

During the review of the facility inspection reports the JPA/SISC has increased concerns regarding personal appliances in the classrooms. The most pressing exposures posed is fire due to insufficient electrical outlets, rodents/pests and injury to staff and students as electrical cords could cause a trip and fall hazard.

Insurance coverage is not afforded under our SISC memorandum of coverage (MOC) if a personal appliance breaks or causes damage (other than fire damage) in or to the classroom.

SISC will seek subrogation for fire damage caused by an appliance from the owner and/or manufacturer.

The typical classroom and office space are not designed for use of appliances and may lack appropriate ventilation and electrical wiring to serve these devices. with the exception of Home Economics/Culinary Arts Programs which must have the correct outlets. Therefore, the JPA/SISC recommends that personal appliances be stored in a common area such as an employee break room and removed from the classrooms. The school district is encouraged to set policy prohibiting whenever possible. If the district chooses to allow appliances in classrooms/common areas the following guidelines apply.

Appliances must be inspected by the maintenance staff to ensure the electrical outlets are sufficient as well as the item is UL (Underwriters Laboratories) approved. Once the item passes inspection the item must be approved by the superintendent and the approval form completed and signed by all parties on a case by case basis. The district may disallow the use of any appliance.

Items that are allowable within a classroom/common area with prior approval must follow the JPA Appliance Guidelines:

- 1. Plugged directly into a permanent electrical outlet that the electric current capacity must not be less than the rated capacity of the appliance per State Fire Code.
- 2. Positioned to reduce power cord strain or damage.
- 3. Removed immediately when there are any signs of damage to the appliance or component.
- 4. Operated according to the manufacturer's instructions.
- 5. Powered down or unplugged at the end of each workday or placed on timers.
- 6. Placed away from combustible materials and any portion of an exit.
- 7. Situated out of traffic areas to avoid creating a tripping hazard.

Space Heaters should have:

- 1. High temperature –limiting device
- 2. Built in tip over protection
- 3. Automatic shut off



## **Appliance Guidelines**

This document is intended to provide general safety guidelines and ease of reference to data. Under no circumstances should the matrix be used as an exclusive source of information on the topic, as it may not address each and every possible loss potential, code or other violation, or exception to good practices and procedures. In view of the possibility of human error or changes, you should confirm the content in the matrix through your own independent sources.

This guideline is a living document – continually evolving. District approved personal appliances must be disengaged from the electrical system, cleaned and properly stored at the end of each instructional day.

✓=Allowable X=Not Allowable = Not allowed on District Property

Appliance	Classroom	Culinary/Specialized Living Program	Staff Kitchen/Breakroom	
Coffee Maker-Pot	x	x	$\checkmark$	
Convection Oven	х	$\checkmark$	$\checkmark$	
Crockpot	х	$\checkmark$	$\checkmark$	
Deep Fryers	X	x	x	
Donut Maker	х	х	x	
Electric Frying Pan	x	$\checkmark$	$\checkmark$	
Espresso Maker	х	x	x	
Griddle	х	x	x	
Grill (Foreman type)	x	$\checkmark$	$\checkmark$	
Grills/BBQ	x	x	✓ Staff Operated Only Outdoors	
Hot Plate	х	x	x	
Hot Water/Tea Kettle	х	x	x	
Ice Cream Maker	x	$\checkmark$	$\checkmark$	
Instant Pot	х	x	x	
Mug Warmer	х	x	x	
Panini Press	x	$\checkmark$	$\checkmark$	
Popcorn Maker	x	$\checkmark$	$\checkmark$	
Rice Cooker	x	$\checkmark$	$\checkmark$	
Stoves	x	$\checkmark$		
Toaster Oven	x	$\checkmark$	$\checkmark$	
Waffle Maker	x	$\checkmark$	$\checkmark$	
Water Cooler Dispenser	$\checkmark$	$\checkmark$	$\checkmark$	
Adopted: 08/29/2019				
Revised: 08/27/2020				
Revised: 08/26/2021				
Revised: 05/09/2024				



## **APPLIANCE AUTHORIZATION FORM**

			Date:
Name of Requesting Party:			Work Location:
Room:	Cube/Office:	Phone:	Email:
Director/D	epartment Head Nam	e	
		Appliance	Requested
Appliance	Type (refrigerator, co	ffee maker)	
Manufactu	rer	Model Nu	mberSerial Number:
Stated Wat	ttage <u>:</u> UL A <sub>l</sub>	pproved? YES:	NO: Capacity or Cubic Feet:
Location o	fAppliance: Flo	or:	Cube/Office:
manufact Signatures			
	Requesting Party		rector/Department Approval
		Appliance	Inspection
	t the above appliance h istrict Guidelines/Poli		For use at the location stated above and meets
Signature:			
	Mainte	nance	
		Superinten	dent Approval

Name: Signature:

Date: