

**BOARD OF TRUSTEES  
FINANCE AND ADMINISTRATION COMMITTEE**

**July 11, 2014  
9:00 a.m., University Center, Room 214**

**Agenda**

**Introduction, Peer Review Report, and SSU Pre-audit Presentation - Plante & Moran**

**1.0 Action Items**

**1.1 Resolution F22-14  
Adoption of Policy 3.19Rev, Alcohol on Campus**

Vice President Boyles will review proposed modifications made to Policy 3.19Rev, Alcohol on Campus, for Committee recommendation for Board of Trustees' approval.

**1.2 Resolution F23-14  
Rescission of Policy 4.41, Key Control  
Adoption of Policy 4.40Rev, Access to University Buildings**

Vice President Boyles will review Policy 4.41, Key Control, proposed for rescission by the Board of Trustees, and will review proposed modifications to Policy 4.40Rev, Access to University Buildings, for Committee recommendation for Board of Trustees' approval.

**1.3 Resolution F24-14  
Rescission of Policy 4.42, Parking Gate Keys  
Adoption of Policy 5.28Rev, University Parking**

Vice President Boyles will review Policy 4.42, Parking Gate Keys, proposed for rescission by the Board of Trustees, and proposed modifications to Policy 5.28Rev, University Parking, for Committee recommendation for Board of Trustees' approval.

**1.4 Resolution F25-14  
Adoption of Policy 5.21Rev, Bloodborne Pathogens**

Vice President Boyles will review proposed modifications made to Policy 5.21Rev, Bloodborne Pathogens, for Committee recommendation for Board of Trustees' approval.

**1.5 Resolution F26-14  
Adoption of Policy 5.22Rev, Chemical Hazards**

Vice President Boyles will review proposed modifications made to Policy 5.22Rev, Chemical Hazards, for Committee recommendation for Board of Trustees' approval.

**2.0 Information Items**

**2.1 FY14 Budget Status Update**

**2.2 University Investment Report**

**2.3 Capital Projects Report**

**3.0 Education**

Dr. Boyles will brief the committee on the current contractual relationships with Barnes & Noble Bookstore and Sodexo Food Services.

**System Review Report**

To the Partners of Plante & Moran, PLLC  
and the AICPA National Peer Review Committee

We have reviewed the system of quality control for the accounting and auditing practice of Plante & Moran, PLLC (the firm) applicable to non-SEC issuers in effect for the year ended June 30, 2013. Our peer review was conducted in accordance with the Standards for Performing and Reporting on Peer Reviews established by the Peer Review Board of the American Institute of Certified Public Accountants. As a part of our peer review, we considered reviews by regulatory entities, if applicable, in determining the nature and extent of our procedures. The firm is responsible for designing a system of quality control and complying with it to provide the firm with reasonable assurance of performing and reporting in conformity with applicable professional standards in all material respects. Our responsibility is to express an opinion on the design of the system of quality control and the firm's compliance therewith based on our review. The nature, objectives, scope, limitations of, and the procedures performed in a System Review are described in the standards at [www.aicpa.org/prsummary](http://www.aicpa.org/prsummary).

As required by the standards, engagements selected for review included engagements performed under *Government Auditing Standards*; audits of employee benefit plans, audits performed under FDICIA and examinations of service organizations (SOC 1 and SOC 2).

In our opinion, the system of quality control for the accounting and auditing practice of Plante & Moran, PLLC, applicable to non-SEC issuers in effect for the year ended June 30, 2013, has been suitably designed and complied with to provide the firm with reasonable assurance of performing and reporting in conformity with applicable professional standards in all material respects. Firms can receive a rating of *pass*, *pass with deficiency(ies)* or *fail*. Plante & Moran, PLLC has received a rating of *pass*.

*Postlethwaite & Netterville*

Baton Rouge, Louisiana  
November 15, 2013

# Shawnee State University

Board of Trustees

Finance and Administration Committee

2014 Audit Planning Meeting

# Shawnee State University

## Audit Planning Agenda

- Shawnee State University Audit Team
- Plante Moran at a Glance
- Reporting and Responsibilities
- Audit Approach
- Timing and Key Dates
- Peer Review Report and GAO Auditor Responsibilities
- New Pronouncements
- GASB Projects
- Appendix - Definitions

# Shawnee State University

## Audit Team

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# Shawnee State University

## Plante Moran at a Glance

- **Firm Information**

- By the Numbers

- Founded: 1924
- Rank: 13<sup>th</sup> largest accounting firm in the United States
- Team: Over 2,000 staff
- Reach: 21 offices in Ohio, Michigan, Illinois, China, India, and Mexico

- Distinctions

- FORTUNE's list of the "100 Best Companies to Work For" for 16 consecutive years (highest-ranked accounting firm in 2008, 2009, 2011, 2012, 2013, and 2014)
- WorkplaceDynamics' list of "America's Top 10 Workplaces"
- International Accounting Bulletin's 2012 "Employer of the Year"
- Vault Guide's list of the "Best Accounting Firms to Work For" and ranked #1 in firm culture
- One of the "Best Accounting Firms for Women," American Society of Women Accountants and the American Women's Society of Certified Public Accountants

- Unique Culture and Client-Service Approach

- The resources, experience, and deep technical expertise of a larger firm
- The responsive, personal attention of a smaller firm
- deeply ingrained culture of trust and respect for our clients, co-workers, work, families, and one another
- A commitment to exceeding client expectations
- A reputation for reasonable fees

# Shawnee State University

## Plante Moran at a Glance (continued)

- **Ohio Higher Education and Foundation Experience**

### OHIO HIGHER EDUCATION

- Bowling Green State University
- Cleveland State University
- Kent State University
- Northeastern Ohio Medical University
- Ohio University
- University of Akron
- University of Toledo
- Edison State Community College
- Lakeland Community College
- Owens Community College

### FOUNDATIONS

- NEOMED Foundation
- Ohio University Foundation
- Owens Community College Foundation
- University of Toledo Foundation
- University of Akron Foundation
- University of Akron Research Foundation
- The Edison Foundation



# Shawnee State University

## Reporting and Responsibilities

- **Plante Moran Deliverables**
  - Opining on FY 2014 University financial statements and the University's federal programs
  - Opining on FY 2014 for the Development Foundation financial statements
  - State "Special Purpose" Report
- **Plante Moran Responsibilities**
  - To express an opinion on the University's and the Development Foundation's financial statements
  - To express an opinion on the major federal programs of the University
  - To provide reasonable, not absolute, assurance of detecting material misstatement
  - To gain an understanding of internal controls, policies, and procedures to design an effective audit
- **Plante Moran will issue the following Reports and Letters for 2014:**
  - **Planning Stage**
    - Engagement letter for the Shawnee State University audit (includes the federal awards audit), as well as an engagement letter for the Development Foundation

# Shawnee State University

## Reporting and Responsibilities (continued)

- **Plante Moran will issue the following Reports and Letters for 2014 (continued):**
  - **At completion of work:**
    - An opinion on the financial statements of the University and the Development Foundation
    - Report on Internal Control Over Financial Reporting and on Compliance and Other Matters Based on an Audit of the Financial Statements Performed in Accordance with *Government Auditing Standards* (GAGAS report) for the University and the Development Foundation
    - Report on the Conduct of the Audit (AU 260)
    - OMB Circular A-133 reports and schedules
      - Report on Compliance For Each Major Program and on Internal Control Over Compliance in Accordance with OMB Circular A-133
      - A Schedule of Findings and Questioned Costs
    - A Management Recommendation Letter, if applicable

# Shawnee State University

## Audit Approach

- **Financial Statement Audits (includes the Development Foundation)**
  - General Controls Assessment and Paperless System testing (i.e., registration, tuition, and endowments)
  - Risk-Based Approach – More time will be spent on those areas considered higher risk
    - Valuation of accounts receivable
    - Accounting for service concession arrangements
    - Any contingent liabilities
  - In response to the above risks, we will perform the following:
    - Review the allowance for accounts receivable and also, review the assumptions used to determine collectibility,
    - Review the revenue received from concession arrangements in accordance with applicable accounting standards,
    - Discuss pending litigation with Shawnee State University legal counsel.

# Shawnee State University

## Audit Approach (continued)

- **Financial Statement Audits (includes the Development Foundation and its component units)**
  - Documentation and testing of key accounting processes and internal controls by major cycles – purchasing, expenditures and accounts payable, payroll and related year-end liabilities, revenue, receipts and accounts receivable, investments and related income, financial reporting
  - Group Audit Standards – Plante Moran will be serving as the “Group Auditor” for all components of this audit (the University and the Development Foundation)
  - Report letter
    - Emphasis-of-matter paragraph will be in the report letter for 2014 due to change in accounting for the adoption of GASB Statement No. 65, *Items Previously Reported as Assets and Liabilities*, and to denote that Plante Moran did not audit the 2013 balances

# Shawnee State University

## Audit Approach (continued)

- **OMB Circular A-133 reports**

- Audit is performed in compliance with federal regulations and includes compliance and internal control categories as defined by OMB
  - Programs expected to be tested in 2014
    - Student Financial Aid Cluster
    - Other programs will also be tested if federal expenditures exceed the minimum threshold at year end

- **Plante Moran has been advised:**

- The University is in compliance with all regulatory, governmental, and grant requirements,
- There have been no material acts of fraud or embezzlement,
- There have been no significant acts of fraud related to federal programs,
- The University is not aware of any accounting entries made which are not in the normal course of business,
- The University is not aware of any material illegal or improper acts.

# Shawnee State University

## Audit Approach (continued)

- **Materiality**

- Plante Moran determines materiality by the users of the financial statements
  - Identified Users – State and Federal Governmental agencies, bond rating agencies, donors, and the Board of Trustees
  - Factors Used – Total Assets, Total Net Position, and Total Revenues

- **Communications with the Finance and Administration Committee:**

- Required fraud inquiries during planning process
- All services provided by Plante Moran to Shawnee State University
- Independence, in compliance with GAO requirements
- Passed adjustments schedules
- Changes in report presentation (if applicable)

# Shawnee State University

## Timing and Key Dates

Preliminary fieldwork begins (includes A-133)	June 16
Preliminary fieldwork ends	June 20
<b>Audit Scope Presentation to Finance and Administration Committee</b>	July 11, 2014
Year-end fieldwork begins – University including A-133 and Development Foundation	August 25
Draft financial statements to Plante Moran	August 25
Year-end fieldwork ends – University including A-133 and Development Foundation	September 12
Closing meeting with management & final draft of financial statements	September 29
Submission of Draft Management Letter to Executive Management, if applicable	October 15
Submission of final University financial statements to State Auditor	October 15
Submission of final Development Foundation financial statements to State Auditor	October 15
Submission of final management letter to State Auditor	October 27

# Shawnee State University

## Peer Review Report and GAO Auditor Responsibilities

- **Under the Government Accounting Office (GAO) requirements, if an audit is completed in accordance with *Government Auditing Standards*, the Audit Committee and/or Board of Trustees are required to receive from the audit firm the following document:**
  - Peer Review Report (this is performed every three years)
- **In addition, we are required to communicate the following items (if applicable):**
  - Noncompliance with laws, regulations, contracts or grants that have material effect on the financial statements
  - Any instances of abuse identified that could be material to the financial statements



# Shawnee State University

## New Pronouncements

- **GASB 65 – Items Previously Reported as Assets and Liabilities**
  - Effective for the fiscal year ending June 30, 2014
  - Reclassifies, as deferred outflows and inflows of resources, certain items that were previously reported as assets and liabilities
  - Requires bond issuance costs to be expensed (previously amortized over the life of the related bonds)
- **GASB 68 – Reconsideration of Pension Expense**
  - Effective for the fiscal year ending June 30, 2015
  - Applicable to all governments (not just Ohio)
  - Recording the unfunded pension benefit obligation as a liability on University's Statement of Net Position
  - Annual pension expense would be calculated and incorporated in the financial statements (calculation uses similar methodology as FASB standards)
  - Will directly reduce unrestricted net position in year of implementation
- **GASB 69 – Government Combinations and Disposals of Government Obligations**
  - Effective for the fiscal year ending June 30, 2015
  - Establishes standards related to combinations and disposals of government operations including merger, acquisitions, and transfers of operations

# Shawnee State University

## New Pronouncements (continued)

- **GASB 70 – Accounting and Financial Reporting for Nonexchange Financial Guarantees**
  - Effective for the fiscal year ending June 30, 2014
  - Requires recognition of a liability if it is more likely than not that the University will be required to make a payment on the guarantees for obligations of another government, NFP, private entity, or individual
- **GASB 71 – Pension Transition for Contributions Made Subsequent to Measurement Date**
  - Effective for the fiscal year ending June 30, 2015
  - Amends GASB 68 to require that at transition to GASB 68, the University may recognize a beginning deferred outflow of resources for its pension contributions made subsequent to the measurement date of the beginning net pension liability

# Shawnee State University

## GASB Projects

- **The GASB is also working on major projects for:**
  - Accounting and reporting for other postemployment benefit plans – similar to GASB 68 for pensions, it would require:
    - a multi-employer plan participant to record its share of the unfunded OPEB liability in the year of implementation
    - a single-employer plan (falls under GASB 45) to fully record the unamortized unfunded OPEB liability in the year of implementation (GASB 45 allows a 30-year amortization of the liability currently)
  - Fair value disclosures for investments – similar to FASB’s fair value standards (formerly known as FAS 157) and would significantly expand the institution’s disclosure around Level 3 (alternative) investments
  - An exposure draft was issued in 2013 for the fair value disclosures for investments and the comment period has closed. The exposure draft for benefit plans is expected in the second quarter of 2014. Implementation is typically at least two years after the issuance of the final standard

# Shawnee State University

## Appendix - Definitions

- **Deficiency**

- A “deficiency” exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent or detect and correct misstatements on a timely basis. A deficiency in design exists when (a) a control necessary to meet the control objective is missing or (b) an existing control is not properly designed so that even if the control operates as designed, the control objective is not always met. A deficiency in operation exists when a properly designed control does not operate as designed or when the person performing the control does not possess the necessary authority or qualifications to perform the control effectively. Deficiencies may involve one or more of the five interrelated components of internal control.

- **Significant Deficiency**

- A “significant deficiency” is a deficiency, or combination of deficiencies, in internal control that is less severe than a material weakness, yet important enough to merit attention by those charged with governance.

- **Material Weakness**

- A “material weakness” is a deficiency, or combination of deficiencies, in internal control, such that there is a reasonable possibility that a material misstatement of the entity’s financial statements will not be prevented, or detected and correct on a timely basis.

- **Fraud**

- The term “fraud” includes “misstatements” arising from fraudulent financial reporting and misstatements arising from misappropriation of assets.
- “Misstatements” arising from “fraudulent financial reporting” are intentional misstatements, or omissions of amounts or disclosures in financial statements intended to deceive financial statement users.

# Shawnee State University

## Appendix - Definitions

- **Fraud (continued)**
  - “Misstatements” arising from “misappropriation of assets” involve the theft of assets where the effect of the theft causes the financial statements not to be presented in conformity with GAAP.
  - The University is responsible for the design and implementation of programs and controls to prevent and detect fraud.
- **GAAP**
  - Generally Accepted Accounting Principles. Used by almost all entities in the USA to prepare periodic financial statements.
- **Allowance**
  - An estimate determined by management based on past history of the amount of student and contribution receivables at June 30 that are not expected to be received.
- **A-133 Audit**
  - The U.S. Office of Management and Budget (OMB) Circular A-133 which sets forth standards for obtaining consistency and uniformity among Federal agencies for the audit of States, local governments, and non-profit organizations expending Federal awards. This is also known as “Single Audit” and is focused on programs funded with federal dollars. At Shawnee State University, this primarily consists of student financial aid.
- **990-T**
  - Corporate income tax form for exempt organization unrelated income. This primarily relates to income earned on limited partnerships that is considered taxable by the IRS (real estate and natural resources), and non-educational use of institutional property.

# Shawnee State University

## Appendix - Definitions

- **Nonexchange Transaction**
  - Revenues received by the University that are deemed not related to the University providing a service. They consist primarily of gifts, investment income, federal Pell grant revenue and state operating appropriations. State appropriations are subject to annual approval by state legislature and are reported based on the state operating budget that funds the appropriation to the University.
- **FASB**
  - Financial Accounting Standards Board is the governing accounting body that issues reporting pronouncements for private sector organizations. The Development Foundation prepares its financial statements in accordance with these pronouncements and guidance.
- **GAAS**
  - Generally Accepted Auditing Standards. The standards that govern the conduct of independent audits of non-public companies, as determined by the Auditing Standards Board (ASB) of the AICPA.
- **GAGAS**
  - Generally Accepted Governmental Auditing Standards. Informally known as “Yellow Book,” these standards guide all audits of governmental units.
- **GASB**
  - Governmental Accounting Standards Board is the governing accounting body that issues reporting pronouncements. Shawnee State University prepares their financial statements in accordance with these pronouncements and guidance.

# Shawnee State University

## Appendix - Definitions

- **Unmodified Opinion**
  - A signed representation by an auditor as to the reliability and fairness of a set of financial statements. The opinion could be qualified, unmodified, or adverse.
- **Auditor Opinion Date**
  - The date the audit is completed and the auditor can provide their opinion. This is defined as the date the audit fieldwork and reviews are completed and the date management has reviewed the financial statements and provided a signed representation letter to the auditors.
- **Material Misstatement**
  - To present accidental or intentional untrue financial statement information that influences a company's value.
- **Significant Adjustments**
  - A material error in financial reporting discovered by the auditor during performance of their audit fieldwork which was large enough that it was required to be booked to the financial statements and disclosed to the audit committee or board.
- **Passed Adjustments**
  - A summary of proposed account adjustments not recorded by management and reviewed by auditors and determined, individually or in the aggregate, not to have a significant effect on the financial reporting process and therefore they are not recorded in the financial statements.

# Thank You!

*We look forward to serving  
Shawnee State University.*

## Higher Education Group

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## **RESOLUTION F22-14**

### **ALCOHOL ON CAMPUS, POLICY 3.19REV**

WHEREAS, a systematic review of institutional policies has been undertaken at the direction of the President in order to remove outdated policies, and to modify and update policies; and

WHEREAS, Policy 3.19Rev, Alcohol on Campus, was last reviewed and approved by the Board of Trustees on October 14, 1994, and requires technical revisions due to organizational changes and updates to establish processes that reflect the current operations; and

WHEREAS, procedures to implement the revised policy are provided for informational purposes:

THEREFORE BE IT RESOLVED that the Board of Trustees of Shawnee State University hereby approves Policy 3.19Rev, Alcohol on Campus, July 11, 2014.

(July 11, 2014)

# Shawnee State University

POLICY TITLE:	ALCOHOL ON CAMPUS
POLICY NO. :	3.19 REV
ADMIN CODE:	3362-3-11
PAGE NO.:	1 OF 2
EFFECTIVE DATE:	07/11/14
NEXT REVIEW DATE:	07/2017
RESPONSIBLE OFFICER(S):	PRESIDENT/VPF&A/ECS
APPROVED BY:	BOARD OF TRUSTEES

## 1.0 PURPOSE

Shawnee State University is committed to assuring a healthy and safe environment for students, faculty and staff, and visitors where the presence of alcohol does not interfere with the learning experience or the peaceful environment of the campus and community. The purpose of this policy is to establish parameters for the purchase, possession, distribution, and consumption of alcohol on campus.

## 2.0 STUDENT EVENTS (UNIVERSITY-SPONSORED ON AND OFF CAMPUS)

Student purchase, possession, distribution, or consumption of alcoholic beverages in University buildings, on campus grounds (owned or managed), in University provided vehicles, at University-sponsored on-campus events, or at University-sponsored off-campus events is prohibited without prior authorization.

## 3.0 ON-CAMPUS EVENTS AND CONFERENCES

The prior-approved purchase and consumption of alcoholic beverages on University property for events and conferences must be in accordance with the exclusive food services agreement and alcohol operating license held and maintained by the University's food services vendor.

## 4.0 INSURANCE

If the event in which alcohol is to be purchased and/or consumed is sponsored by a non-University group or individual, proof of an appropriate level of liability insurance may be required. This determination will be made by the Director of Event and Conference Services.

## 5.0 RESIDENCE HALLS

5.1 The sale of alcoholic beverages in residence halls (owned or managed by the University) is prohibited.

- 5.2 The possession and consumption of alcoholic beverages for legal-aged (age 21 or older) residents is permitted in residence halls contingent upon compliance with established residential hall rules, University policy and procedures, and subject to full compliance with state and local laws.

## 6.0 PERSONAL BEHAVIOR

Patrons, including students, attending events in which alcoholic beverages are served will be held responsible for their personal behavior, as well as the behavior of guests. Behavior that is judged to be irresponsible or inconsiderate by University officials or Department of Public Safety while possessing or consuming any alcoholic beverage may be treated as an abuse of this Policy.

## 7.0 GENERAL PROHIBITION

- 7.1 The use or sale of alcohol by any person (students, employees and visitors) on campus property (managed or owned by the University) or at University-sponsored off campus activities is prohibited in instances that are inconsistent with state or local laws and restrictions and as established by this policy.
- 7.2 Violations of University policy or engagement of illegal actions will result in the involved individual(s) being subject to sanctions and/or enforcement results as referenced and incorporated by University policy and/or applicable laws.

## 8.0 PROCEDURES

The President will ensure the establishment of procedures necessary to effectively implement this policy.

Ref: Residence Hall Guidelines: <http://www.shawnee.edu/offices/housing-and-residence-life/media/SSUGuidetoUniversityHousingandResidenceLife.pdf>

Ref: Student Code of Conduct: <http://www.shawnee.edu/offices/dean-students/media/student-conduct-code.pdf>

### History

Effective: 02/18/92

Revised: 07/11/14, 10/14/94

Applicable Procedures: 3.19:1 Alcohol – On-Campus Events and Conferences (link)

## INFORMATION ONLY

PROCEDURE TITLE:	ALCOHOL - ON-CAMPUS EVENTS AND CONFERENCES
PROCEDURE NO.:	3.19:1
RELATED POLICY:	3.19REV
PAGE NO.:	1 OF 3
RESPONSIBLE ADMINISTRATOR(S):	VPF&A/DIR. ECS
EFFECTIVE DATE:	07/11/14
NEXT REVIEW DATE:	07/2017
APPROVED BY:	PRESIDENT

### 1.0 RESPONSIBILITY

- 1.1 The Director of Event & Conference Services, or designee, is responsible to monitor the application of and compliance to these procedures.
- 1.2 The University's exclusive food services vendor is responsible to maintain the required licenses and insurance for the sale and service of alcohol to patrons at University events and conferences. In the case of a change of the University's food service vendor, the transfer of such license will be made to the new vendor in accordance with the established vendor agreement.

### 2.0 PROCEDURE FOR AUTHORIZATION TO PURCHASE AND CONSUME ALCOHOL

- 2.1 To secure approval for the purchase and consumption of alcohol at an on-campus event or conference (whether a University or non-University event), the sponsoring party must complete an *Alcohol Authorization Form* and submit it with the *Space Reservation Form*, with all required signatures to the Department of Event & Conference Services prior to the event.
- 2.2 University funds may not be used to purchase alcoholic beverages.
- 2.3 Except as noted herein, all alcoholic beverages must be purchased from the University's food services vendor which is licensed and insured.
- 2.4 The sale of alcoholic beverages on Sundays is not permitted.
  - 2.4.1 The consumption of alcoholic beverages on Sundays may be permitted with prior written authorizations by both the Director of Event and Conference Services and the local manager of the University's dining services (or designees of either).

2.4.2 If approval has been received for the sponsoring party to provide the alcohol, upon request, the University's food service staff will serve the provided alcohol to the event patrons.

2.4.3 Permission for the consumption of alcohol on campus at a Sunday event is granted on an exception basis only. The type of event, number and ages of expected attendees, and duration of the event will affect this decision.

2.5 In accordance with the liquor license, under no circumstance may any alcoholic beverage be permitted to leave the approved area of the event. Except for Sunday events as described in Section 2.4 above, no alcoholic beverages may be brought into the event by an individual.

2.6 The sponsoring organization/party (approved University sponsor, etc.) will be expected to ensure adherence to the University's alcohol procedures and for the actions and behaviors of those attending the event.

2.7 All student events in which alcohol is served must have an adequate number of adult chaperones that may include University faculty, and/or staff, as determined by the Director of Event & Conference Services or designee. The type of event, number and ages of expected attendees, and the duration of the event will affect this decision.

2.8 No one under the age of 21 is permitted to purchase, possess, serve, or consume any alcoholic beverage.

### 3.0 SECURITY

3.1 Officers from SSU's Department of Public Safety (DPS) must be present at all times during an event. The number and types of officers (Security/Police) will be determined by the Director of ECS in consultation with the event organizer and the Director of DPS. The sponsoring organization will be separately billed for the security time and cost of materials.

