



Frederick County Public Schools
Regulation
REPORTING OF WORK-RELATED INJURY OR
ILLNESS BY EMPLOYEES AND VOLUNTEERS
Regulation 200-11

A. Purpose

1. To describe the process for reporting work-related injuries and illnesses in a timely and accurate manner.
2. To summarize the key components of Frederick County Public Schools (FCPS)' workers' compensation program and the benefits available to employees
3. To explain FCPS' obligations under federal and state laws regarding the reporting and recordkeeping of work-related injuries and illnesses.

B. Background

1. FCPS is committed to maintaining a safe and healthful workplace for all employees and reducing recognized hazards that could result in serious injury or illness. When work-related injuries or illnesses occur, FCPS employees are covered under Maryland's Workers' Compensation Act, a no-fault system that provides approved medical benefits and wage replacement for accidental injuries or illnesses arising out of employment.
2. FCPS maintains and fully funds a workers' compensation insurance policy that covers employees and volunteers in the event of a work-related injury or illness, with no payroll deductions taken from employees. FCPS ensures the timely submission of injury reports and related information to the insurance carrier to support efficient processing of claims and to ensure employees receive compensation consistent with Maryland law and applicable negotiated agreements.
3. Federal and state laws also establish requirements for the timely reporting and recordkeeping of work-related injuries and illnesses, and FCPS adheres to all applicable regulatory obligations.

C. Definitions

1. "Accident Location" is defined to mean the location where a work-related injury or illness occurred, such as a physical site (*e.g.*, school, department, building, field trip location) or specific location within the physical site (*e.g.*, hallway, classroom, stairwell, doorway, etc.).
2. "Activity Supervisor" is defined to mean the employee responsible for overseeing the activity being performed at the time of the incident, including but not limited to a volunteer coordinator, athletic coordinator, program supervisor, or any staff member directing the activity.

3. "Claimant" is defined to mean a person who files a claim with an insurance company to request payment for a covered loss.
4. "Employee" is defined to mean certificated and non-certificated personnel whether benefited or non-benefited who are employed by FCPS.
5. "Hospitalization" is defined to mean being sent to, going to, or being admitted to a hospital, an acute care medical facility, or emergency room.
6. "In-patient hospitalization" is defined as a formal admission to the in-patient service of a hospital or clinic for care or treatment.
7. "Lost Time Compensation" is defined to mean wages paid to an employee for lost time while they are off work due to a compensable workers' compensation claim.
8. "Medical Documentation" is defined to mean a statement issued by a health care provider of the injured employee, which includes the injury date, probable duration of the condition and probable duration for any lost time or physical restrictions for the condition.
9. "Maryland Occupational Safety and Health" (MOSH) is defined to mean a regulatory agency in Maryland that promotes workplace safety and health while reducing fatalities, injuries and illnesses.
10. "Occupational Disease" (OD) is defined as an illness or condition resulting from the nature of one's employment. It involves ailments or disorders that develop gradually due to work conditions inherently linked to the job, leading to potential disability for the claimant.
11. "Occupational Safety and Health Administration" (OSHA) is defined to mean a regulatory agency of the Federal Department of Labor that sets and enforces standards to ensure safe and healthy working conditions.
12. "Salary continuation" is defined to mean that FCPS will maintain an employee's full salary during the period in which the employee is unable to work due to a compensable, work-related injury or illness.
13. "Supervisor" is defined to mean the individual responsible for approving an employee's leave and conducting the employee's performance evaluation.
14. "Temporary Total Disability" (TTD) is defined to mean the compensation paid by FCPS' workers' compensation insurance carrier during time off for a compensable workers' compensation claim.
15. "Volunteer" is defined to include parents, caregivers, and other family members of FCPS students, as well as other members of the community interested in the education of children, who are willing to donate their time and energies to support FCPS students.

16. “Workers’ Compensation” is a no-fault system mandated by state law, designed to assist workers who suffer accidental injuries or illnesses related to their employment by covering approved medical expenses and lost wages.
17. “Work environment” is defined as the establishment and other locations where one or more employees are working or are present as a condition of their employment, and includes not only physical locations, but also the equipment or materials used by the employee during the course of their work.
18. “Work-related injury or illness” is defined as an injury or illness that occurs when an event or exposure in the work environment causes, contributes to, or significantly aggravates the condition.
19. “Work Location” is defined to mean any physical site where an employee performs work, such as a school, office, or other Board facility.

