



# Phoenix Talent Little League

## ASAP Plan

### 2019

# Safety Plan and Requirements

1. League Safety Officer: Cody Rombach on file with the Little League Headquarters
2. PTLL will distribute a paper copy of this Safety Manual to all Managers/ coaches, league Volunteers and the District Administrator

3. Emergency Phone Numbers:

		911
• Local Police Emergency		541-535-1253
• Local Fire Emergency		541-535-4222
• League President	Erin Parent	541-944-1575
• League Vice President	Jeanetta Woodside	541-601-3845
• League Secretary	Jennifer Sousa	541-951-9232
• League Treasurer	Jeanetta Woodside	541-601-3845
• League Safety Officer	Cody Rombach	541-840-1846

This list will be posted in the concession and dugout areas

4. PTLL will use the official Little League Volunteer Application form to screen all of our volunteers
5. Mandatory Fundamentals meeting February 28<sup>th</sup>, 2019. This meeting is mandatory for any and all volunteers.
6. First Aid: Each team will be issued an updated First Aid Kit and is required to have it at every practice/game. A representative from each team who has completed the First Aid training must be present at every practice/game. Proof of First Aid completion is due to the Safety Officer on or before April 1<sup>st</sup>, 2019.

**[www.firstaidforfree.com](http://www.firstaidforfree.com)**

7. Any person volunteering for PTLL MUST complete Concussion Training. Proof of Concussion Training is due to the Safety Officer on or before April 1<sup>st</sup>, 2019  
**<http://www.cdc.gov/HeadsUp/youthsports/training/index.html>**
8. Coaches will be required to walk/inspect the fields prior to practices and games. Umpires will also be required to walk the fields for hazards before each game
9. PTLL has completed and updated our 2019 Facility Survey online
10. Concession Stand Procedures
  - The menu shall be posted and approved by the Safety Officer and the League President
  - Enclosed is a copy of the PTLL Concession Stand Safety Procedures which will be posted in the concession stand

11. The League Safety Officer will inspect all equipment in the pre-season Managers/Coaches will inspect equipment prior to each game Umpires will be required to inspect equipment prior to each game
12. Accident Reporting: PTLT will use the provided incident tracking form from the LL website and will provide completed Accident forms to Safety Officer within 48 hours of the incident. Accident Reporting form is attached
13. PTLT will require all teams to enforce all Little League Rules. Including:
  - Proper equipment for catchers
  - No on-deck batters circle
  - Coaches will not warm up pitchers
  - Bases will disengage on all fields
14. League Player registration Data or Player Roster Data and Coach/Manager Data will be submitted via the Little League Data Center at [www.LittleLeague.org](http://www.LittleLeague.org)

# Incident/Injury Tracking Form

**For Local League Use Only**

## Activities/Reporting

## A Safety Awareness Program's Incident/Injury Tracking Report

League Name: \_\_\_\_\_ League ID: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Incident Date: \_\_\_\_\_

Field Name/Location: \_\_\_\_\_ Incident Time: \_\_\_\_\_

Injured Person's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Age: \_\_\_\_\_ Sex:  Male  Female

City: \_\_\_\_\_ State \_\_\_\_\_ ZIP: \_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_

Parent's Name (If Player): \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Parents' Address (If Different): \_\_\_\_\_ City \_\_\_\_\_

### Incident occurred while participating in:

A.)  Baseball  Softball  Challenger  TAD

B.)  Challenger  T-Ball  Minor  Major  Intermediate (50/70)

Junior  Senior  Big League

C.)  Tryout  Practice  Game  Tournament  Special Event

Travel to  Travel from  Other (Describe): \_\_\_\_\_

### Position/Role of person(s) involved in incident:

D.)  Batter  Baserunner  Pitcher  Catcher  First Base  Second

Third  Short Stop  Left Field  Center Field  Right Field  Dugout

Umpire  Coach/Manager  Spectator  Volunteer  Other: \_\_\_\_\_

Type of injury: \_\_\_\_\_

Was first aid required?  Yes  No If yes, what: \_\_\_\_\_

Was professional medical treatment required?  Yes  No If yes, what: \_\_\_\_\_

(If yes, the player must present a non-restrictive medical release prior to being allowed in a game or practice.)

