



Brownsville Independent School District  
Environmental, Health, and Safety  
3750 Robindale Road, Brownsville, Texas 78521  
Office (956) 548-8081

### Safety Coordinators Duties and Responsibilities

Name: \_\_\_\_\_ Campus: \_\_\_\_\_  
(Please Print) Safety Coordinator

I recognize that the success of an **Accident Prevention Program** is contingent and dependent upon support from the executive level of management down to the involvement of all employees of the District. I will make every effort to assist the District in providing a working environment free from any recognized or potential hazard. I am aware that all management and supervisors will set an example of commitment to safety and health at the District.

I acknowledge that the following safety documentation Fire Drills, Fire Extinguisher Logs, Campus Safety Inspection & Work Request Form(s), which may be required every **month**. Campus Safety Meetings agendas with sign-in sheets are needed for September, November, January, March, and April. Additionally, the forms must be posted within the TEAMS file sections and a hard copy must be filed within my campus or department. If changes are made to this requirement, I will be notified at Safety Coordinators meetings.

**Fire Drill** - A minimum of **two (2)** fire drills are required per semester, on months having ten (10) school days or more, as directed by the Texas Administrative Code RULE §103.1209. Having two (2) fire drills in one month will not be substituted for a month in which no fire drill was held.

**Fire Extinguisher Log** - All fire extinguishers must be checked on a monthly basis. The Inspector's name, date of inspection, and status of each extinguisher must be noted on the Months of August thru May.

**Safety Inspection and Work Request Form** - Months of September, November, January, March, and April.

**Safety Meeting** - Every staff member on your campus or department must receive safety meeting information on the months that are required. All sign-in sheets must have the date, presenters' name, topic, and legible signature of all employees. All Campus/Department Safety documentation is to be posted within the TEAMS – Campus, Department Safety Coordinators platform files section **by the end of each required month required**. Having a Safety Meeting on a month that was not required will not be substituted for a month that was needed.

**Employers' First Report of Injury** - Is to be submitted to the Employee Benefits/Risk Management Department within 24 to 48 hours of an accident or near-miss accident and submitted to the Employee Benefits/Risk Management Department. Email to: [workerscomp@bisd.us](mailto:workerscomp@bisd.us)

I understand my responsibilities as a Principal/Administrator/Safety Coordinator regarding the required documentation. Please send this signed form via email to [czorola@bisd.us](mailto:czorola@bisd.us).

\_\_\_\_\_  
Safety Coordinator Signature

\_\_\_\_\_  
Principal's Signature

\_\_\_\_\_  
Date