D. Procedures

1. **Applicability.** This Regulation applies to the reporting of all work-related injuries or illnesses by an employee or volunteer.
2. **General Guidelines**
 - a. **Reporting.** All work-related injuries or illnesses must be reported regardless of whether or not the employee or volunteer seeks treatment.
 - a. **Recordkeeping.** FCPS will comply with all recordkeeping requirements under applicable federal and state law and regulations, including the OSHA and MOSH.
3. **Work-Related Injury or Illness Reporting Requirements and Responsibilities - Employees**
 - a. When an employee experiences a work-related injury or illness, the employee is required to:
 - i. Immediately provide verbal notice of the work-related injury or illness to their Supervisor unless they are otherwise unable to do so (*e.g.*, due to the severity of the injury or the need for emergency medical care).
 - ii. Immediately, or no later than the start of next business day, complete and submit an electronic [Workers Compensation Injury Report](#), regardless of whether or not the employee sought treatment.
 - iii. Submit all related medical documentation to their Supervisor and Risk and Safety Office at workers.comp@fcps.org immediately, or as soon as the documentation becomes available.
 - b. **Supervisors.** When an employee experiences a work-related injury or illness, the Supervisor is required to:
 - i. Verify that the employee has submitted an electronic [Workers Compensation Injury Report](#), or, if the employee is incapacitated or otherwise unable to submit the injury report themselves, submit a [Workers Compensation Injury Report](#) on behalf of the employee.

- ii. If applicable, promptly contact the Risk and Safety Office, when the Supervisor knows the employee has submitted a [Workers Compensation Injury Report](#) but the Supervisor has not received the confirmation email from notifications@origamirisk.com.
- iii. Immediately, or no later than the start of the next business day, review and complete the Supervisor Statement form. If applicable, immediately notify the Risk and Safety Manager at 240-586-7903 or 240-549-9415 of any incident that:
 - 1. Involves three (3) or more employees.
 - 2. Requires hospitalization of an employee.
 - 3. Results in the death of an employee.
 - 4. Poses a safety or health risk to others.
- c. If the Supervisor Statement form is received by an individual other than the Supervisor, it must be forwarded to the appropriate individual. If the appropriate Supervisor is not known, the form must be returned to the Risk and Safety Office at workers.comp@fcps.org. The appropriate supervisor varies based on the circumstances of the incident. For example, if a teacher who also serves as an athletic coach is injured while coaching, the athletic coordinator or the coach's supervisor should complete the form. Similarly, if a special education instructional assistant (SEIA) is injured during a summer program, the summer program supervisor should complete the form.
- d. **Witnesses**
 - i. If there is a witness to an employee's work-related injury or illness, the witness is required to complete documentation regarding the incident. Upon submission of an employee's injury report that identifies a witness, the identified witness will receive an email notification from notifications@origamirisk.com for the witness to complete a witness form.
 - ii. The witness must complete the witness form immediately upon receipt of the form or no later than the start of the next business day.

4. **Work-Related Injury or Illness Reporting Requirements and Responsibilities - Volunteers**

- a. When a volunteer experiences a work-related injury or illness, the volunteer is required to:
 - i. Immediately provide verbal notice of the work-related injury or illness to their Activity Supervisor unless they are otherwise unable to do so (*e.g.*, due to the severity of the injury or the need for emergency medical care).
 - ii. Immediately, or no later than the start of next business day, complete and submit an electronic [Workers Compensation Injury Report](#), regardless of whether or not the volunteer sought treatment.
 - iii. Submit all related medical documentation to their Activity Supervisor and Risk and Safety Office at workers.comp@fcps.org immediately, or as soon as the documentation becomes available.
- b. **Activity Supervisors.** When a volunteer experiences a work-related injury or illness, the Activity Supervisor is required to:
 - i. Verify that the volunteer has submitted an electronic [Workers Compensation Injury Report](#), or, if the volunteer is unwilling, incapacitated, or otherwise unable to

