question   | Answer |
|--|--------|
| CR - 4.1 Does the agency have any mechanical and/or electrical [i.e., systems/equipment that are integral to the operation of the building and/or are an affixed (i.e., hardwired and/or plumbed) part of buildings/structures] equipment? | Yes    |

### 4.1.1 Program

| Question  | Answer |
|---|--------|
| CR - 4.1.1.1 Is there a written equipment management program?                                     | Yes    |
| CR - 4.1.1.1.6 Is there a written preventive maintenance schedule for mechanical equipment?       | Yes    |
| CR - 4.1.1.1.7 Is there a written preventive maintenance schedule for electrical equipment?       | Yes    |
| CR - 4.1.1.1.8 Is preventive maintenance documentation being maintained for mechanical equipment? | Yes    |
| CR - 4.1.1.1.9 Is preventive maintenance documentation being maintained for electrical equipment? | Yes    |

### 4.1.2 Personal Protective Equipment (PPE)

| Question  | Answer |
|---|--------|
| CR - 4.1.2.1 Has a documented assessment been conducted to determine if the use of any Personal Protective Equipment is required? | Yes    |
| CR - 4.1.2.2 Is Personal Protective Equipment required?   | Yes    |

### 4.1.3 Work Order System

| Question                                 | Answer |
|--|--------|
| CR - 4.1.3.3 Are all repairs documented? | Yes    |

### 4.1.4 Lockout/Tagout (LO/TO)

| Question  | Answer |
|---|--------|
| CR - 4.1.4.2 Will any LO/TO be performed by agency personnel? | Yes    |

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|--|-----|
| CR - 4.1.4.2.1 For LO/TO performed by agency personnel, is there documented training for the following: Authorized Employees                 | Yes |
| CR - 4.1.4.2.2 For LO/TO performed by agency and/or contractor personnel, is there documented training for the following: Affected Employees | Yes |

#### 4.1.5 Boilers

| Question  | Answer |
|---|--------|
| CR - 4.1.5.1 Does the agency have boilers that meet the criteria which mandate an inspection? | Yes    |
| CR - 4.1.5.1.1 Are current certificates posted at/near equipment?                             | Yes    |
| CR - 4.1.5.1.2 Have all items cited in the inspection report been corrected and documented?   | Yes    |

#### 4.1.6 Elevators & Fire Service Key/Equipment Room

| Question   | Answer |
|--|--------|
| CR - 4.1.6.1 Does the agency have elevators?                           | Yes    |
| CR - 4.1.6.1.1 Are current elevator certificates available?            | Yes    |
| CR - 4.1.6.1.2 Have ALL code violations been corrected and documented? | Yes    |

#### 4.1.7 Confined Space

| Question   | Answer |
|--|--------|
| CR - 4.1.7.1 Has a documented assessment been performed to determine if confined spaces exist? | Yes    |

### 5 Water Vessel

| Question  | Answer |
|---|--------|
| CR - 5.1 Does the agency have any state-owned water vessels (e.g., boats, ferries, airboats)? | Yes    |

#### 5.1.2 Inspections and Repairs

| Question  | Answer |
|---|--------|
| CR - 5.1.2.1-A Were all required monthly vessel inspections performed?      | Yes    |
| CR - 5.1.2.1-B Were any deficiencies found during the inspection?           | No     |
| CR - 5.1.2.2 Are there any vessels that are twenty-six (26) feet or longer? | No     |

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### 5.1.3 Training

| Question   | Answer |
|--|--------|
| CR - 5.1.3.1 Is the initial "Boat Louisiana" training conducted before authorization to drive is granted and/or within ninety (90) days of hire or the employee(s) entering the program? | Yes    |
| CR - 5.1.3.2 Is a refresher course conducted once every three (3) years thereafter?  | Yes    |

### 5.1.4 Records and Forms

| Question   | Answer |
|--|--------|
| CR - 5.1.4.1 Is there a signed and dated list of approved operators indicating annual verification of the operator records?  | Yes    |
| CR - 5.1.4.2 Are the Vessel Authorization/Operator History forms (DA 2066) signed and dated annually?  | Yes    |
| 5.1.4.3 Have there been any water vessel accidents, in a commercial vessel over navigable waters, during the most recently concluded Audit/Compliance Review period? | No     |

### 6 Flight Operations

| Question   | Answer |
|--|--------|
| CR - 6.1. Does the agency have any state aircraft? | No     |

### ORM Comments

| Question          | Answer   |
|-------------------|--|
| Closeout Comments | Please be aware that ALL questions that are designated "N/A," due to this being a "Compliance Review" fiscal year does NOT mean that those questions are not necessarily "out of play," or the Agency is not responsible for them. These questions can and do change, as per the Office of Risk Management's prerogative. Every question that is applicable to any Agency, is applicable every year, regardless if the examination/audit is a "Full Audit," or a "Compliance Review." All Agencies should prepare for a "Full Audit" every year because their Loss Prevention Program never takes a "holiday." |

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