3.2 All sale and use of alcoholic beverages on University property will be monitored by and subject to inspection by the Department of Public Safety, Director of ECS or designee, or the applicable University dean or sponsoring department director.

3.3 Intoxicated individuals will not be served nor permitted to possess alcoholic beverages and are subject to being ejected from the event and University property. This determination may be made by the liquor-license holder or the appropriate University representative.

4.0 VIOLATION OF POLICY OR PROCEDURES:

- 4.1 A student who violates the alcohol policy and/or related procedures addressing the consumption and/or sale of alcohol will be subject to the disciplinary provisions described by the Student Code of Conduct, found at:

<http://www.shawnee.edu/offices/dean-students/media/student-conduct-code.pdf>

- 4.2 An employee who violates the alcohol policy and/or related procedures addressing the consumption and/or sale of alcohol will be subject to the disciplinary provisions described by the applicable policy or collective bargaining agreement.

5.0 VIOLATION OF LAW OR DISRUPTION DUE TO CAMPUS

Any individual found to be illegally purchasing, selling, and/or consuming alcohol, is intoxicated, disruptive to others, or believed to pose a threat to him or herself or others while on University premises at University or non-University-sponsored events will be subject to the action(s) deemed necessary by the Department of Public Safety and/or local law enforcement agencies.

History

Effective: 07/11/14

## **RESOLUTION F23-14**

### **ADOPTION OF POLICY 4.40REV, ACCESS TO UNIVERSITY BUILDINGS AND APPROVAL OF RESCISSION OF POLICY 4.41, KEY CONTROL**

WHEREAS, a systematic review of institutional policies has been undertaken at the direction of the President in order to remove outdated policies, and to modify and update policies; and

WHEREAS, policies 4.40Rev, Building Security, and 4.41 Key Control, were last reviewed and approved by the Board of Trustees on January 22, 1990 and are found to be outdated; and

WHEREAS, revisions have been made to Policy 4.40Rev that necessitates its renaming to “Access to University Buildings” and that incorporate multiple related topics such as: building hours, provisions for the regulation and control of building keys, technical corrections pertinent to the current organizational structure, and to provide clarity regarding access to University properties (owned and leased); and

WHEREAS, with the incorporation of the topic of key controls into Policy 4.40Rev, there is no longer a need for a separate policy addressing this topic and the rescission of Policy 4.41 is appropriate; and

WHEREAS, procedures to implement the revised and renamed Policy 4.40Rev, Access to University Buildings, are provided for informational purposes;

THEREFORE BE IT RESOLVED that the Board of Trustees of Shawnee State University hereby approves rescinding Policy 4.41, Key Control, incorporating that subject with related building access provisions into Policy 4.40Rev, Access to University Buildings, effective July 11, 2014.

(July 11, 2014)

# Shawnee State University

POLICY TITLE:	ACCESS TO UNIVERSITY BUILDINGS
POLICY NO. :	4.40 REV
ADMIN CODE:	3362-4-17
PAGE NO.:	1 OF 2
EFFECTIVE DATE:	07/11/14
NEXT REVIEW DATE:	07/2019
RESPONSIBLE OFFICER(S):	PRESIDENT/VPF&A
APPROVED BY:	BOARD OF TRUSTEES

## 1.0 PURPOSE

The purpose of this policy is to provide for the appropriate access to University buildings for academic and business operations by University faculty, staff, students, and visitors while ensuring the control of keys for the protection of University property and people.

## 2.0 RESPONSIBILITIES

- 2.1 Department of Public Safety – ensure that academic and business buildings are open at appropriate times and provide access to authorized persons during times when buildings are closed, and other actions such as patrolling the premises for the purpose of ensuring that University buildings are secured.
- 2.2 Department of Facilities – administer a campus-wide lock/keying system, including distribution of keys to employees and/or visitors as required, and maintaining accurate records of key owners.
- 2.3 Department of Human Resources – inform employees during new-hire onboarding and at exit interviews of employees’ obligations for the proper handling of assigned gate keys. HR also is responsible for informing employees about their obligations to follow established procedures for acquiring, maintaining and returning building and assigned office/space keys that are issued to them.

## 3.0 BUILDING SECURITY

Access to Shawnee State University buildings (owned and leased) for academic and business purposes is permitted for faculty, staff, students, and authorized visitors as provided and in accordance with procedures designed for the physical protection of the buildings and their occupants.

## 4.0 BUILDING HOURS

The University will establish hours in which its buildings will typically be open in order to provide access to students, faculty, staff and visitors for academic and business



purposes. These procedures will include enabling authorized persons access to buildings during off hours.

#### 5.0 KEY CONTROL

To protect University property and peoples, procedures addressing the effective handling of the issuance, usage, and return of keys will be established.

#### 6.0 PROCEDURES

The Board of Trustees authorizes the President to establish procedures to effectively implement this policy.

Ref: Guide to University Housing & Residence Life ([link](#))

#### History

Effective: 01/22/90

Revised: 07/11/14

Applicable Procedures: 4.40:1 Building Access and Key Control

## INFORMATION ONLY

PROCEDURE TITLE:	BUILDING ACCESS AND KEY CONTROL
PROCEDURE NO.:	4.40:1
RELATED POLICY:	4.40REV
PAGE NO.:	1 OF 6
RESPONSIBLE ADMINISTRATOR(S):	VPF&A/DPS/FACILITIES/HR
EFFECTIVE DATE:	07/11/14
NEXT REVIEW DATE:	07/2019
APPROVED BY:	PRESIDENT

### 1.0 PURPOSE

These procedures establish hours of operation for academic and business buildings owned and/or leased by the University and provide a process for the issuance and management of keys to authorized University employees.

### 2.0 ACADEMIC AND BUSINESS BUILDING HOURS

- 2.1 Academic and business buildings will typically be open (outside doors unlocked) for business and instruction on week days from 7:00 a.m. until 11:00 p.m., and on weekends as scheduled classes and pre-scheduled events require.
- 2.2 These buildings may be accessed when outside doors are locked and on weekends and holidays by those employees to whom a building entrance key has been issued and, with authorization provided by the appropriate dean/department head and/or vice president, for labs, classrooms, and space needed for events or conferences that have been registered and scheduled through the applicable University offices (e.g., Registrar, Event & Conference Services, VRCFA, etc.).
- 2.3 Access after 11:00 p.m. will be restricted and controlled by the Department of Public Safety.
- 2.4 Access to residential halls (owned or managed by the University) is governed by provisions of the *Guide to University Housing & Residence Life* found at the applicable web site link below.

### 3.0 KEY CONTROL - BUILDING/SPACE KEYS

- 3.1 Grand master keys will be issued to the President, Vice Presidents, Director of Facilities, assistant facilities and maintenance directors, and to others upon authorization by the President or the Vice President for Finance and Administration.

- 3.2 When authorized by a Vice President, keys to buildings and alarm codes or alarm keys may be issued to a University employee based upon the access requirements for the employee's position to the assigned work site, office, and building. Individual room keys may be issued to an employee who is assigned to control access to a space or facility, i.e., office, storage room, workroom, etc.
- 3.3 Alarm keys will be issued only to those employees authorized (such as the Department of Public Safety and facilities managers and staff) and who have a need as established by their job assignments for building entrance during off hours.
- 3.4 Temporary assignment of keys may be requested for a specific purpose and date as approved by the appropriate Vice President, dean, or department head. Keys requested for a specific purpose and date shall be returned to the Key Control Manager, Director of Facilities or designee at the beginning of the first work day following the specific date.
- 3.5 All employees authorized to control space or access buildings are expected to be responsible for their assigned key(s) and to have on their person their own key(s) in order to unlock doors where and when they are authorized. Maintenance, custodians, and security personnel are not authorized to unlock doors for individuals any time except when approved in advance as provided by a completed *Space Reservation form* found at the website link below.
- 3.6 Duplication of keys by anyone other than the Key Control Manager, Director of Facilities, or designee is prohibited. Ohio Revised Code Section 3345.13 states: "No person shall knowingly make or cause to be made any key for any building, laboratory, facility, or room of any college or university which is supported wholly or in part by the State of Ohio, contrary to any regulation respecting duplication of keys adopted by the board of trustees of such college or university."

#### 4.0 DEFINITIONS

- 4.1 **CAMPUS KEYS:** Those keys that open buildings, interior doors and other locks for University (owned and leased) buildings.
- 4.2 **CENTRAL KEY CONTROL FILE:** Records maintained by the Facilities Department identifying keys by number and function and signatures of personnel having possession of campus keys.
- 4.3 **KEY CONTROL METHODS:** Methods used by the Facilities Department, the Department of Public Safety, and Human Resources to assure access to University buildings by only such personnel as are authorized through the proper authority.

- 4.4 **KEYING SYSTEM:** Numerical combinations which can be used to extend or limit the variety of keys in use.
  - 4.5 **KEY CONTROL MANAGER:** The person in the Facilities Department who will manage the keying system and be responsible for issuing, recording and recovering keys in accordance with this policy.
- 5.0 **KEY CONTROL MANAGER WILL BE RESPONSIBLE FOR:**
- 5.1 Creating a keying system in coordination with DPS and Human Resources that will ensure the physical security and reasonable convenience to persons duly authorized to possess keys to University buildings.
  - 5.2 Maintaining the central key control file and up-to-date records of keying systems.
  - 5.3 Fabricating and issuing all keys. No other source for keys is authorized.
  - 5.4 Controlling all lock work for campus buildings and property. Only the University's Facilities Department is authorized to install, alter or remove locks on any Shawnee State University building or property when approved by the Director of Facilities and/or the Vice President for Finance and Administration.
  - 5.5 Coordinating lost-key records with DPS personnel and administrators and determining whether rekeying of an area is required because of lost or misused keys.
  - 5.6 Furnishing key information to authorized department administrators.
  - 5.7 Coordinating the recovery and/or reassignment of campus keys from personnel who are terminating or transferring to another office or University building.
- 6.0 **VICE PRESIDENTS, DEANS, AND DEPARTMENT HEADS WILL BE RESPONSIBLE FOR:**
- 6.1 Authorizing the issuance of keys to their staff as necessary and in accordance with these procedures.
  - 6.2 Ensuring that all key holders in their assigned areas who are terminating or transferring to another office or University building follow the process to return campus keys.
  - 6.3 Ensuring that lost keys are reported to the Key Control Manager.

7.0 KEY RECIPIENTS – PERSONNEL TO WHOM KEYS HAVE BEEN ISSUED ARE RESPONSIBLE FOR:

- 7.1 Completing and signing a key-issuance record and signature card.
- 7.2 Maintaining possession and security of any and all keys issued by the Key Control Manager.
- 7.3 Reporting loss or theft of keys to the Key Control Manager.
- 7.4 Returning all keys issued to the Key Control Manager before executing final termination clearance or when transferring to another University office or building.

8.0 SPECIAL SECURITY KEYING AND CHANGES OF KEYING

- 8.1 Special security locks and keys for areas of special consideration may be permitted upon approval of the Director of Facilities, a Vice President, or the President.
- 8.2 No individual may use a personal lock for space control, nor may locks be changed or rekeyed without prior approval of a Vice President, the Key Control Manager, and the Director of Facilities.
- 8.3 Areas approved for special locks or keys will not receive maintenance or custodial services except by special arrangement with the Director of Facilities
- 8.4 Employees who wish to remain in a building after 11:00 p.m. shall give prior notice to the Department of Public Safety and at the time of departure.
- 8.5 Full-time and part-time faculty who authorize students to be in buildings, classrooms, or labs after 11 p.m. shall notify DPS, providing the date(s), locations, and estimated time the students will need to have such access.

9.0 PROCEDURE FOR KEY REQUESTS AND RETURNING CAMPUS KEYS

- 9.1 The requesting employee must complete a Key Request Form and submit it to his/her direct supervisor for submission and approval by the appropriate Vice President. When authorized by the Director of Facilities or designee, the Key Control Manager will cause the key(s) to be made and notify the requesting employee of the time and location to pick up the key(s).
- 9.2 A key assignment card file will be maintained by the Key Control Manager in the Facilities Department for each employee who has been issued key(s). The employee must acknowledge receipt of keys by signing for each key as it is issued.

## 10.0 TRANSFERRING KEYS WITHIN A DEPARTMENT

- 10.1 Keys no longer necessary to an individual will be returned by that individual to the Key Control Manager. Keys shall not be exchanged between individuals.
- 10.2 Persons being transferred within a department or to another department will be issued keys only by the Key Control Manager upon approval by the appropriate Vice President or department head.