- submit the injury report themselves, submit a [Workers Compensation Injury Report](#) on behalf of the volunteer.
- ii. If applicable, promptly contact the Risk and Safety Office, when the Activity Supervisor knows the volunteer has submitted a [Workers Compensation Injury Report](#) but the Activity Supervisor has not received the confirmation email from notifications@origamirisk.com.
 - iii. Immediately, or no later than the start of the next business day, review and complete the Supervisor Statement form.
- c. If the Supervisor Statement form is received by an individual other than the Activity Supervisor, it must be forwarded to the appropriate individual. If the appropriate Activity Supervisor is not known, the form must be returned to the Risk and Safety Office at workers.comp@fcps.org. The appropriate supervisor varies based on the circumstances of the incident. For volunteers, the form must be completed by the Activity Supervisor.
- d. **Witnesses**
- i. If there is a witness to a volunteer's work-related injury or illness, the witness is required to complete documentation regarding the incident. Upon submission of an volunteer's injury report that identifies a witness, the identified witness will receive an email notification from notifications@oragamirisk.com for the witness to complete a witness form.
 - ii. The witness must complete the witness form immediately upon receipt of the form or no later than the start of the next business day.

5. **Mandatory Reporting of Work-Related Fatalities and Severe Injuries and Responsibilities**

- a. FCPS is required to report to MOSH work-related fatalities and severe injuries, such as work-related injuries that result in in-patient hospitalization, amputation involving bone or cartilage loss, or loss of an eye.
 - i. Within eight (8) hours after learning of any hospitalization of three (3) or more employees following a work-related incident, FCPS must report the hospitalization, regardless of whether treatment was provided and/or the length of stay in the hospital.
 - ii. Within eight (8) hours after learning of any work-related fatality, including those occurring within 30 days of a work-related incident, FCPS must report the fatality.
 - iii. Within twenty-four (24) hours after any of the following work-related incidents, FCPS must report:
 1. The in-patient hospitalization of one (1) or more employees;
 2. An employee's amputation involving bone or cartilage loss; or
 3. An employee's loss of an eye.
- b. **Responsibilities of Supervisor/Administrators.** Supervisors/Administrators must immediately notify the Risk and Safety Office by phone or email of any incident involving a work-related fatality or severe injury to an employee.
- c. **Responsibilities of Risk and Safety Manager**
 - i. The Risk and Safety Manager is responsible for reporting all work-related fatalities and severe injuries to MOSH within the timeframes under section D(5)(a)(i)-(iii) above. If the Risk and Safety Manager does not learn of the incident when it occurs,

the 8- or 24-hour reporting window begins at the time he becomes aware of the reportable incident.

- ii. For each reported work-related fatality, hospitalization, in-patient hospitalization, amputation involving bone or cartilage loss, or loss of any eye, the Risk and Safety Manager must provide the following information:
 1. The establishment name.
 2. The location of the work-related incident.
 3. The time of the work-related incident.
 4. The type of reportable event (*i.e.*, fatality, in-patient hospitalization, amputation, or loss of an eye).
 5. The number of employees who suffered a fatality, in-patient hospitalization, amputation, or loss of an eye.
 6. The names of the employees who suffered a fatality, in-patient hospitalization, amputation, or loss of an eye.
 7. The contact person and their phone number.
 8. A brief description of the work-related incident.

6. Employees Returning to Work

a. Employees

- i. Employees are expected to:
 1. Submit all required documentation, such as the [Return to Work Authorization Form](#), the [Modified Duty Assignment Form](#), if applicable, and/or any medical documentation supporting restrictions, to their Supervisor and Risk & Safety Office at workers.comp@fcps.org immediately.
 2. Report to their work location and confirm with their Supervisor that work-related injury or illness work restrictions can be supported.
 - a. Failure to report to the work location, confirm accommodation of work-related injury or illness work restrictions with their Supervisor, or refusal of a temporary transitional duty assignment may result in ineligibility for Workers' Compensation Leave (WC Leave), requiring the use of the employee's own accrued leave.
 - b. Failure to report to the work location, confirm accommodation of work injury related restrictions with the supervisor, or refuse a temporary transitional duty assignment may result in ineligibility for TTD compensation paid by FCPS' workers' compensation carrier, requiring the use of the employee's own accrued leave.
 3. Schedule follow-up appointments, physical therapy, or other medical treatment at the beginning or end of the scheduled workday or outside of work hours.
 4. Submit all medical documentation to their Supervisor and the Risk & Safety Office at workers.comp@fcps.org when released to full duty status.
- ii. As outlined in D(3) of [FCPS Regulation 300-08, Assault Leave](#), employees who return following four (4) or more days of assault leave are required to present certification (*i.e.*, [Return to Work Authorization Form](#)) by a medical provider that they are able to return to work. This certification must be submitted to the Risk and Safety Office for review at least 24 hours prior to returning to work.

- iii. If an employee returning to work after a work-related injury or illness requires an ADA accommodation, the employee must follow the process outlined in D(1)(d)(i) of [FCPS Regulation 300-10, Accommodations for Employees](#).
- b. **Supervisors.** The employee's Supervisor is expected to:
 - i. Verify the employee submitted medical documentation to support injury-related work restrictions or a full duty release when cleared to return.
 - ii. If an employee sustains a work-related injury or illness and does not return to work, contact the employee to confirm if they have been released to return with restrictions.
 - iii. If the employee has been released to return to work with restrictions, determine if the restrictions can be supported and, if so, review and complete the [Modified Duty Assignment Form](#) with the employee.
 - iv. If the employee is released to return to work with restrictions and the supervisor has determined that the restrictions cannot be accommodated, notify the Risk and Safety Office at workers.comp@fcps.org immediately to coordinate a temporary transitional duty assignment at another school, department, or FCPS location.
 - v. Seek approval from the Risk and Safety Office for the employee's use of WC Leave if an employee is only able to work partial hours due to restrictions resulting from a work-related injury or illness.
 - vi. Follow the [Workers' Compensation Flow Chart](#) for the employee's use of WC Leave for time spent attending medical appointments related to a work-related injury or illness.
 - vii. Consult with the Human Resources Department if the employee requires an ADA accommodation.

7. Lost Time Compensation

a. Employees Responsibilities

i. Notification and Communication

1. When employee is taken off work for a work-related injury or illness, the employee is required to immediately provide verbal notification to their Supervisor that they were taken off work for their work-related injury or illness by a medical provider.
2. The employee is also required to maintain regular communication with their Supervisor while off work due to a work-related injury or illness.

ii. Medical Documentation

1. The employee is required to submit all medical documentation to their Supervisor and the Risk and Safety Office at workers.comp@fcps.org immediately.
2. The employee is also required to submit all medical documentation to their Supervisor and the Risk & Safety Office at workers.comp@fcps.org when the employee is released to restricted duty or released to full duty status.

iii. Leave Submission Requirements

1. The employee is required to submit leave for a work-related injury or illness in Frontline or Peoplesoft-HR immediately.

2. The employee is also required to submit a leave request form and medical documentation in support of lost time due to a work-related injury or illness to their Supervisor and the Risk and Safety Office at workers.comp@fcps.org.
- iv. **Lost Time for Medical Appointments**
 1. For lost time related to doctor's appointments or other treatment for a work-related injury, the employee must submit:
 - a. WC Leave in Frontline or PeopleSoft-HR; and
 - b. Supporting medical documentation to their supervisor and the Risk and Safety Office at workers.comp@fcps.org.
 2. Leave requests for WC Leave are reviewed and approved by the Risk and Safety Office per the negotiated agreements.
 - b. **Supervisor Responsibilities**
 - i. **Reporting and Leave Entry**
 1. The employee's Supervisor is required to ensure that the employee submits leave for a work-related injury or illness in Frontline or Peoplesoft-HR immediately.
 2. The Supervisor should follow the [Workers' Comp Leave Flow Chart](#) to ensure that employees have properly submitted leave into Frontline and Peoplesoft-HR.
 - ii. **Documentation Management**
 1. The employee's Supervisor is required to direct employees to submit all medical documentation related to a work-related injury or illness to both their Supervisor and the Risk and Safety Office at workers.comp@fcps.org.
 2. The employee's Supervisor is required to ensure the employee's medical documentation related to the work-related injury or illness is submitted and shared with the Risk and Safety Office at workers.comp@fcps.org.
 - iii. **Communication.** The employee's Supervisor is required to maintain regular communication with employees while off work due to a work-related injury or illness.
8. **Salary Continuation (WC Leave) and Temporary Total Disability (TTD) Eligibility**
 - a. **Eligibility Determination**
 - i. FCPS' workers' compensation insurance carrier is responsible for determining claim compensability and substantiating any lost time under workers' compensation claims.
 - ii. Employees must use accrued leave for any lost time until the claim is determined compensable and the lost time is substantiated.
 - iii. If a claim is determined not compensable or lost time is not substantiated, the Risk and Safety Office will notify the employee's Supervisor, the payroll office, or the Human Resources Department, as appropriate.
 - iv. Approved salary continuation is recorded as Workers' Compensation Leave (WC Leave) in the payroll system.
 - v. Employees may not qualify for WC Leave if their initial medical treatment was obtained from a non-FCPS preferred provider, consistent with the applicable negotiated agreements.
 - b. **Salary Continuation (WC Leave)**

