



Your Future Starts Here

Health and Safety Plan 2025-2026

Mission Statement

At Dallas career Academy, our mission is to empower individuals with the knowledge skills and hands-on experience needed to thrive in high demand careers through innovative, education in industry, driven training and a commitment to excellence. We prepare students for success in the beauty, barbering, information, technology, and healthcare and dental FIELDS, our goal is to foster confidence, professionalism, and a lifelong learning ensuring every graduate is workforce ready and positioned for a bright future

Hours of Operation

The campus has classes in session Tuesday through Saturday.9:00am-9:00pm Evening classes are offered to serve the needs of post-secondary and adult general education students.

Scope and Availability

Reporting and Investing Accident

Faculty/staff and students are orientated to report accidents or incidents including COVID-19 exposure to administration immediately. Once reported a report is executed. Faculty/staff are made aware of the procedures at the opening of schools meeting and students are made aware via the orientation process.

All non-confidential reports are communicated to help in the prevention of any future accidents or incidents.
Reporting Procedures:

*Call 911 immediately if warranted.

1. Report all incidents and or accidents to the on-site administrator immediately
2. All witnesses to the incident and or accident are required to write a statement.

WORKPLACE INCIDENT REPORT FORM

INSTRUCTIONS

Please complete this form to report a workplace incident that resulted in injury. :

apply

LOST ME/ I 'JURY

FIRST AID

INCIDENT

T

CLOSE CALL

08SERVATION

J

INDIVIDUAL AFFECT

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NAME Of PERSON Completing Report

S

SUPERVISOR NAME

DATE Of REPORT

PERSON(S) INVOLVED

equipment / Vehicles

INCIDENT DETAILS

LOCATION

DATE OF INCIDENT

TIME

WITNESSES

Describe tasks being performed and sequence of events. In additional *pages* as necessary.

WAS MEDICAL TREATMENT NECESSARY? IF YES, NAME OF HOSPITAL / PHYSICIAN:

YES NO

EMPLOYEE'S Signature

DATE

Supervisor Signature :

DATE