### Type of incident and location:

A.) On Primary Playing Field

Base Path:  Running or  Sliding

Hit by Ball:  Pitched or  Thrown or  Batted

Collision with:  Player or  Structure

Grounds Defect

Other: \_\_\_\_\_

B.) Adjacent to Playing Field

Seating Area

Parking Area

C.) Concession Area

Volunteer Worker

Customer/Bystander

D.) Off Ball Field

Travel:

Car or  Bike or

Walking

League Activity

Other: \_\_\_\_\_

Please give a short description of incident: \_\_\_\_\_

Could this accident have been avoided? How: \_\_\_\_\_

This form is for local Little League use only (should not be sent to Little League International). This document should be used to evaluate potential safety hazards, unsafe practices and/or to contribute positive ideas in order to improve league safety. When an accident occurs, obtain as much information as possible. For all Accident claims or injuries that could become claims to any eligible participant under the Accident Insurance policy, please complete the Accident Notification Claim form available at [http://www.littleleague.org/Assets/forms\\_public/asa/AccidentClaimForm.pdf](http://www.littleleague.org/Assets/forms_public/asa/AccidentClaimForm.pdf) and send to Little League International. For all other claims to non-eligible participants under the Accident policy or claims that may result in litigation, please fill out the General Liability Claim form available here: [http://www.littleleague.org/Assets/forms\\_public/asa/GLClaimForm.pdf](http://www.littleleague.org/Assets/forms_public/asa/GLClaimForm.pdf).

Prepared By/Position: \_\_\_\_\_ Phone Number: ( ) \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Facility and Field Inspection Checklist

## Facility and Field Inspection Checklist

Facility Name \_\_\_\_\_

Inspector \_\_\_\_\_

Date \_\_\_\_\_ Time \_\_\_\_\_

- Holes, damage, rough or uneven spots
- Slippery Areas, long grass
- Glass, rocks and other debris & foreign objects
- Damage to screens, fences edges or sharp fencing
- Unsafe conditions around backstop, pitchers mound
- Warning Track condition
- Dugouts condition before and after games
- Make sure telephones are available
- Area's around Bleachers free of debris
- General Garbage clean-up
- Who's in charge of emptying garbage cans
- Conditions of restrooms and restroom supplies
- Concession Stand inspection

NOTES/ HAZARDS

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Signature \_\_\_\_\_

# Volunteer Application

## Little League® Volunteer Application - 2019

Do not use forms from past years. Use extra paper to complete if additional space is required.



A COPY OF VALID GOVERNMENT ISSUED PHOTO IDENTIFICATION MUST BE **ATTACHED TO COMPLETE THIS APPLICATION.**

Name    Date

First Middle Name or Initial Last

Address

City  State  Zip

Social Security # (mandatory)

Cell Phone  Business Phone

Home Phone:  E-mail Address:

Date of Birth

Occupation

Employer

Address

Special professional training, skills, hobbies:

Community affiliations (Clubs, Service Organizations, etc.):

Previous volunteer experience (including baseball/softball and year):

1. Do you have children in the program? Yes  No

If yes, list full name and what level?

2. Special Certification (CPR, Medical, etc.)? (list) Yes  No

3. Do you have a valid driver's license? Yes  No

Driver's License#:  State

4. Have you ever been convicted of or plead no contest or guilty to any crime(s) involving or against a minor? Yes  No

If yes, describe each in full:

5. Have you ever been convicted of or plead no contest or guilty to any crime(s)? Yes  No

If yes, describe each in full:

(Answering yes to question 5, does not automatically disqualify you as a volunteer.)

6. Do you have any criminal charges pending against you regarding any crime(s)? Yes  No

If yes, describe each in full:

(Answering yes to question 6, does not automatically disqualify you as a volunteer.)