- i. When a workers' compensation claim is determined compensable and lost time is substantiated by FCPS' workers' compensation insurance carrier, the Risk and Safety Office will direct the employee's Supervisor, the payroll office, or the Human Resources Department, as needed, regarding the use of salary continuation (WC Leave) within the timeframes specified in the negotiated agreements.
 - ii. Approved salary continuation is recorded as Workers' Compensation Leave (WC Leave) in the payroll system.
 - iii. The Risk and Safety Office will monitor the ongoing use of WC Leave to ensure compliance with the timeframes specified in the negotiated agreements and will continue to direct the employee's Supervisor, the payroll office, or the Human Resources Department, as needed.
 - iv. Employees may not use WC Leave for lost time to attend hearings before the Workers' Compensation Commission and must use their own accrued leave for this purpose. For additional information, employees should review [FCPS Regulation 300-04, Employee Attendance](#), and consult their applicable negotiated agreement.
 - v. Requests for WC Leave are reviewed and approved by the Risk and Safety Office in accordance with the applicable negotiated agreements.
- c. **Temporary Total Disability (TTD) Compensation**
- i. Once WC Leave is exhausted, the employee may be eligible for Temporary Total Disability (TTD) compensation paid by FCPS' workers' compensation insurance carrier. In Maryland, TTD is typically 66 2/3% of the employee's average weekly earnings, up to the state maximum, and is paid tax-free.
 - ii. If an employee remains off work for a work-related injury or illness beyond the timeframes specified in the negotiated agreements, the employee may be eligible for TTD compensation paid by FCPS' workers' compensation insurance carrier.
 - iii. Employees may elect to use accrued leave to supplement their salary while receiving TTD.
 - iv. The Risk and Safety Office will obtain the employee's election in writing and notify the employee's Supervisor, the payroll office, or the Human Resources Department accordingly.

9. Risk and Safety Office Role

- a. The Risk and Safety Office ensures the timely submission of workers' compensation injury report forms and that other pertinent details regarding an employee's or volunteer's work-related injury or illness are gathered and provided to FCPS's workers' compensation insurance carrier in a quick and efficient manner.
- b. The Risk and Safety Office functions in an advisory capacity to principals and supervisors about the Workers' Compensation program at FCPS.
- c. The Risk and Safety Office serves as a liaison between multiple parties involved in a workers' compensation claim including, but not limited to, the injured employee or volunteer, principals, supervisors, FCPS' workers' compensation insurance carrier, medical providers, workers' compensation attorneys, and union representatives.

10. Recordkeeping

- a. The Risk and Safety Office will create and maintain a central Log of Work-Related Injuries and Illnesses (OSHA Form 300).

- b. On an annual basis, the Risk and Safety Office will distribute to each location the completed OSHA Forms 300 (Log) and 300A (Summary of Work-Related Injuries and Illnesses) for that specific location for posting, per OSHA requirements.
 - i. The school or location must post the summary annually from February 1 to April 30 in a place where employees can see it, even if there were no recordable work-related injuries during the year.
 - ii. The school or location must keep the Log and Summary Forms for five (5) years following the year to which they pertain.
- c. The Risk and Safety Office will retain OSHA records for all FCPS schools or locations for five (5) years following the year to which the records pertain.
- d. **Requests for Records**
 - i. Any requests by MOSH or OSHA for OSHA logs or records should be directed to the Risk and Safety Office to respond.
 - ii. Any requests from individuals or entities other than MOSH or OSHA should be made in accordance with [FCPS Regulation 200-42, Maryland Public Information Act Requests](#).

11. Employee Reporting Rights and Anti-Retaliation

- a. FCPS employees have the right to report work-related injuries and illnesses.
- b. FCPS prohibits discharging or otherwise discriminating against an employee for reporting a work-related injury or illness.

