



**Health and Safety Office
Cosser 602
Service Survey**

Sullivan County B.O.C.E.S.
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- Thank you for taking the time to answer the following questions. The information will be used to help us plan for the 2007-2008 school year.
- Please indicate what services your district used in 2006-2007 and what your anticipated needs are for the 2007-2008 school year by placing an "X" in the appropriate box. Use the other space for additional services you would like to see provided.

		06-07	07-08
<u>Environmental Testing</u>	Indoor Environmental (mold, chemicals, air quality)	_____	_____
	Water (organics, chemical, metals)	_____	_____
	Asbestos	_____	_____
	Soil	_____	_____
<u>Health and Safety Training</u>	Bloodbourne Pathogens/Right to Know	_____	_____
	Greeter / Front Desk Security	__N/A__	_____
	Asbestos Awareness	_____	_____
	Other safety trainings (see brochure for guide)	_____	_____
<u>Emergency Planning</u>	Safety Plan Review	_____	_____
	Safety Committee Consulting	_____	_____
	Exercise Planning and Evaluation	_____	_____
	Tabletop drills	_____	_____
<u>Inspection Services</u>	Ergonomic Evaluations	__N/A__	_____
	Annual Visual Inspections	_____	_____
	Annual Fire Inspections	_____	_____
	AHERA compliance inspections	_____	_____
<u>Compliance Services</u>	Fingerprinting	_____	_____
	I.D. Cards	_____	_____
	Chemical Inventory	__N/A__	_____
<u>Safety Consultation</u>	OSHA / PESH Compliance	_____	_____
	SED Safety and Health Compliance	_____	_____
	ADA Compliance	_____	_____
	N.Y.S. Fire Code Enforcement	_____	_____
<u>Certification Programs</u>	Respiratory Protection	_____	_____
	CPR	_____	_____
	LockOut / TagOut	__N/A__	_____

Comments or Additional Services Requested

Optional

Name: _____ District _____