## 11.0 RECOVERING KEYS FROM UNIVERSITY EMPLOYEES

- 11.1 To facilitate recovering keys, the department head should inform the Key Control Manager of the name(s) of individual(s) in the department who are terminating employment or moving to another department/location.
- 11.2 All University issued keys must be returned to the Key Control Manager prior to the departure of terminating employees. A terminating-employee's key(s) can be returned as follows:
  - 11.2.1 During the employee's exit interview conducted by Human Resources
  - 11.2.2 To the supervisor no later than the last date of employment
  - 11.2.3 To the Key Control Manager no later than the last date of employment
- 11.3 Refusal to return issued key(s) to the University may subject an individual to cost recovery charges for the cost of the key(s) and related expenses (administrative time and charges if expenses are realized due to re-keying or lock changes).
- 11.4 When an individual has returned all keys issued by the University, the Key Control Manager will send an email notice to Human Resources for notation in the employee's personnel record that the employee has fulfilled this expectation.

## 12.0 LOSS OR THEFT OF CAMPUS KEYS

- 12.1 Loss or theft of University keys must be reported immediately by the individual issued such key(s) to the Key Control Manager.
- 12.2 The Key Control Manager will note on the individual's Key Assignment Card the loss of the key(s).
- 12.3 The Key Control Manager will coordinate the lost key records with DPS, the Bursar, and Human Resources.

12.4 The individual will be charged a fine for each key lost as established by the University's posted Fines and Cost Recovery Schedule (see link below). Fines must be paid before the individual is issued additional University keys.

12.5 Payment for fines for lost keys must be remitted in the Bursar's Office.

### 13.0 REKEYING AND LOCK CHANGES

13.1 All requests for rekeying and lock changes must be submitted in writing to the Director of Facilities and approved by the appropriate Vice President.

13.2 Changing a portion or all locks in a building or the entire campus requires approval of the Director of Facilities in consultation with the Vice President for Finance & Administration. Unless the change is in response to an emergency, individuals affected will be given advance notice. Individuals affected by such changes shall return all obsolete keys to the Key Control Manager and request new keys by completing the Key Request form.

Key Request Form [{link}](#)

Space Reservation form [{link}](#)

Fines and Cost Recovery Schedule [{link}](#)

#### History

Effective: 01/22/90

Revised: 07/11/14

## **RESOLUTION F24-14**

### **ADOPTION OF POLICY 5.28REV, UNIVERSITY PARKING AND APPROVAL OF RESCISSION OF POLICY 4.42, PARKING GATE KEYS**

WHEREAS, a systematic review of institutional policies has been undertaken at the direction of the President in order to remove outdated policies, and to modify and update policies; and

WHEREAS, a review of Policy 4.42, Parking Gate Keys, revealed that this policy was approved by the Board on April 2, 1990 and is outdated; and

WHEREAS, a review of Policy 5.28, University Parking revealed that this policy was approved by the Board on April 1, 1999 and requires substantive and technical corrections related to the current organizational structure and authority of appropriate offices; and

WHEREAS, revisions were made to Policy 5.28Rev, University Parking, that captures the administration of parking gate keys and provides for the management and regulated use of parking locations by all persons on University grounds (owned, leased, or managed); and

WHEREAS, with the incorporation of the subject of parking gate keys into Policy 5.28Rev, University Parking, the rescission of Policy 4.42, Parking Gate Keys is appropriate; and

WHEREAS, procedures for the effective implementation of Policy 5.28Rev, University Parking are provided for informational purposes;

THEREFORE BE IT RESOLVED that the Board of Trustees of Shawnee State University hereby rescinds Policy 4.42, Parking Gate Keys, and approves Policy 5.28Rev, University Parking effective July 11, 2014.

(July 11, 2014)



# Shawnee State University

POLICY TITLE:	UNIVERSITY PARKING
POLICY NO. :	5.28 REV
ADMIN CODE:	3362-5-29
PAGE NO.:	1 OF 2
EFFECTIVE DATE:	07/11/14
NEXT REVIEW DATE:	07/2019
RESPONSIBLE OFFICER(S):	VPF&A
APPROVED BY:	BOARD OF TRUSTEES

## 1.0 PURPOSE

The purpose of this policy is to ensure the safety of the University community by establishing parameters and enforcing applicable rules and regulations for the control and regulated use of vehicles, motorized cycles and bicycles on University grounds (owned or leased).

## 2.0 ENFORCEMENT

The enforcement of vehicle parking statutes, rules and regulations pursuant to the direction and authority contained in Chapter 3345 of the Ohio Revised Code and as directed by the President shall rest with the Department of Public Safety to enforce said rules and regulations.

## 3.0 REVIEW OF RULES AND REGULATIONS

The specific rules and regulations relating to vehicles on University grounds will be periodically reviewed and updated by the Director of Public Safety in consultation with the appropriate University governance structure.

## 4.0 COMPLIANCE

All persons who operate, park, or leave a vehicle on the grounds of Shawnee State University shall comply with the terms of this policy, implementing procedures and relevant state and/or municipal regulations.

## 5.0 PROCEDURES

The Board of Trustees authorizes the President to ensure the adoption of written procedures for parking and control of vehicles on campus and to effectively administer this policy. These procedures will provide for the issuance of parking gate keys, establish rules for parking on University grounds, establish a fine and penalty schedule for violations and an appeal process for citations issued.

History

Effective: 04/01/99

Revised: 07/11/14

Applicable Procedures: 5.28:1 University Parking

## INFORMATION ONLY

PROCEDURE TITLE:	UNIVERSITY PARKING
PROCEDURE NO.:	5.28:1
RELATED POLICY:	5.28REV
PAGE NO.:	1 OF 11
RESPONSIBLE ADMINISTRATORS:	VPF&A/DPS
EFFECTIVE DATE:	07/11/14
NEXT REVIEW DATE:	07/2019
APPROVED BY:	PRESIDENT

### 1.0 PURPOSE

Parking on University grounds is a privilege provided to the University's employees, students, and visitors. The purpose of these procedures is to establish appropriate and necessary administrative processes, rules, and regulations to ensure the orderly and systematic utilization of available parking locations, including adherence to enforcement provisions of the Ohio Revised Code (Sec. 3345).

### 2.0 PARKING GATE CARDS

- 2.1 All University employees, members of the University Board of Trustees, SSU Development Foundation Board members, and others authorized by the University President or designee, may be issued cards to the gate-controlled parking area(s).
- 2.2 The Department of Human Resources (HR) is responsible for managing parking gate cards for University employees for gate-controlled lots.
- 2.3 Parking Gate Card Issued – The issuance of parking gate cards to employees will typically occur during the new-hire, on-boarding process or upon request by the employee or department head.
- 2.4 Parking Gate Card Return - When an employee terminates employment, the employee is responsible to return the gate card to HR prior to his/her departure from campus.
- 2.5 Parking in Gate-Controlled Lot
  - 2.5.1 Parking in a gate-controlled lot is limited to the defined parking areas.
  - 2.5.2 Possession of a gate card does not guarantee the vehicle driver a parking space.

2.5.3 Parking in the entrance, exit or aisle ways, or in handicapped parking spaces without the appropriate permit, is prohibited.

2.5.4 The use of a gate card is intended for the designated individual and use by another person, including a family member, is not permitted.

### 3.0 PARKING REGISTRATION

3.1 Registration of motor vehicles is required by anyone parking on campus property (owned or leased) and is part of the campus parking permit registration process conducted by HR for employees and the Department of Public Safety for students and visitors (see par. 4.7).

3.2 As a condition of registration, individuals will certify by signing the registration forms, that they have read the terms outlined in this procedure and agree to abide by them.

3.3 Registration permits must be displayed on the rearview mirror or a place clearly visible through the windshield with the registration number clearly displayed. Registration permits are NOT transferable from the individual to whom they are issued to any other individual. Permits are not transferable to other vehicles except upon notification and approval by DPS. Replacement permits required for any reason will be issued by the DPS.

### 4.0 PARKING PERMITS

4.1 Upon satisfactory completion of registration of vehicle(s), a parking permit will be issued in accordance with the particular request and need for such issuance (e.g., housing, commuter, employee, etc.).

4.2 Parking permits must be visible through the front windshield when parked. Parking permits DO NOT guarantee a parking space on campus.

4.3 The implementation of a parking fee upon employees will be in accordance with the applicable University policies and collectively bargained agreements.

#### 4.4 Special Parking Permits

4.4.1 Special parking permits (i.e., handicap parking passes) allowing the holders to park in areas other than those for which they already hold University permits must be obtained through the appropriate state agency.

#### 4.5 Special License Plates

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- 4.5.1 Vehicles bearing Ohio license plates with the special Shawnee State University imprint may park in any lot except lots which are gated or parking spaces which are designated for visitor parking.
  - 4.6 Workshops, Events, and Non-credit classes
    - 4.6.1 Departments planning and arranging an event or conference via the Department of Event & Conference Services, or workshops or classes for non-credit student attendees scheduled through the Department of Educational Partnerships may request parking permits through the Department of Public Safety (DPS). Such request should occur at least ten (10) days prior to the start of the scheduled event or activity if it is necessary to reserve parking spaces. In such case, the campus community will be notified of temporary restrictions, if any, by DPS.
  - 4.7 Occasional Visitors
    - 4.7.1 Each department head may provide temporary parking permits to occasional visitors. Such temporary permits shall be issued for a maximum of one-week, unless prior arrangements are made with DPS. Such temporary parking permits shall be obtained through the DPS and note the duration directly on the temporary permit.
  - 4.8 Athletics and Cultural Events
    - 4.8.1 Parking of vehicles in designated parking areas while drivers or passengers attend athletic and cultural events on campus is permitted.
  - 4.9 After-Hours Parking
    - 4.9.1 After 5:00 p.m. Monday through Friday and all day Saturday and Sunday, all parking areas are open for general parking unless access is restricted by a gate or other physical barrier.
    - 4.9.2 All housing residents must park in areas assigned to them through Housing and Residential Life. Residents of University housing on Glover Street may park in the designated Commuter Lots on the campus after 5:00 p.m. Monday through Friday and all day Saturday and Sunday until 5:00 a.m.
  - 4.10 Motorcycle
    - 4.10.1 Motorcycles are required to park in designated vehicle parking spaces.
  - 4.11 Abandoned Vehicles

- 4.11.1 Vehicles without a current University permit or state registration that remain parked on campus for more than five (5) consecutive days may be declared abandoned and towed at the owner's expense. [Ord. 303.085]

## 5.0 PROCEDURE TO REGISTER VEHICLES

### 5.1 Students

- 5.1.1 Students registered at the University wishing to park a vehicle on University property (owned or leased) must register the vehicle with DPS and display a valid parking permit, which is visible through the front windshield. Students may not register the vehicle of another student.

### 5.2 Staff/Faculty

- 5.2.1 All faculty and staff must register their vehicles while employed at SSU. Part-time faculty must register their vehicles for each term for which they have a teaching contract. Faculty/staff may not register the vehicle of another faculty/staff member.

### 5.3 Invited Guests

- 5.3.1 Invited guests must display their parking permit through the front windshield.

### 5.4 Contractors

- 5.4.1 All contractors and their employees must register their vehicles with DPS and display the parking permit through the front windshield.

## 6.0 BICYCLES AND SKATE BOARDING

- 6.1 Racks are provided for bicycle parking. The racks are the only approved parking location. Failure to park in an available rack is subject to penalty and/or impoundment.

- 6.2 Bicycles may not be brought into any academic or administrative building unless otherwise designated. Those found are subject to penalty and/or impoundment.

- 6.3 Bicycles must be removed from the racks during the period of time the student is not enrolled in school. Bicycles left in racks beyond seven (7) days of the last final exam each term are subject to storage by Shawnee State University for three

(3) months and then disposed in a manner as determined by the Director of the Department of Public Safety.

- 6.4 Bikes may be ridden in any local roadway or area where motorized vehicle operation is permitted.
- 6.5 Although City Ordinance prohibits riding on some City sidewalks, University students, faculty, and staff are permitted to ride bicycles, skate boards, in-line skates, and roller skates on campus sidewalks under the following conditions:
  - 6.5.1 Riders must yield the right-of-way to pedestrians;
  - 6.5.2 Bicycles must have an operative sounding device (bell, horn, etc.) and respect campus property.
  - 6.5.3 Damage to campus property may result in a penalty or impoundment.
  - 6.5.4 Users of the above devices must obey all vehicular traffic laws which are defined in the Ohio Vehicle Law Manual.
  - 6.5.5 Bicycles should be registered through the DPS.
  - 6.5.6 Refusal to comply with the above conditions may result in the rider's loss of such privileges.

