

ERIE COUNTY TECHNICAL SCHOOL

PROPOSED AGENDA ITEM

DATE: August 25, 2005

SUBJECT: Use of Facility Request

CATEGORY: Operations: X Policy: Information: Personnel:

INITIATED BY: Steven Sceiford Facility Manager

DESCRIPTION: CCAC Public Safety to use the Health Assistant Lab on Tuesdays and Thursdays, beginning September 6, 2005 through December 13, 2005 from 6:00PM – 10:00PM for a Emergency Medical Training (EMT) class.

RECOMMENDATION: Motion to approve the use of facilities request from the CCAC Public Safety to use the Health Assistant Lab on Tuesdays and Thursdays, beginning September 6, 2005 through December 13, 2005 from 6:00PM – 10:00PM for a Emergency Medical Training (EMT) class.



COMMUNITY COLLEGE
OF ALLEGHENY COUNTY

PUBLIC SAFETY INSTITUTE
808 RIDGE AVENUE, V103
PITTSBURGH, PA 15212-6097
412-237-2500 MAIN OFFICE
724-983-7240 SHARON OFFICE
412-237-4628 FAX
PSI@CCAC.EDU

FACSIMILE TRANSMITTAL SHEET

TO:

FROM:

____ Knox T. Walk, Director
____ Richard K. Hillinski, Asst. Director
☒ ____ Eleise Emery, Asst. Director
____ Bradley Crawford, CE Coordinator

____ Tina Morand, Secretary
____ Connie Trama, Secretary
____ Edward Bloomer, Equipment Coordinator
____ David D. Speidel, Equipment Coordinator

COMPANY:

DATE:

FAX NUMBER:

TOTAL NO. OF PAGES INCLUDING COVER:

PHONE NUMBER:

SENDER'S REFERENCE NUMBER:

☐ URGENT☐ FOR REVIEW☐ PLEASE COMMENT☐ PLEASE REPLY☐ PLEASE RECYCLE

Notes/Comments:

Building Use Farm for
EMT Classes

Sept 6 - Dec 13, 2005

T + Th Eve. 6p-10p

Thanks

Eleise Emery

CCAC Public Safety
724 983-7240

**Erie County Technical School
Buildings and Grounds Use Request Form**

Organization Making Request: **CCAC PUBLIC SAFETY INSTITUTE**
Organization's Event: **EMERGENCY MEDICAL TECHNICIANS CLASS**
Description of Event: **TUESDAY AND THURSDAY EVENINGS 6P-10P**
Date(s) of Event: **SEPT 6TH THROUGH DEC. 10TH, 2005**
Time Schedule of Event: **6:00 PM - 10:00 PM**

Sections of Buildings or Grounds to be used:

It is understood that the responsibility and liability of the organization making this request includes, but is not limited to the following considerations:

1. Use of the buildings and grounds on Saturdays or Sundays, while not prohibited, is discouraged. If use of the facility is granted for a Saturday or Sunday, there will be costs in addition to any rental fee that will be assessed at the rate of \$25.00 per hour.
2. All facility use fees and other charges for such use must be paid in full.
3. **School-related and Community Service organizations** will normally not be required to provide proof of liability insurance, but they will be requested to sign an Indemnification and Waiver of Liability form. **Non-profit organizations** are required to present proof of public liability coverage with limits of \$300,000 per accident. **Profit-making organizations** are required to present proof of public liability coverage with limits of \$500,000 per accident. The school's Operating Committee, through the recommendation of the school's Director, may require higher limits of liability insurance for specific and/or unique situations.
4. Understand that the Erie County Technical School will not be held liable for injuries or illness incurred on school property by individuals directly or indirectly associated with the event taking place.
5. Provide adequate supervision to assure proper use and care of the building, grounds, equipment, and furnishings.
6. The organization is responsible for setting up, moving, dismantling, and returning furniture, equipment, and supplies to their proper place. *Use of kitchen facilities requires the presence of a representative of the cafeteria staff. Remuneration shall be at the prevailing rate per hour, paid directly to the individual involved in addition to any applicable usage fee.*
7. The organization is responsible for performing all custodial chores necessary to restore the facility and furniture to the condition in which it was found. *A fee will be charged for special or additional set-up services required prior to or after scheduled use.*

8. To work cooperatively with the staff member(s) on duty and understand that granting of this request is limited to the facilities and equipment listed on this request form.
9. Bringing onto school property and/or consuming alcoholic beverages or other controlled substances is specifically prohibited.

Fee Schedule

Area	Organization Type			
	School-related	Community Service	Non-profit	For Profit
Classroom	No Charge	No Charge	\$10/hour	\$20/hour
Cafeteria	No Charge	No Charge	\$10/hour	\$20/hour
Corridor	No Charge	No Charge	\$10/hour	\$20/hour
Kitchen	No Charge	No Charge	No Charge	\$25/hour
Laboratory	No Charge	\$10/hour	\$15/hour	\$25/hour
Grounds	No Charge	No Charge	No Charge	\$20/hour
Maintenance Fee (Weekend Use)	No Charge	\$25/hour	\$25/hour	\$25/hour

Other Charges:

Total Amount Due:

Organization Name: CCAC PUBLIC SAFETY INSTITUTE

Address: 740 E. STATE ST SHARON, PA 16146

Telephone: 724 983-7240

Representative's Name: ELEISE EMERY

Address: 740 E. STATE STREET SHARON, PA 16146

Telephone: 724 983-7240

Representative's Signature: _____

Request Approved: Approved

Director's Signature: *Chad S. Troer*

ISO Form Number: 3300.01.00	Revision Date: April 30, 2004
This is a controlled form. Hard copies of this form are considered uncontrolled.	