E. Related Information

- 1. **Code of Maryland Regulations (COMAR)**
 - a. [COMAR 09.12.20](https://fcps-md.info/COMAR_09-12-20), *Occupational Safety and Health*
(https://fcps-md.info/COMAR_09-12-20)
 - b. [COMAR 09.12.21](https://fcps-md.info/COMAR_09-12-21), *Employee Injury and Illness Records and Reports*
(https://fcps-md.info/COMAR_09-12-21)
- 2. **External Resources**
 - a. [Maryland Department of Labor / Maryland Occupational Safety and Health \(MOSH\)](https://fcps-md.info/MDL_MOSH)
(https://fcps-md.info/MDL_MOSH)
 - b. [Maryland Workers' Compensation Commission](https://fcps-md.info/MD_Workers_Comp_Commission)
(https://fcps-md.info/MD_Workers_Comp_Commission)
- 3. **FCPS Regulations**
 - a. [Regulation 200-29, Bloodborne Pathogens](https://apps.fcps.org/legal/documents/200-29)
(<https://apps.fcps.org/legal/documents/200-29>)
 - b. [Regulation 200-42, Maryland Public Information Act Requests](https://apps.fcps.org/legal/documents/200-42)
(<https://apps.fcps.org/legal/documents/200-42>)
 - c. [Regulation 300-04, Employee Attendance](https://apps.fcps.org/legal/documents/300-04)
(<https://apps.fcps.org/legal/documents/300-04>)
 - d. [Regulation 300-08, Assault Leave](https://apps.fcps.org/legal/documents/300-08)
(<https://apps.fcps.org/legal/documents/300-08>)
 - e. [Regulation 300-10, Accommodations for Employees](#) (formerly 303-01)

- (<https://apps.fcps.org/legal/documents/300-10>)
 f. [Regulation 400-86, *Volunteers in Schools*](https://apps.fcps.org/legal/documents/400-86)
 (<https://apps.fcps.org/legal/documents/400-86>)

4. FCPS Resources

- a. [FCPS / Departments / Safety & Emergency Management / Risk & Safety Management](https://www.fcps.org/departments/safety_emergency_management/risk_safety_management)
 (https://www.fcps.org/departments/safety_emergency_management/risk_safety_management)
 b. [FCPS / Staff / Labor Relations & Salary / Negotiated Agreements](https://www.fcps.org/staff/labor_relations_salary/negotiated_agreements)
 (https://www.fcps.org/staff/labor_relations_salary/negotiated_agreements)
 c. **Forms**
 i. [Modified Duty Assignment Form](https://apps.fcps.org/forms/staff-safety-security/336)
 (<https://apps.fcps.org/forms/staff-safety-security/336>)
 ii. [Return to Work Authorization Form](https://apps.fcps.org/forms/staff-human-resources/244)
 (<https://apps.fcps.org/forms/staff-human-resources/244>)
 d. **Injury Reporting Resources**
 i. [Injury Report Portal Guide](#)
 ii. [Supervisor Portal Guide](#)
 e. [Preferred Providers List](#)
 f. [Workers' Comp. Leave Flow Chart](#)

5. Federal Law

- a. [Occupational Safety and Health Act of 1970, 29 U.S.C. ch. 15 § 651 et seq](https://fcps-md.info/USC_Title_29_Ch_15)
 (https://fcps-md.info/USC_Title_29_Ch_15)

6. Maryland Law

- a. Davis Martinez Public Employee Safety and Health Act
 b. Maryland Occupational Safety and Health Act of 1973
 c. Maryland Workers' Compensation Act

7. Maryland Statutes

- a. [Md. Code Ann., Educ. § 6-106](https://fcps-md.info/MD_Educ_Code_6-106)
 (https://fcps-md.info/MD_Educ_Code_6-106)
 b. Md. Code Ann., Labor & Employ. T. 5
 c. Md. Code Ann., Labor & Employ. T. 9
 d. [Md. Code Ann., State Govt. § 12-101\(a\)\(3\)](https://fcps-md.info/MD_State_Govt_Code_12-101)
 (https://fcps-md.info/MD_State_Govt_Code_12-101)

F. Regulation History (Maintained by Legal Services)

<i>Responsible Office</i>	Risk and Safety Office
Adoption Dates	10/01/82
Review Dates	
Revision Dates	05/11/05; 05/15/26