## 7.0 AVAILABLE PARKING AREAS

Campus maps that identify faculty, staff, student and visitor parking areas are available through the DPS Office and posted on the University website.

## 8.0 ENFORCEMENT AUTHORITY

### 8.1 Department of Public Safety

- 8.1.1 Enforcement of University parking rules is the responsibility of the Department of Public Safety (DPS). The Director of Public Safety (the SSU administrator who is responsible for campus security/police services) and DPS officers are authorized and directed to enforce these regulations by citations on sight of anyone violating these regulations, by serving notice of such violations either upon the person found violating the same or upon the vehicle found in violation. Citations will provide notice of the type of violation and the location and approximate time of the violation. Parking in non-university parking areas/property is subject to City Ordinances.

### 8.2 Temporary Modification

8.2.1 The Director of Public Safety shall have the authority and responsibility for temporarily modifying certain provisions of the vehicle parking regulations under extraordinary or unusual circumstances when such modification is in the best interest of the University.

### 8.3 Presumptions

8.3.1 If any vehicle is found on University property in violation of these regulations, the owner or the registrant shall be responsible.

### 8.4 Impoundment

8.4.1 In those instances deemed necessary and proper by the Director of Public Safety, vehicles found in violation of safety rules (e.g. fire lanes) and constitute a hazard or obstruction to the normal movement of traffic may in addition to being cited for said violation, be impounded through a towing service or through immobilization in place. In order to secure the release of said vehicle, the person having a right to secure release must first satisfy the outstanding violations and impoundment fees.

### 8.5 Disposition of Abandoned Vehicles

8.5.1 Vehicles deemed to be abandoned in accordance with the Abandoned Vehicle paragraph in Section 5 may be impounded through a towing service. This action may be taken after written notice is posted on the vehicle of intent to tow/impound and the officer attempts to locate the legitimate owner of the vehicle to have it moved and the legitimate owner cannot be located, or cannot or will not remove the vehicle within a reasonable length of time, at least five days preceding the towing or impoundment.

### 8.6 Signage

8.6.1 Wherever rules are promulgated that designate an area is limited to certain parking, said rule shall be effective when proper signs giving notice have been erected in the area, or when DPS personnel or parking personnel are present and directing parking and traffic.

## 9.0 FAILURE TO PAY FOR VIOLATION

### 9.1 Presumption of Guilt

9.1.1 If a person, who is served with a notice of violation or upon whose vehicle a notice is served, fails to pay the penalty or to file a timely



appeal, the University may treat this failure as an admission of violation and as consent to the assessment of the fine.

9.1.2 Fines not paid within ten (10) days of initial notice or action on a timely appeal, whichever is later, are a debt to the University, subject to appropriate collection procedures.

## 9.2 Authority to Pursue Prosecution and Collection

9.2.1 If a person upon whom a violation notice is served, or the owner of a vehicle upon which a violation notice is served fails, within ten (10) days after service, to pay the penalty or file an appeal as provided, or after such appeal shall have been determined against him/her, fails to pay the penalty, the Director of Public Safety is empowered and directed to pursue the collection of the violation and/or other penalties.

## 9.3 Students

9.3.1 The Director of Public Safety and/or the Bursar may certify the violation and the prescribed fine to the Registrar and the Registrar shall withhold such student's registration for subsequent terms or withhold the certification of such student's graduation from the University, or both, until the prescribed fines have been paid. The student may also suffer loss of parking privileges and revocation of registration.

## 9.4 University Employees

9.4.1 The Director of Public Safety may, at his/her discretion, revoke the parking privileges for a University employee. The Director of Public Safety shall withhold vehicle registration and permits in subsequent registration and permit until the penalties have been paid or access to the restricted area is restored through the appeal process.

## 9.5 Loss of Parking Privileges and Appeal

9.5.1 Persons who receive three (3) unexcused violations during the regular academic year (Fall through Spring term) or two unexcused violations during the summer term may automatically have parking privileges revoked. The vehicle involved is subject to being towed or impounded if parked on University property.

9.5.2 Persons with two or more unpaid violations are subject to having their vehicles towed or impounded/immobilized on University property.

9.5.3 Revoked parking privileges may be reinstated only upon the approval of the Director of Public Safety.

- 9.5.4 The decision of the Director of Public Safety to revoke parking privileges or deny reinstatement may be appealed to the Parking Appeals and Review Committee within ten (10) calendar days after the individual is sent notice by U.S. mail or University email.

## 10.0 VIOLATIONS AND FINES

### 10.1 Two or Three Wheeled Vehicles

- 10.1.1 Two or three wheeled motorized vehicles, including ATVs and motorized bicycles are restricted to areas designated for such vehicles.

### 10.2 Parking Prohibited

- 10.2.1 No person shall park any vehicle or let any vehicle stop or stand on the campus of the University or property managed by the University except in areas and at the times and under the conditions set out in these regulations or by order of the Director of Public Safety.

### 10.3 Posted Parking

- 10.3.1 Signage identifies authorized users of specific lots and spaces by color or type of registration permit.

### 10.4 Giving False Registration Information

- 10.4.1 No person shall knowingly give false information when registering a vehicle or applying for a permit or decal as provided in these regulations, and if such information is given by any persons, the registration and permit of such person shall be referred to proper University authorities for disciplinary action deemed appropriate (and in accordance with applicable University policy or collectively bargained agreement) in addition to the penalties contained herein.

### 10.5 Invited Guests

- 10.5.1 Invited guests are required to display a temporary permit, if parking in spaces not reserved for visitors.

### 10.6 Fine Schedule

- 10.6.1 The Vice President for Finance & Administration or designee has the authority to establish and change the fee schedule for fines.

10.6.2 The Director of Public Safety will periodically review the fine schedule and other penalties for violation of the rules and regulations of vehicle parking. Consideration to revise the fine and penalty schedule related to parking violations will be reviewed with the Parking Appeals and Review Committee.

10.6.3 The proposed revisions will be submitted to the Vice President for Finance & Administration. Upon the approval, such revisions or additions to the fine and penalty schedule will become effective and enforceable.

10.6.4 The parking fines will be incorporated into the University's Fines and Cost Recovery Schedule and posted at: [http://shawnee.edu/offices/public-safety/motor\\_vehicle.aspx](http://shawnee.edu/offices/public-safety/motor_vehicle.aspx)

## 10.7 Fire Lanes

10.7.1 Parking is not permitted in fire lanes. Fire lanes are designated by signs or yellow curbing adjacent to buildings.

## 11.0 PARKING COMMITTEE AND APPEALS

### 11.1 Composition

11.1.1 The Parking Appeals and Review Committee (PARC) shall consist of five (5) members: One faculty member (appointed by the University Faculty Senate), one administrator (appointed by the University Administrative Assembly), one staff member (appointed by the University Staff Assembly), one student (appointed by the Student Government Association), and the Director of Public Safety.

### 11.2 Appointment Period

11.2.1 Committee members will be appointed to serve as follows:

11.2.1.1 Faculty - 2 years

11.2.1.2 Administrator - 2 years

11.2.1.3 Staff member - 2 years

11.2.1.4 Student - 1 year

11.2.1.5 Director of Public Safety – ongoing and serves as chairperson

11.3 The committee will meet at the call of the Chairperson. Three members of the committee constitute a quorum.

11.4 If a committee member resigns, the original appointing body has the responsibility of reappointment for the unexpired term.

11.5 Authority of Committee

11.5.1 The Parking Appeals and Review Committee (PARC) shall have the authority to consider appeals of parking citations of the Shawnee State University vehicle parking regulations. In addition, the PARC shall, at the request of the Director of Public Safety or designee, serve in an advisory capacity concerning matters of enforcement, parking regulations, and parking procedures.

11.6 Appeal Procedure

11.6.1 Any person upon whom or upon whose vehicle a notice of violation has been served may file an appeal using a form provided by the Department of Public Safety. The completed and signed appeal form must be delivered to the DPS within ten (10) working days from the date of the violation. The form must be fully completed and include, among other requested items, identification of the violation notice or a copy thereof and any facts pertinent to the merits of the claim on which the appellant bases his or her appeal.

11.7 Screening of Appeal

11.7.1 The Director of Public Safety or a designee will attempt to mutually resolve an appeal. If not resolved, the Director of Public Safety or designee shall refer the appeal to the PARC. The PARC decision is not appealable.

11.8 Appeals Consideration

11.8.1 The Director of Public Safety will present the facts surrounding the alleged violation and the service of the notice for PARC consideration. Factors that may be considered include but are not limited to:

11.8.1.1 Written description of the violation

11.8.1.2 Evidence of the alleged violation

11.8.1.3 Date of notice of violation

11.8.1.4 That the appellant is the registrant of the vehicle and/or is identified as the violator

11.8.2 The Appellant will be given an opportunity without interference to demonstrate to the PARC that s/he should not be held responsible for the violation.

11.8.3 The PARC will consider each appeal based on the evidence that is presented.

11.8.4 If an appellant asserts that a person other than the appellant is responsible for the violation (even though the vehicle is registered to the appellant), the appellant will be held responsible for the violation. The identification of the alleged other driver/operator is required in order for modification of the appeal results to be considered.

#### 11.9 Disposition of Appeal

11.9.1 Upon consideration of the appeal, the PARC shall dispose of the case by:

11.9.1.1 Finding that the violation was committed as charged.

11.9.1.2 Finding that the violation was not committed as charged. In such event the notice of violation shall be withdrawn.

11.9.1.3 Finding the violation was committed but mitigated by extenuating circumstances and reduce the fine imposed.

11.9.1.4 Properly document and record the finding according to applicable University record retention rules.

#### History

Effective: 04/01/99

Revised: 07/11/14

## **RESOLUTION F25-14**

### **APPROVAL OF POLICY 5.21REV, BLOODBORNE PATHOGENS**

WHEREAS, a systematic review of institutional policies has been undertaken at the direction of the President in order to remove outdated policies, and to modify and update policies; and

WHEREAS, a review of Policy 5.21, Bloodborne Pathogens revealed that this policy was approved by the Board on June 6, 1993 and requires technical corrections; and

WHEREAS, Policy 5.21Rev, Bloodborne Pathogens is updated to reflect the current organizational structure, reviewed for compliance with current applicable state and federal standards, and reformatted in accordance with current University policies and procedures; and

WHEREAS, procedures that implement the updated policy are provided for informational purposes;

THEREFORE BE IT RESOLVED that the Board of Trustees of Shawnee State University hereby approves Policy 5.21Rev, Bloodborne Pathogens, effective July 11, 2014.

(July 11, 2014)

# Shawnee State University

POLICY TITLE:	BLOODBORNE PATHOGENS
POLICY NO. :	5.21 REV
ADMIN CODE:	3362-5-22
PAGE NO.:	1 OF 2
EFFECTIVE DATE:	07/11/14
NEXT REVIEW DATE:	07/2019
RESPONSIBLE OFFICER(S):	PRESIDENT/VPF&A
APPROVED BY:	BOT

## 1.0 PURPOSE

The University is dedicated to providing a safe workplace for employees and students. This policy ensures compliance with the Ohio Public Employees Risk Reduction Program (PERRP) and the Occupational Safety and Health Administration (OSHA) regulation, "Occupational Exposure to Bloodborne Pathogens; Final Rule" (29 CFR Part 1910.1030) and its amendments.

## 2.0 RESPONSIBILITIES

- 2.1 The Office of Environmental Health & Safety (EHS) is responsible for the development and management of the University's Exposure Control Plan (ECP) that establishes the procedures for occupational exposure to human blood or OPIM.
- 2.2 The University Health Clinic has responsibility for providing medical evaluations, vaccinations and counseling to affected employees as provided in accordance with the current contractual obligations.
- 2.3 Department heads, (deans, chairs, lab managers, supervisors, faculty, staff) are responsible to have a working knowledge of the Exposure Control Plan, to make those under their jurisdiction aware of the ECP and of their obligations to be in compliance with its provisions, and to take or cause appropriate actions in case of accidental exposure.
- 2.4 Lab users (students, lab coordinators, employees, etc.), have responsibility to be aware of and to adhere to lab safety rules and for minimizing their occupational exposure to human blood and other potentially infectious materials (OPIM).

## 3.0 PROCEDURES

The President will ensure the establishment of procedures to effectively implement this policy.

History

Effective: 06/18/93

Revised: 07/11/14

Applicable Procedures: 5.21:1 Bloodborne Pathogens – Exposure Control Plan



## INFORMATION ONLY

PROCEDURE TITLE:	BLOOD BORNE PATHOGENS – EXPOSURE CONTROL PLAN
PROCEDURE NO.:	5.21:1
RELATED POLICY:	5.21REV
PAGE NO.:	1 OF 9
RESPONSIBLE ADMINISTRATOR(S):	VPF&A/EHS
EFFECTIVE DATE:	07/11/14
NEXT REVIEW DATE:	07/2019
APPROVED BY:	PRESIDENT

### 1.0 PURPOSE

The purpose of this procedure is to establish an Exposure Control Plan (ECP) to address occupational exposure of University personnel with contact to human blood or potentially infectious materials (OPIM). OPIM include: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, and any body fluid visibly contaminated with blood.

### 2.0 RESPONSIBILITIES

2.1 The Office of Environmental Health and Safety is responsible for the effective administration of this procedure, awareness and training of University employees, and to ensure the appropriate disposal of bio-hazardous waste. The Office of EHS shall:

2.1.1 Prepare and distribute the ECP to applicable departments.

2.1.2 Annually review the ECP for effectiveness and update as necessary. The update shall be required to reflect changes in technology that eliminate or reduce exposure to bloodborne pathogens.

2.1.3 Provide or coordinate training for all affected workers concerning occupational transmission of bloodborne pathogens, as required in the standard.

2.1.4 Maintain training records.

2.1.5 Assist departments in identifying employee job classifications in which occupational exposure to human blood may occur.

2.1.6 Coordinate disposal of regulated waste.

2.2 The University Health Clinic (UHC) shall:

2.2.1 Provide medical evaluations, vaccinations and counseling to affected employees. Specific responsibilities include:

2.2.1.1 Pre-exposure prophylaxis (vaccinations)

2.2.1.2 Post exposure prophylaxis and treatment

2.2.1.3 Employee counseling

2.2.1.4 Follow up evaluation(s)

2.2.1.5 Control and maintenance of all medical records

2.2.1.6 Evaluate incidents of occupational exposure to human blood resulting from performance of employees' duties and document the circumstances under which the exposure occurred.

2.3 Departmental heads are responsible for ensuring their employees comply with the provisions of this ECP. Each University department is responsible for providing all necessary supplies such as personal protective equipment, soap, bleach, etc. Hepatitis B vaccinations shall be administered through the SSU Health Clinic. The affected department head shall:

2.3.1 Provide, at no cost to the employee, all supplies and personal protective equipment (PPE) and vaccinations that are necessary for compliance with this ECP.

2.3.2 Ensure that the ECP is accessible to all employees in the worksite and that the employees comply with the requirements of the Plan.

2.3.3 Provide specific work practice training and maintain copies of those training records.

2.3.4 Solicit input from non-managerial employees who are responsible for direct patient care in the identification, evaluation, and selection of effective engineering and work practice controls and document the solicitation in the ECP.

2.4 Lab users (students, lab coordinators, employees ) with occupational exposure to human blood or OPIM shall:

2.4.1 Adhere to the requirements of the ECP

2.4.2 Complete all safety training requirements and comply with documentation procedures.

2.4.3 Report all suspected exposure incidents

3.0 WORK PRACTICES AND PRECAUTIONS

- 3.1 Universally established precautions will be observed by employees in order to prevent contact with blood or OPIM. All blood or OPIM will be considered infectious regardless of the perceived status of the source.
- 3.2 The following work practices will be utilized to eliminate or minimize exposure to employees:
  - 3.2.1 Employees must wash their hands or other skin with soap and water, or flush mucous membranes with water, as soon as possible following an exposure incident (such as a splash of blood to the eyes or an accidental needle stick).
  - 3.2.2 Employees must routinely wash their hands as soon as feasible after removal of gloves or other personal protective equipment.
  - 3.2.3 Employees shall familiarize themselves with the nearest hand-washing location for the buildings in which they work. Because most SSU buildings are public access, hand washing facilities are available in multiple public restrooms as well as in janitorial closets. (If hand washing facilities are not available, each department will provide its workers either an antiseptic cleanser in conjunction with clean cloth/paper towels or antiseptic towelettes. If these alternatives are used, then the hands are to be washed with soap and water as soon as feasible.)
  - 3.2.4 University employees who encounter improperly disposed needles shall notify the Office of Environmental Health & Safety of the location of the needle(s). Additionally, the appropriate authorities at the location shall be notified (i.e., lab manager, residence coordinator etc.).
  - 3.2.5 Needles shall be disposed of in labeled sharps containers provided at the location. If sharps containers are not available at that location contact the facilities department for proper disposal.
  - 3.2.6 Needles should never be recapped.
  - 3.2.7 Needles may be moved or picked up only by using a mechanical device or tool (forceps, pliers, broom and dust pan).
  - 3.2.8 Breaking or shearing of needles is prohibited.
  - 3.2.9 No eating, drinking, smoking, applying cosmetics or lip balm, or handling contact lenses is allowed in a work area where there is a reasonable likelihood of occupational exposure.

3.2.10 No food or drinks shall be kept in refrigerators, freezers, cabinets, shelves, or on counter tops or bench tops where blood or OPIM are present.

3.2.11 Employees must perform all procedures involving blood or OPIM in such a manner as to minimize splashing, spraying, splattering, and generation of droplets of these substances.

#### 4.0 DECONTAMINATION

4.1 Decontamination will be accomplished by utilizing the following procedures and materials:

4.1.1 Equipment that may become contaminated with blood or OPIM will be examined and decontaminated before servicing or use.

4.1.2 Broken glassware will not be picked up directly with the hands. Sweep or brush material into a dustpan.

4.1.3 Known or suspected contaminated sharps shall be discarded immediately or as soon as feasible in containers that are closable, puncture-resistant, leak-proof on sides and bottom, and marked with an appropriate biohazard label.

4.1.4 When containers of contaminated sharps are being moved from the area of use or discovery, the containers shall be closed immediately before removal or replacement to prevent spillage or protrusion of contents during handling, storage, transport, or shipping.

4.1.5 Reusable containers shall not be opened, emptied, or cleaned manually or in any other manner that would expose employees to the risk of percutaneous injury.

4.1.6 Proper disinfectant approved for cleanup of blood or OPIM.

4.1.7 All contaminated work surfaces, tools, objects, etc. will be decontaminated immediately or as soon as feasible after any spill of blood or OPIM.

4.1.8 The disinfectant must be left in contact with contaminated work surfaces, tools, objects, or OPIM for at least 10 minutes before cleaning.

4.2 Regulated Waste

4.2.1 Regulated waste shall be placed in containers that are closable, constructed to contain all contents and prevent leakage of fluids during handling, storage, transportation or shipping. The waste must be labeled or color-coded and closed before removal to prevent spillage or

protrusion of contents during handling, storage, or transport. Biohazard bags and labels are available through the facilities department.

4.2.2 Incineration of biohazardous waste shall be handled by a biological waste destructor. This shall be coordinated through the EH&S office.

#### 4.3 Laundry Procedures

Laundry contaminated with blood or other potentially infectious material will be handled as little as possible. Such laundry will not be sorted or rinsed in the area of use.

### 5.0 PERSONAL PROTECTIVE EQUIPMENT

5.1 Each University department will provide gloves, face shields, masks, eye protection, and aprons and will replace or repair personal protective equipment as necessary, at no cost to their employees.

5.2 All personal protective equipment will be chosen based on the anticipated exposure to blood or OPIM. The protective equipment will be considered appropriate only if it does not permit blood or OPIM to pass through or reach the employee's clothing, skin, eyes, mouth, or mucous membranes under normal conditions of use and for the duration of time for which the protective equipment will be used.

5.3 Employees must:

5.3.1 Utilize protective equipment in occupational exposure situations.

5.3.2 Remove garments that become penetrated by blood or other potentially infectious material immediately or as soon as feasible.

5.3.3 Replace all garments that are torn or punctured, or that lose their ability to function as a barrier to bloodborne pathogens.

5.3.4 Remove all personal protective equipment before leaving the work area.

5.3.5 Place all garments in the appropriate designated area or container for storage, cleaning, decontamination, or disposal.

### 6.0 HEPATITIS B VACCINE

6.1 The Hepatitis B vaccination shall be made available after the employee has received the training in occupational exposure and within 10 working days of initial assignment. It shall be made available to all employees who have potential occupational exposure unless the employee has previously received the complete

Hepatitis B vaccination series, antibody testing has revealed that the employee is immune, or the vaccine is contraindicated for medical reasons.

- 6.2 If the employee initially declines Hepatitis B vaccination, but at a later date decides to accept the vaccination, the vaccination shall then be made available. All employees who decline the Hepatitis B vaccination offered shall sign the OSHA-required waiver indicating their refusal. If a routine booster dose of Hepatitis B vaccine is recommended by U.S. Public Health Service at a future date, such booster doses shall be made available at no cost to the employee.
- 6.3 The Hepatitis B vaccine shall be offered to all University personnel who, during the course of their employment and regular job duties, may come into contact with human blood or potentially infectious bodily fluids.

## 7.0 POST-EXPOSURE EVALUATION AND FOLLOW-UP

- 7.1 All exposure incidents shall be reported, investigated, and documented. When an employee is exposed, it shall be reported immediately to the supervisor and the Office of Environmental Health & Safety.
- 7.2 Following a report of an exposure incident, the exposed employee shall go to the University Health Clinic (or other medical facility as needed) for a confidential medical evaluation and follow-up, including at least the following elements:
  - 7.2.1 Documentation of the route(s) of exposure.
    - 7.2.1.1 A description of the circumstances under which the exposure occurred.
    - 7.2.1.2 The identification and documentation of the source individual. (The identification is not required if the employer can establish that identification is impossible or prohibited by state or local law.)
    - 7.2.1.3 The collection and testing of the source individual's blood for HBV and HIV serological status.
    - 7.2.1.4 Post-exposure treatment for the employee, when medically indicated in accordance with the U.S. Public Health Service.
    - 7.2.1.5 Counseling.
    - 7.2.1.6 Evaluation of any reported illness
- 7.3 The Healthcare professional evaluating an employee will be provided with the following information:
  - 7.3.1 A copy of the University's ECP.

- 7.3.2 A copy of the OSHA Bloodborne Pathogen regulations (29 CFR 1910.1030)
  - 7.3.3 Documentation of the route(s) of exposure.
  - 7.3.4 A description of the circumstances under which the exposure occurred.
  - 7.3.5 Results of the source individual's blood testing, if available.
  - 7.3.6 All medical records applicable to treatment of the employee, including vaccination status.
- 7.4 The employee will receive a copy of the evaluating healthcare professional's written opinion within 15 days of the completion of the evaluation.
- 7.4.1 The healthcare professional's written opinion for Hepatitis B vaccination is limited to the following:
    - 7.4.1.1 Whether the employee needs Hepatitis B vaccination;
    - 7.4.1.2 Whether the employee has received such a vaccination.
  - 7.4.2 The healthcare professional's written opinion for post-exposure evaluation and follow-up is limited to the following information:
    - 7.4.2.1 That the employee was informed of the results of the evaluation.
    - 7.4.2.2 That the employee was informed about any medical conditions resulting from exposure to blood or OPIM that require further evaluation or treatment.
    - 7.4.2.3 All other findings or diagnoses will remain confidential and will not be in a written report.
    - 7.4.2.4 All medical evaluations shall be made by or under the supervision of a licensed physician or by or under the supervision of another licensed healthcare professional. All laboratory tests must be conducted by an accredited laboratory at no cost to the employee.
    - 7.4.2.5 All medical records will be kept in accordance with 29 CFR 1910.1020.

## 7.5 Training

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- 7.5.1 All employees at risk of exposure shall participate in a training program. Training will occur before assignment to a task where occupational exposure may take place and at least annually thereafter. Additional training will be provided when changes such as modification of tasks or procedures affect the employee's occupational exposure.
  - 7.5.2 Any employee who is exposed to infectious materials shall receive training, even if the employee was allowed to receive the HBV vaccine after exposure.
  - 7.5.3 Training will include at least the following elements:
    - 7.5.3.1 An accessible copy of the regulatory text of 29 CFR 1910.1030 and an explanation of its contents.
    - 7.5.3.2 A general explanation of the epidemiology and symptoms of bloodborne diseases.
    - 7.5.3.3 An explanation of the modes of transmission of bloodborne pathogens.
    - 7.5.3.4 An explanation of the employer's exposure control plan and the means by which the employee can obtain a copy of the written plan.
    - 7.5.3.5 An explanation of the appropriate methods for recognizing tasks and other activities that may involve exposure to blood or other potentially infectious materials.
    - 7.5.3.6 An explanation of the use and limitations of methods that will prevent or reduce exposure, including appropriate engineering controls, work practices, and personal protective equipment.
    - 7.5.3.7 Information on the types, proper use, location, removal, handling, decontamination, and disposal of personal protective equipment.
    - 7.5.3.8 An explanation of the basis for selection of personal protective equipment.