7. Have you ever been refused participation in any other youth programs? Yes  No

If yes, explain:

In which of the following would you like to participate? (check one or more.)

- League Official  Umpire  Manager  Concession Stand  
 Coach  Field Maintenance  Scorekeeper  Other

Please list three references, at least one of which has knowledge of your participation as a volunteer in a youth program:

Name/Phone

<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

IF YOU LIVE IN A STATE THAT REQUIRES A SEPARATE BACKGROUND CHECK BY LAW, PLEASE ATTACH A COPY OF THAT STATE'S BACKGROUND CHECK. FOR MORE INFORMATION ON STATE LAWS, VISIT OUR WEBSITE: [LittleLeague.org/ByStateLaws](http://LittleLeague.org/ByStateLaws)

AS A CONDITION OF VOLUNTEERING, I give permission for the Little League organization to conduct background check(s) on me now and as long as I continue to be active with the organization, which may include a review of sex offender registries (some of which contain name only searches which may result in a report being generated that may or may not be me), child abuse and criminal history records. I understand that, if appointed, my position is conditional upon the league receiving no inappropriate information on my background. I hereby release and agree to hold harmless from liability the local Little League, Little League Baseball, Incorporated, the officers, employees and volunteers thereof, or any other person or organization that may provide such information. I also understand that, regardless of previous appointments, Little League is not obligated to appoint me to a volunteer position. If appointed, I understand that, prior to the expiration of my term, I am subject to suspension by the President and removal by the Board of Directors for violation of Little League policies or principles.

Applicant Signature  Date

If Minor/Parent Signature  Date

Applicant Name (please print or type)

NOTE: The local Little League and Little League Baseball, Incorporated will not discriminate against any person on the basis of race, creed, color, national origin, marital status, gender, sexual orientation or disability.

### LOCAL LEAGUE USE ONLY:

Background check completed by league officer  on

System(s) used for background check (minimum of one must be checked): Regulation I(c)(9) Mandates all checks include criminal records and sex offender registry records

\* JDP  Sex Offender Registry Data and National Criminal Records check, as mandated in the current season's official regulations

\*Please be advised that if you use JDP and there is a name match in the few states where only name match searches can be performed you should notify volunteers that they will receive a letter or email directly from JDP in compliance with the Fair Credit Reporting Act containing information regarding all the criminal records associated with the name, which may not necessarily be the league volunteer.

Only attach to this application copies of background check reports that reveal convictions of this application.

# Concession Stand Tips and Safety

## Concession Stand Tips SAFETY FIRST

### Requirement 9

#### 12 Steps to Safe and Sanitary

*Food Service Events: The following information is intended to help you run a healthful concession stand. Following these simple guidelines will help minimize the risk of foodborne illness.*

*This information was provided by District Administrator George Glick, and is excerpted from "Food Safety Hints" by the Fort Wayne-Allen County, Ind., Department of Health.*

#### 1. Menu.

Keep your menu simple, and keep potentially hazardous foods (meat, eggs, dairy products, protein salads, cut fruits and vegetables, etc.) to a minimum. Avoid using precooked foods or leftovers. Use only foods from approved sources, avoiding foods that have been prepared at home. Complete control over your food, from source to service, is the key to safe, sanitary food service.

#### 2. Cooking.

Use a food thermometer to check on cooking and holding temperatures of potentially hazardous foods. All potentially hazardous foods should be kept at 41° F or below (if cold) or 140° F or above (if hot). Ground beef and ground pork products should be cooked to an internal temperature of 155° F; poultry parts should be cooked to 165° F. Most foodborne illnesses from temporary events can be traced back to lapses in temperature control.

#### 3. Reheating.

Rapidly reheat potentially hazardous foods to 165° F. Do not attempt to heat foods in crock pots, steam tables, over stereo units or other holding devices.

Slow-cooking mechanisms may activate bacteria and never reach killing temperatures.

