2018 ASAP PLAN

Mansfield Girls Softball Association- LL

League ID# 312464

District 6

Mansfield, MA

Qualified Safety Plan Requirements

League Safety Officer: Dave O'Connor on file with Little League.

MGSA-LL will distribute a paper copy of this Safety Manual to all Managers/ coaches, league Volunteers and the District Administrator.

Emergency Phone Number:	**911**	
Local Police	508-261-7300	
Local Fire Emergency	508-261-7300	
League President:	**Leo Lake**	508-769-2610
League VP:	**Matt Cressy**	617-694-2965
League Player Agent:	**Mark Higgins**	617-389-3264
League Safety/Equipment	**Dave O'Connor**	617-462-2693
League Treasurer:	**Brian Radley**	617-501-7515
League Secretary	**Kristen Higgins**	508-954-5066

✓ **This list will be posted in the Coaches Manual and Dugout area.**

ASAP Plan

The MGSA-LL will use the Official Little League **Volunteer Application** form to screen all of our volunteers.

Fundamentals and First Aid Training:

At least one manager/coach from each team must attend the Coaches Clinic training. Every Manager/Coach will attend this training at least once every 2 years. Each Manager will be required to complete the Heads Up Concussion Training.

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.

ASAP Plan

Mansfield Girls Softball Association- LL has completed and updated our

Facility Survey

Concession Stand Safety

Currently the MGSA-LL does not have Concession stands at its facilities. We have included Concession Stand ASAP Plan attachments in the event MGSA-LL uses a MYB-LL Facility that has a concession stand.

ASAP PLAN

The League Safety Officer and equipment manager will inspect all equipment in the pre-season.

Managers and Umpires will inspect equipment prior to each game.

Implement Prompt Accident Reporting:

The League will use the provided incident tracking form from the LL website and will provide completed Accident forms to Safety Officer within 24-48 hours of the incident. Please see copy of accident Reporting form.

ASAP PLAN

Mansfield Girls Softball Association- Little League will have a **First Aid Kit located in all equipment boxes at each field.**

Mansfield Girls Softball Association -Little League will require ALL TEAMS to enforce **ALL Little League Rules** Including:

Proper Equipment for catchers.
No On-deck batters
Coaches will not warm up pitchers
Bases will disengage on all fields

League Player Registration Data or Player Roster Data and Coach and Manager Data must be submitted via the Little League Data Center at www.LittleLeague.org.

Mandatory requirement for an approved ASAP plan

ASAP Plan

MGSA- LL Qualified Safety Plan Registration forms; see included examples:

- Injury Tracking Form
- Facilities check list
- Volunteer applications
- Concession stand safety tips (not applicable at this time)

For Local League Use *Only*

Activities /Reporting

A Safety Awareness Program's Inck:lentlInjury Tracking Report

League r-&ame: ______ League 1 0: ______ IncideJ'lt Date: ______

Field NameiLocation: ______ Incident lime: ______

Injured Pel'$0tl'6 Name: ______ Dalil of Birlih: ______

Addl-ess: ______ Age: ______ Sex: Male Female

City: ______ S I a t e ______ ZIP: ______ Home Phone: ( ) ______

Parent& Name (If Player): ______ Work PihOJ'le: ( ) ______

Parents'Address{If Di11'erent): ______ Cny ______

Incfdant occurred whlla participating In:

A.I IBaseball -,Softball "1 Olalllenger "J TAD

Bl Ohanenger Junior T-8<1111 nlor ::::1 Miner o a g league ::::J M<iior ::::J 1ntermedlilte {SCI/701

C.) Tryout Ptactooe ::::J Game ::::J Toumament ::::1 SpeCial Event

'ITravel to -ITravel from "1 otller (Describe): ______

PosltloniRola of person(s) Involved In Incldont:

D.) 1 Batter -,Basenxner J Pitdher "J Catdher First Base J Second

Thii'CI ShOrt Sl:>p ::::J Left Fie1d ::::1 Cente,. Fie1d ::::J Right Fie\d ::::J Dugotlt

'IUmpire Coadh!Ma.nager "1 Spec1atoT 'J lunteer "1 other: ______

Type of Inlury: ______

Was fnt aid required? ::::J Ye& ::::J No If yes, What: ______

Was proftllsslonal madlcal treatrnant required? "1 Yes "1 No If yes, What: ______

{If yes, 1he p'layer must present a non-resttict<ve medical release prier to to beng aiROoNed in a game orpractioe)

Type of Incidentand locatlon:

A.I On Pdmary Pjayng Field
- ::::J Base PaUi: ::::J Running or ::::J Stiding
- "1 Hit by Ball: .P tdhed Or "1 Thrown or "1 Batted
- ::::J Collision wi1ih: ::::J Player or ::::J Strocture
- "1 Grounds Defect

QUier: ______ Oustomer/Bystander

B.) AdjaoeJ'lt to Playng Eld
- ::::J Seatong Nea
- "1 Par1ding Area

C.) Concession Area
- "1 lunteer 1/l.obrker

D.) Off Ball Fle\d
- ::::J Travel:
- "J Car or "1 Bllc;e or
- ::::J WaiiOOg
- .League Activity
- OUier: ______

Ple-e give a short description of Incident.: ______

Could this accldont have b-n avoided? How: ______

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Prepared By/PO&rn>ion: ______ f'tlone Number: (______

Sig.na1Ure: ______ Date: ______

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

_____

_____

_____

_____

Signature _____

Little League Volunteer Application - 2016

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

A COPY OF VAUO GOVERNMIEiNT ISSUED PHOTO IDEHTIFICA"IION MUST liE ATJAOHFD TO COMPlETE THIS APPLICATION.

Nan.e ______ oate ______

Add ______

State ______ Zip ______

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cell Phone ______ Business Phone ______

HOme Phone ______ E-lnili Addn!ss: ______

Date of Binh ______

upanon ______

enpi ______

Add ______

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comm..ity ;;rffiliatioll5 (Oiubs, service OO"g;onizations,ett:.l: ______

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Doy.ou harve a ...,l'id driver'S license: Yes 0 No 0

DriYe sLKen5eW: ______ s ______ e ______

Harve rou ever been cnnvic::ted of or plead . i to·any crime(5) involving or ac;,.;nst a rn'inor?: Yes D No 0

If YI'S describe each in fult ______

Are there any criminal charc;es pending ac;ainst you c;arding any crime(s) invofvinc or against a minor? 0 0 No If YI'S. describe each in full:. ______

Harve rou ever been refused participation in iiiR'I'. . - r routh pm,c;rams? Ye:s[J No D

If yes, eoopla in: ______

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Little League" "Returning" Vounteer Application - 2018

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

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Have you ever been refused participation in any other)fCIItl1progr.om? D Yes D No
HYes,explain:.

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Concession Stand Tips

SAFETY FIRST

Requirement 9

12 Steps to Safe and Sanitary Food Seivice Events: The following information is intended tD help you rm a healthful concession stand. Following these simple guidelines will hap minimize the risk of lbodborne illness.

This information was provided by District Administratnr George Glick, and is excerpted from "Food Safety Hints" by the Fort jf1e-Atta1 County. Ind, Department of Health.

!.Mean.
K""!' your llll!llll simple, lll!dbep poW Ilially ba:zardous foods (meats, dairy prodDcts, pro1l!iDsalads, cut fruits lll!d "1!gl!tlbles, etc) to a minimum. A,•oid using procoali:ed foods or IMID\• n.Use Olllyfoods from apprlJio"t!d somces, avoidin£; foods tho! bave been 3t borne. Comple<e cmrtml ...... your food, from source IDsen.-v:e, is the key to safe, smitary food oen'ice..

2.
Use a fOOd therm.ometer to check OD <lXlll:iD:lll!dbolclill£; t s of poW Ilially ba:zardous foods.All poW Ilially ba:zardous foods sborlld be l<oprat4!"F or below (ifcold) or 140"For abO\" (If hot). GtOUDd beef """l:J'OIIIdpad< products sbould be cooked IDan intemal l2lllpel1l.llft of 155" F, poollry parts sboaJd be c:ooted to 165" F.Most foodbome illnes!ii!S from teDponi)' 0\"l!liiS em be traced bod m lapses fDl1!mpt!nt1nc011110l

J. Reheating.
Rapidly reheat pol!llliaJJy hazlrdoas foods to 165" F.Do DOl o t t ID beat foods illaod: pots, stesm tables, 0\"er s1emD uait5 or otber bol do!\ c.es.

Slow-«>alrint; IIIO!Cb3oisms Dill)' IC.ti\'ll11! baaeri:a and ne\-er reach killiD,g 1l!mper3tm1!5,.

4. a n d Cold Stonp.
Foods tho! refri ticm must be cool2d ID 41" F as quickly as possible and bold at that 1l!!l1pe<3IUrO 1IIIIilready to 5ei"- Th coal foods down qajdly, use an ice...-.:both (60% ic., to 40% wIIIH), slirriDl!; the product tr:.quemly, orplace tile food illshallow pans no ,.,.,... tban 4 iDcbe5 fD depth and refri "- Pam sbould DOt be sltm!d 0111!IIIDptbeotbetllll d lids 5bould be off or ajar1lllli l tbe food is completely coaled. Oleck 11!mpt!nt1n periodially to ...,iftile food is caalil1£;pn:>pH!y. bz3nlaus foods to I1!!IIWo ll!lrefri ed for too loll£; has beell the ll1llllher ONE CIIUS4! of foodbome iliDess.

5. BaDdV.'asbin£;.
a n d l w l d remains tb lm fuli e of cea!! fD p r e s foodbotl IIIIdaia e! The IIIey are ! use of di.5posable g.,......, can pr01.idll! m odditioaal barriB to COD12mimli011, but forlwld

6. Health lll!d Hygi."""-
Only healthy "'O.ll<en sboald prepare lll!d ..,...,food. Allyane who """""" sympmms of clisHSI! (cnmps., IIIUSI!O, fever, amiliD£;. diauhea, jmndice, etc) orwbo has open sore orinli!cD!d cuts QD the baDds slloald DOl be allcra-ed ill the food COI>Ca.i<m area. Wod<on sboul.d wear dem OUII!r lll!d sboul.d DOt smote ill the coacession area. 1h!use of hair IMIIBil1ts is recCIIIIIDellded to pt!'\'!llt hair ! din£; up ill fOOd prodncts.

7. Food Handling.
Avoid hllld comact wid! nrw,ll!ady-1<>-eot foods lllld food cODIX! surfaces. U!il! maccepl:llble dispensing ub!Dsil to oene food. Touchillg food with bare hllld s em lm!Sfer germs to food.

8. Disln.-ashiDg.
U!il! disposable ub!Dsils for food senric.e. K""!' your hllld s IW I}' from food COIIIliCI smfo<..... """"""""" """"dispo<abl<! disltware. V.tih ina four-5U!p process:

I. W illbor ""PY water,
2. Rir1si.J1£; iD deanwater,
3.Cbemical or beat 5UiitiziDg; lll!d
4 . A i r

9 .k e.
bused to coal ClllSI1>ottles sbould - b e ns..d i l l c u p ·and sbould be stored separa11!ly.Use• s co o p to dispense ice; """"""USI! tbe hllld s.ke can beccxne c0Dt211tinated with bacteria """" , . . . , . and cous!! foodborne iiiDess..

!0.Wipill£; Cloths.
Rinse """' 51Dn!y o u r clothsin a bud:et of sanitizer (e x a m p l e : I of,....,."""" 112 I!:!SpOOIIof chlorine bl<!ach).ChaDy tiY! soiDticm ""l!rJ' two bolus.Well saaittz.ed work surfoces pt!'\'ml cro<s<cmtmritlation """" disc.ourage flies.

!!.InsectCoaJrol and Waste.
K""!' foods CO\'I!n!d to proii!Cl thoem from iDseas. Ston! pesticjdes a...-ay from fOOds. Placer;ubill:l' lllld poper Wasti!S fDa refi1se a!Gilliner with a tigbl l i d . . Dispose ofwi.SU!W3tl!r illan appi"O\'-edme1llod (do D<K it outsido>).All water USI!d 5hould be poabl<! IVIIII!r from an oppnn'l!d saurce_

12 Food Stonp md Clunliness.
K""!' foods sltm!do1f the 8oar at least six iDcbes. Afbi!r your 1!\-.ul is fiaisbed, dean tiY! c I I I 1 ! I I lll!d discard 111111St1bll! food.

B. Set a Minimum WaderAt;e.
Leagues sboul.d set a mininmm lip!for "'ari<OIS or to be ill the stmd; illmany states lbis is 16 or 18,dDe to po1l!llli:al hazards with voriaw oquipaEDI.

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

Volunteers Must Wash Hands

HOW

R i

0 0

WHEN

Wa lt your ltands before you *prepare food* or as *often* as *needed.*

Wash after you:

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- .,. irl!euupt 1'101kill£ wiLt1I:>Od !such as ans•M!ng LM pt·onoopcning a *rlc·o·* or <lr wcr)
- .,. cat, smoke or Chew gun
- .,. touch soled plates. utansils or Equipment
- .,. take out trash
- .,. touch your nose. mouth,01 any part of yQur bo y me7c o- ::ougra

Do not touch ready-to-eat* food. witl1 your *bare ltand.'i.

Uw ylol"-"'• ong>, deliL i>"-IU Ut oU1u1>cr viny lun•il>.

Remove niljcwc ry, n.)il puli h or fnl .r.- nnil", unl . . you wror glove•.

\'\lear *gloves.*

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rr*ynu wPm·* RlrlVT. :

- ..,. wosh y ur h ods hcinr" Y"" r.ut on """glove.;

Change *them:*

- .,. as etten ns ycu l'lash your hnnds
- ..,. when they are torn or soiled

Developed by UMass Extension Nutrition Education Program with support from U.S. Food & Drug Administration in cooperation with the FDA Partnership for Food Safety Education. United States Department of Agriculture Cooperating. UMass Extension provides equal opportunity in programs and employment.

UMASS EXTENSION