History

Effective: 07/11/14



APPENDIX A

Hepatitis B Vaccine Declination

I understand that due to my occupational exposure to blood or other infectious materials that I may be at risk of acquiring Hepatitis B virus infection. I have been given the opportunity to be vaccinated with the Hepatitis B vaccine at no charge to myself. However, I decline the Hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring Hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want the Hepatitis B vaccine, I can receive the vaccine series at no charge to me.

(print name) \_\_\_\_\_

(title) \_\_\_\_\_

(date) \_\_\_\_\_

(signature) \_\_\_\_\_

## **RESOLUTION F26-14**

### **APPROVAL OF POLICY 5.22REV, CHEMICAL HAZARDS**

WHEREAS, a systematic review of institutional policies has been undertaken at the direction of the President in order to remove outdated policies, and to modify and update policies; and

WHEREAS, a review of Policy 5.22, Chemical Hazard Communication, revealed that this policy was approved by the Board on June 18, 1993 and requires technical corrections to reflect the current organizational structure, assures continued adherence to applicable state and federal mandates; and

WHEREAS, the proposed revision renames the policy “Chemical Hazards” and conforms with the University’s current policy and procedure structure; and

WHEREAS, the Chemical Hazard Communication Program that incorporates procedures required for the effective implementation of this Policy is provided for informational purposes;

THEREFORE BE IT RESOLVED that the Board of Trustees of Shawnee State University hereby approves Policy 5.22Rev, Chemical Hazards effective July 11, 2014.

(July 11, 2014)

# Shawnee State University

POLICY TITLE:	CHEMICAL HAZARDS
POLICY NO. :	5.22 REV
ADMIN CODE:	3362-5-23
PAGE NO.:	1 OF 2
EFFECTIVE DATE:	07/11/14
NEXT REVIEW DATE:	07/2018
RESPONSIBLE OFFICER(S):	PRESIDENT/VPF&A/EH&S
APPROVED BY:	BOARD OF TRUSTEES

## 1.0 PURPOSE

The purpose of this policy is to provide for safe and appropriate occupational practices involving chemicals that are found or used on campus and to ensure compliance with the OSHA Hazard Communication Standard (29 CFR 1910.1200) as adopted by the Ohio Public Employees Risk Reduction Program (PERRP).

## 2.0 CHEMICAL HAZARD COMMUNICATION PROGRAM

The Shawnee State University Chemical Hazard Communication Program fulfills the Occupational Safety and Health Administration (OSHA) requirements for CFR 29 1910.1200 as adopted by the Ohio Public Employees Risk Reduction Program (PERRP), and ensures that University faculty and staff are fully informed concerning potential and existing chemical hazards.

2.1 This Chemical Hazard Communication Program applies to:

2.1.1 Administrators, Faculty, Staff, Student Employees, and Contractors.

2.1.2 Any known occupational chemical hazard.

2.1.3 Chemicals to which employees may be exposed under normal conditions of use or in a foreseeable emergency.

## 3.0 TRAINING

3.1 The Office of Environmental Health and Safety will work with the Department of Human Resources to ensure that employees whose positions may require exposure to certain hazardous chemicals are informed and trained upon initial hire and/or upon assignment to such position.

3.2 The positions that require specific training are identified in the University's Chemical Hazard Communication Program found at the web site link below.

#### 4.0 CONTRACTORS

Contractors are required to maintain SDSs on-site for any hazardous chemicals brought onto University property and to comply with OSHA regulations while working on University property. Employees who need to access chemical information related to contractor activity should contact the University's Construction Manager or the Office of Environmental Health and Safety.

#### 5.0 PROCEDURES

The President will ensure the implementation a Chemical Hazard Communication Program that establishes the procedures necessary to effectively administer the standards and actions related to chemical hazards in the workplace.

##### History

Effective: 06/18/93

Revised: 07/11/14

Applicable Procedures: 5.22.1 Chemical Hazard Communication Program {link}

## INFORMATION ONLY

PROCEDURE TITLE:	CHEMICAL HAZARD COMMUNICATION PROGRAM
PROCEDURE NO.:	5.22:1
RELATED POLICY:	5.22
PAGE NO.:	1 OF 6
RESPONSIBLE ADMINISTRATOR(S):	VPF&A/EH&S
EFFECTIVE DATE:	07/11/14
NEXT REVIEW DATE:	07/2018
APPROVED BY:	PRESIDENT

### 1.0 PURPOSE

- 1.1 The Chemical Hazard Communication Program (CHCP) is a written program that ensures compliance with the applicable federal standard; maintains the health and safety of employees of SSU, creates guidelines to follow for implementation and maintenance of a chemical hazard communication program.
- 1.2 The CHCP ensures the communication of necessary information to employees regarding substances in the workplace, pursuant to OSHA's Hazard Communication Standard, 29 CFR 1910.1200 as adopted by the Ohio Public Employees Risk Reduction Program (PERRP).

### 2.0 RESPONSIBILITIES

- 2.1 Office Of Environmental Health & Safety Is Responsible to:
  - 2.1.1 Develop and distribute a written Chemical Hazard Communication Program.
  - 2.1.2 Provide ongoing and current information about the Chemical Hazards to administrators, supervisors, and employees relevant to potential chemicals to which exposure could be possible.
  - 2.1.3 Provide general training about chemicals and potential hazards to all employees who may reasonably be expected to encounter hazardous chemicals in the course of normal job duties and create a record of employee participation.
  - 2.1.4 Maintain a central resource file of Safety Data Sheets (SDS) for known hazardous chemicals used in SSU workplaces.

- 
- 2.1.5 Assist supervisors in accessing SDS's from chemical manufacturers and distributors.
  - 2.1.6 Provide technical guidance to personnel at all levels of responsibility concerning the CHCP, hazard evaluation, hazard control or hazardous chemical information.
  - 2.1.7 Periodically review the CHCP and revise as necessary.
- 2.2 Department Heads (Deans, Directors, Chairpersons, Managers, Supervisors, Etc.) Are Responsible to:
- 2.2.1 Ensure that all employees who work with hazardous chemicals as part of their normally assigned job duties attend training provided by the Office of Environmental Health & Safety and maintain written records of this training.
  - 2.2.2 Ensure that employees who request such training, regardless of hazardous chemicals used in normal job duties, are provided an opportunity to attend.
  - 2.2.3 Ensure that employees are aware of the hazards or potential hazards associated with the chemicals in the employees' work areas.
  - 2.2.4 Working with the Office of Environmental Health & Safety, ensure the Department Chemical Inventory List (ref: Section 4.1) is reviewed annually and submits revisions to the Office of Environment Health and Safety within 30 days of such review.
  - 2.2.5 Upon receipt of a new chemical or potentially hazardous substance, ensure the substance is added to the departmental CIL within 30 days of receipt and provide a copy to the Office of Environmental Health & Safety.
  - 2.2.6 In collaboration with the Office of Environmental Health and Safety, develop and implement standard operating procedures (SOP) and engineering controls to promote safe practices in the workplace and to protect the employees.
  - 2.2.7 Report any problem associated with implementation of the CHCP in the work area to the Office of Environmental Health & Safety.
  - 2.2.8 Ensure that hazardous chemicals used in the workplace are labeled correctly.

2.2.9 Ensure that all employees who are required to perform non-routine tasks are informed of the associated hazards and provided with chemical information before being required to perform such tasks.

2.2.10 Ensure that employees are able to locate an SDS.

### 2.3 Employees

2.3.1 Perform his/her work in the safest manner possible. Follow all SOPs developed by Shawnee State University.

2.3.2 Comply with all applicable provisions of the Chemical Hazard Communication program to include:

2.3.2.1 Attend required CHCP training.

2.3.2.2 Do not remove or deface labels on containers, ensure that damaged labels are replaced or repaired. Ask for further information about chemicals or procedures not fully understood.

2.3.2.3 Report new chemicals/products discovered in the work place to the supervisor and for updates to the Chemical Inventory List and an MSDS acquired.

2.3.2.4 Report any existing health or safety hazard to his/her supervisor and the Office of Environmental Health & Safety.

2.3.2.5 Be familiar with SDS requesting procedures.

2.3.3 Should an employee not comply with precautionary measures to avoid exposure to chemicals, disciplinary action may be taken and s/he will be subject to discipline in accordance with the applicable University policy or collectively bargained agreement.

### 2.4 Contractors

2.4.1 Contractors shall submit copies of SDS's for hazardous chemicals brought onto University property to the Office of Environmental Health and Safety.

2.4.2 Contractors are required to adhere to the University's Chemical Hazard Communication Program at all times when performing work on Shawnee State property (owned or managed).

2.4.3 Non-compliance on the part of Contractors may result in the discontinuation of the contract with the University.

### 3.0 INVENTORY AND LABELING REQUIREMENTS

3.1 No department or employee shall use, store, or allow any other person to use or store, any hazardous substance in a University building or facility if the container does not meet the labeling requirements outlined in OSHA 1910.1200 (f) (4) which requires: (1) the identity of the chemical, (2) appropriate hazard warnings, and (3) the name and address of the manufacturer or other responsible party. Further, the label should be legible, permanently displayed, and written in English.

3.1.1 Shawnee State University recognizes the GHS form of labeling as adopted by OSHA March 26, 2012.

3.2 At the time of purchase, Procurement Services will require all vendors or suppliers of substances, covered under OSHA 1910.1200, to meet the University's established labeling requirements.

3.3 The Receiving Department will ensure that all hazardous substances entering the University through the department are properly labeled and accompanied with an SDS.

3.4 The existing label on a container entering the workplace from a supplier shall not be removed, altered or defaced. In the event that a chemical container's original label must be replaced, the new label shall contain the same information as the original. Only labels, ink and markings that are not soluble in the liquid content of the container shall be used.

### 4.0 DEPARTMENT CHEMICAL INVENTORY LIST

4.1 All University department heads will ensure that a department chemical inventory list is maintained. This list will be made available to the Office of Environmental Health & Safety within 30 days of such request. This list must indicate:

4.1.1 Chemical name (alphabetized).

4.1.2 Trade name (if applicable).

4.1.3 Manufacturer name, address, and phone number.

4.1.4 Work area location (lab or room number).



## 5.0 SAFETY DATA SHEET (SDS)

- 5.1 A Safety Data Sheet (SDS) is an information sheet prepared by the manufacturer or distributor of any chemical mixture that contains a hazardous chemical of 1% or more of its content (or 0.1% if the hazardous chemical is carcinogenic).
- 5.2 Safety Data Sheets (SDS) must be supplied by the manufacturer or distributor of each chemical upon initial shipment to the University. The University must retain a copy of the SDS for each hazardous chemical listed on the University's Chemical Inventory List.
- 5.3 The Office of Environmental Health & Safety is responsible to retain the original SDS received by the University.
- 5.4 A searchable SDS database can be found on the Facilities web page at the following link <http://jr.chemwatch.net/chemwatch.web/dashboard>
- 5.5 Upon delivery of a chemical substance to campus, University Receiving will distribute a copy of any new SDS to the department that initiated the related purchase order and forward the original to the Office of Environmental Health and Safety.
- 5.6 SDS will be available to employees whenever requested, 24 hours a day, 7 days a week.

## 6.0 EMPLOYEE CHEMICAL EXPOSURE

- 6.1 Exposure means that an employee may have been subjected to a hazardous chemical in the course of employment through any route of entry (i.e., inhalation, ingestion, absorption, or injection).
- 6.2 If such exposure has resulted in obvious distress by the employee requiring emergency support, the supervisor or the employee should immediately dial 911 to secure an ambulance.
- 6.3 In all instances of possible chemical exposure, the Department of Public Safety at ext. 3232 and the Office of Environmental Health & Safety at ext. 3555 should be contacted immediately.
- 6.4 After the appropriate safety and health precautions have been taken, it is the responsibility of the employee's supervisor to complete an incident report as directed by the Department of Public Safety.

## 7.0 TRAINING

- 7.1 The Office of Environmental Health and Safety is responsible to offer training regarding the identification of chemical hazards, proper handling of chemicals, how to access and read Safety Data Sheets, how to report exposure, etc.
- 7.2 Employees whose positions may expose them to hazardous chemicals in their work area are required to complete training offered by the University related to chemical hazards within thirty (30) days of initial hire or assignment.
- 7.3 The Office of Environmental Health and Safety will provide all employees, including but not limited to student employees, part-time and full-time faculty, staff and administrators with information and training about hazardous chemicals in their work area periodically and as needed.