#### 4. Cooling and Cold Storage.

Foods that require refrigeration must be cooled to 41° F as quickly as possible and held at that temperature until ready to serve. To cool foods down quickly, use an ice water bath (50% ice to 40% water), stirring the product frequently, or place the food in shallow pans no more than 4 inches in depth and refrigerate. Pans should not be stored one atop the other and lids should be off or ajar until the food is completely cooled. Check temperature periodically to see if the food is cooling properly. Allowing hazardous foods to remain unrefrigerated for too long has been the number ONE cause of foodborne illness.

#### 5. Hand Washing.

Frequent and thorough hand washing remains the first line of defense in preventing foodborne disease. The use of disposable gloves can provide an additional barrier to contamination, but they are no substitute for hand washing!

#### 6. Health and Hygiene.

Only healthy workers should prepare and serve food. Anyone who shows symptoms of disease (cramps, nausea, fever, vomiting, diarrhea, jaundice, etc.) or who has open sores or infected cuts on the hands should not be allowed in the food concession area. Workers should wear clean outer garments and should not smoke in the concession area. The use of hair restraints is recommended to prevent hair ending up in food products.

#### 7. Food Handling.

Avoid hand contact with raw, ready-to-eat foods and food contact surfaces. Use an acceptable dispensing utensil

to serve food. Touching food with bare hands can transfer germs to food.

#### 8. Dishwashing.

Use disposable utensils for food service. Keep your hands away from food contact surfaces, and never reuse disposable dishware. Wash in a four-step process:

1. Washing in hot soapy water;
2. Rinsing in clean water;
3. Chemical or heat sanitizing; and
4. Air drying.

#### 9. Ice.

Ice used to cool cans/bottles should not be used in cup beverages and should be stored separately. Use a scoop to dispense ice; never use the hands. Ice can become contaminated with bacteria and viruses and cause foodborne illness.

#### 10. Wiping Cloths.

Rinse and store your wiping cloths in a bucket of sanitizer (example: 1 gallon of water and 1/2 teaspoon of chlorine bleach). Change the solution every two hours. Well sanitized work surfaces prevent cross-contamination and discourage flies.

#### 11. Insect Control and Waste.

Keep foods covered to protect them from insects. Store pesticides away from foods. Place garbage and paper wastes in a refuse container with a tight-fitting lid. Dispose of wastewater in an approved method (do not dump it outside). All water used should be potable water from an approved source.

#### 12. Food Storage and Cleanliness.

Keep foods stored off the floor at least six inches. After your event is finished, clean the concession area and discard unusable food.

#### 13. Set a Minimum Worker Age.

Lawyers should set a minimum age for workers or to be in the stand; in many states this is 16 or 18, due to potential hazards with various equipment.

*Safety plans must be postmarked no later than May 1st.*



# Volunteers Must Wash Hands

## Volunteers Must Wash Hands

### HOW



### WHEN

**Wash your hands before you prepare food or as often as needed.**

#### Wash after you:

- ▶ use the toilet
- ▶ touch uncooked meat, poultry, fish or eggs or other potentially hazardous foods
- ▶ interrupt working with food (such as answering the phone, opening a door or drawer)
- ▶ eat, smoke or chew gum
- ▶ touch soiled plates, utensils or equipment
- ▶ take out trash
- ▶ touch your nose, mouth, or any part of your body
- ▶ sneeze or cough

**Do not touch ready-to-eat foods with your bare hands.**

Use gloves, tongs, chili tissue or other serving utensils.

Remove all jewelry, nail polish or fake nails unless you wear gloves.

#### Wear gloves.

When you have a cut or sore on your hand  
when you can't remove your jewelry

#### If you wear gloves:

- ▶ wash your hands before you put on new gloves

#### Change them:

- ▶ as often as you wash your hands
- ▶ when they are torn or soiled

UMass Extension is a nonprofit organization that provides information and support with the help of a large network of volunteers. We are not affiliated with the University of Massachusetts, and we do not receive any funding from the state. We are a 501(c)(3) organization. For more information, please contact us at 1-800-451-5861 or visit our website at [www.umassextension.org](http://www.umassextension.org).