### History

Effective: 07/11/14

**INVESTMENT PORTFOLIO PERFORMANCE**

**FISCAL YEAR 13:**

INVESTMENT COMPANY	VALUE AS OF JUNE 30, 2012	GAIN/(LOSS) JULY	GAIN/(LOSS) AUGUST	GAIN/(LOSS) SEPTEMBER	GAIN/(LOSS) OCTOBER	GAIN/(LOSS) NOVEMBER	GAIN/(LOSS) DECEMBER	GAIN/(LOSS) JANUARY	GAIN/(LOSS) FEBRUARY	GAIN/(LOSS) MARCH	GAIN/(LOSS) APRIL	GAIN/(LOSS) MAY	GAIN/(LOSS) JUNE	TOTAL YTD GAIN/(LOSS)
													<b>As of 6/30/13</b>	
BNY MELLON	\$ 6,157,512.62	\$ 73,745.08	\$ 80,858.88	\$ 94,277.64	\$ (36,315.97)	\$ 51,979.03	\$ 74,966.98	\$ 146,777.71	\$ 26,390.36	\$ 100,622.14	\$ 1,086.09	\$ (5,776.24)	\$ (500.83)	\$ 608,110.87
COMMONFUND	\$ 7,037,262.90	\$ 74,674.88	\$ 121,415.79	\$ 124,250.49	\$ (49,354.17)	\$ 63,502.39	\$ 47,948.80	\$ 218,134.82	\$ 50,868.57	\$ 146,223.04	\$ -	\$ -	\$ -	\$ 797,664.61
U.S. BANK FIXED INCOME MUTUAL FUNDS	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 21,837.62	\$ (43,093.17)	\$ (102,352.90)	\$ (123,608.45)
U.S. BANK EQUITY MUTUAL FUNDS	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 104,071.74	\$ 148,115.13	\$ (199,805.57)	\$ 52,381.30
U.S. BANK TACTICAL BALANCED MUTUAL FUNDS	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 22,869.77	\$ 23,576.52	\$ (19,669.28)	\$ 26,777.01
AGINCOURT CAPITAL	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ (15,360.41)	\$ (55,919.28)	\$ (38,570.80)	\$ (109,850.49)
TAMRO CAPITAL PARTNERS	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 16,186.05	\$ 33,721.43	\$ (13,893.66)	\$ 36,013.82
MANNING & NAPIER	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 4,084.73	\$ 4,953.16	\$ (27,653.25)	\$ (18,615.36)
Accrued Interest Receivable Adjustment		\$ (10,126.48)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ (10,126.48)
<b>CURRENT MTD TOTAL GAIN/(LOSS)</b>		\$ 138,293.48	\$ 202,274.67	\$ 218,528.13	\$ (85,670.14)	\$ 115,481.42	\$ 122,915.78	\$ 364,912.53	\$ 77,258.93	\$ 246,845.18	\$ 154,775.59	\$ 105,577.55	\$ (402,446.29)	\$ 1,258,746.83

**INVESTMENT FUND BALANCES:**

BNY MELLON	\$ 6,231,257.70	\$ 6,312,116.58	\$ 6,406,394.22	\$ 6,370,078.25	\$ 6,422,057.28	\$ 6,497,024.26	\$ 6,643,801.97	\$ 6,670,192.33	\$ 5,190.98	\$ 6,277.07	\$ 500.83	\$ -	\$ -
MELLON SALE PROCEEDS PENDING REINVESTMENT ON 3/31/2013	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 6,765,623.49	\$ -	\$ -	\$ -	\$ -
COMMONFUND	\$ 7,111,937.78	\$ 7,233,353.57	\$ 7,357,604.06	\$ 7,308,249.89	\$ 7,371,752.28	\$ 7,419,701.08	\$ 7,637,835.90	\$ 7,688,704.47	\$ 7,834,927.51	\$ -	\$ -	\$ -	\$ -
U.S. BANK FIXED INCOME MUTUAL FUNDS	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 2,972,388.62	\$ 2,929,295.45	\$ 2,826,942.55	\$ -
U.S. BANK EQUITY MUTUAL FUNDS	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 5,079,071.74	\$ 5,227,186.87	\$ 5,027,381.30	\$ -
U.S. BANK TACTICAL BALANCED MUTUAL FUNDS	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 1,422,869.77	\$ 1,446,446.29	\$ 1,426,777.01	\$ -
AGINCOURT CAPITAL	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 2,884,639.59	\$ 2,828,720.31	\$ 2,790,149.51	\$ -
TAMRO CAPITAL PARTNERS	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 891,186.05	\$ 924,907.48	\$ 911,013.82	\$ -
MANNING & NAPIER	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 1,504,084.73	\$ 1,509,037.89	\$ 1,481,384.64	\$ -
<b>TOTAL</b>	\$ 13,343,195.48	\$ 13,545,470.15	\$ 13,763,998.28	\$ 13,678,328.14	\$ 13,793,809.56	\$ 13,916,725.34	\$ 14,281,637.87	\$ 14,358,896.80	\$ 14,605,741.98	\$ 14,760,517.57	\$ 14,866,095.12	\$ 14,463,648.83	\$ -

**FISCAL YEAR 14:**

INVESTMENT COMPANY	VALUE AS OF JUNE 30, 2013	GAIN/(LOSS) JULY	GAIN/(LOSS) AUGUST	GAIN/(LOSS) SEPTEMBER	GAIN/(LOSS) OCTOBER	GAIN/(LOSS) NOVEMBER	GAIN/(LOSS) DECEMBER	GAIN/(LOSS) JANUARY	GAIN/(LOSS) FEBRUARY	GAIN/(LOSS) MARCH	GAIN/(LOSS) APRIL	GAIN/(LOSS) MAY	GAIN/(LOSS) JUNE	TOTAL YTD GAIN/(LOSS)
													<b>AS OF 6/30/14</b>	
U.S. BANK FIXED INCOME MUTUAL FUNDS	\$ 2,826,942.55	\$ 31,910.00	\$ (32,434.87)	\$ 41,414.28	\$ 44,067.90	\$ (5,258.90)	\$ (5,007.21)	\$ 16,097.97	\$ 30,575.86	\$ (1,267.07)	\$ 10,304.63	\$ 49,871.60	\$ 12,799.01	\$ 193,073.20
U.S. BANK EQUITY MUTUAL FUNDS	\$ 5,027,381.30	\$ 243,230.33	\$ (134,360.28)	\$ 234,760.98	\$ 217,981.39	\$ 122,358.88	\$ 127,171.87	\$ (241,808.54)	\$ 272,132.22	\$ 40,337.61	\$ 44,228.22	\$ 136,867.72	\$ 112,955.20	\$ 1,175,855.60
U.S. BANK TACTICAL BALANCED MUTUAL FUNDS	\$ 1,426,777.01	\$ 32,404.69	\$ (25,307.22)	\$ 21,735.57	\$ 36,845.07	\$ 22,437.20	\$ 19,247.22	\$ (19,566.70)	\$ 37,895.43	\$ 16,828.78	\$ 11,348.87	\$ 25,090.16	\$ 19,040.80	\$ 197,999.87
AGINCOURT CAPITAL	\$ 2,790,149.51	\$ 13,003.09	\$ (16,865.75)	\$ 23,621.16	\$ 28,695.54	\$ (6,411.82)	\$ (19,078.82)	\$ 46,364.18	\$ 16,279.51	\$ (7,683.67)	\$ 27,186.40	\$ 33,687.09	\$ (35,027.79)	\$ 103,769.12
TAMRO CAPITAL PARTNERS	\$ 911,013.82	\$ 43,771.31	\$ (14,313.20)	\$ 50,070.05	\$ 21,980.20	\$ 22,948.02	\$ 2,442.37	\$ (40,289.37)	\$ 51,229.61	\$ (11,716.38)	\$ (67,662.62)	\$ 9,373.53	\$ 49,552.18	\$ 117,385.70
MANNING & NAPIER	\$ 1,481,384.64	\$ 44,135.95	\$ (16,888.09)	\$ 44,174.18	\$ 31,909.58	\$ 6,089.83	\$ 17,509.36	\$ (10,332.15)	\$ 53,357.70	\$ 4,889.80	\$ 17,182.20	\$ 26,140.05	\$ 21,605.24	\$ 239,773.65
<b>CURRENT MTD TOTAL GAIN/(LOSS)</b>		\$ 408,455.37	\$ (240,169.41)	\$ 415,776.22	\$ 381,479.68	\$ 162,163.21	\$ 142,284.79	\$ (249,534.61)	\$ 461,470.33	\$ 41,389.07	\$ 42,587.70	\$ 281,030.15	\$ 180,924.64	\$ 2,027,857.14

**INVESTMENT FUND BALANCES:**

U.S. BANK FIXED INCOME MUTUAL FUNDS	\$ 2,858,852.55	\$ 2,826,417.68	\$ 2,867,831.96	\$ 2,911,899.86	\$ 2,906,640.96	\$ 2,901,633.75	\$ 2,917,731.72	\$ 2,948,307.58	\$ 2,947,040.51	\$ 2,957,345.14	\$ 3,007,216.74	\$ 3,020,015.75	\$ -
U.S. BANK EQUITY MUTUAL FUNDS	\$ 5,270,611.63	\$ 5,136,251.35	\$ 5,371,012.33	\$ 5,588,993.72	\$ 5,711,352.60	\$ 5,838,524.47	\$ 5,596,715.93	\$ 5,868,848.15	\$ 5,909,185.76	\$ 5,953,413.98	\$ 6,090,281.70	\$ 6,203,236.90	\$ -
U.S. BANK TACTICAL BALANCED MUTUAL FUNDS	\$ 1,459,181.70	\$ 1,433,874.48	\$ 1,455,610.05	\$ 1,492,455.12	\$ 1,514,892.32	\$ 1,534,139.54	\$ 1,514,572.84	\$ 1,552,468.27	\$ 1,569,297.05	\$ 1,580,645.92	\$ 1,605,736.08	\$ 1,624,776.88	\$ -
AGINCOURT CAPITAL	\$ 2,803,152.60	\$ 2,786,286.85	\$ 2,809,908.01	\$ 2,838,603.55	\$ 2,832,191.73	\$ 2,813,112.91	\$ 2,859,477.09	\$ 2,875,756.60	\$ 2,868,072.93	\$ 2,895,259.33	\$ 2,928,946.42	\$ 2,893,918.63	\$ -
TAMRO CAPITAL PARTNERS	\$ 954,785.13	\$ 940,471.93	\$ 990,541.98	\$ 1,012,522.18	\$ 1,035,470.20	\$ 1,037,912.57	\$ 997,623.20	\$ 1,048,852.81	\$ 1,037,136.43	\$ 969,473.81	\$ 978,847.34	\$ 1,028,399.52	\$ -
MANNING & NAPIER	\$ 1,525,520.59	\$ 1,508,632.50	\$ 1,552,806.68	\$ 1,584,716.26	\$ 1,590,806.09	\$ 1,608,315.45	\$ 1,597,983.30	\$ 1,651,341.00	\$ 1,656,230.80	\$ 1,673,413.00	\$ 1,699,553.05	\$ 1,721,158.29	\$ -
<b>TOTAL</b>	\$ 14,463,648.83	\$ 14,872,104.20	\$ 14,631,934.79	\$ 15,047,711.01	\$ 15,429,190.69	\$ 15,591,353.90	\$ 15,733,638.69	\$ 15,484,104.08	\$ 15,945,574.41	\$ 15,986,963.48	\$ 16,029,551.18	\$ 16,310,581.33	\$ 16,491,505.97

## Status of Construction/Renovation Projects through June 30, 2014

Project	Status	Projected Budget	Funding Source
<b>Founders Plaza Project</b>	<ul style="list-style-type: none"><li>• <b>Total renovation of Founder's Plaza</b> - area between the Administration Building and the Athletic Center.</li><li>• New storm drain system complete; sidewalks, stairs, planters, steel structures, site lighting, and water feature complete.</li><li>• Only close-out and warranty items remain.</li></ul>	\$1,426,845	State Capital
<b>Nursing/Hatcher Hall Replacement</b>	<ul style="list-style-type: none"><li>• <b>6,300 square feet of the newly acquired Hatcher Hall is being renovated to house the Nursing Program.</b></li><li>• Design and demolition complete.</li><li>• Interior framing, underground plumbing, and MEP (mechanical-electrical-plumbing) rough-in complete.</li><li>• Project scheduled for completion August 8, 2014.</li></ul>	\$700,000	Local