



Appliance Guidelines

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

The following items are prohibited (unless used in Home Economics/Culinary Arts Programs/Specialized Living Skills Program, Staff Kitchen/Breakrooms noted by *):

Stoves*

Toaster Ovens*

Convection Ovens*

Electric Frying Pan*

Toasters*

Hot Plates

Espresso Makers Mug Warmers

Grills/BBQ

Deep Fryers Griddles

Hot Water/Tea Kettle

Water Cooler/Dispenser*



This type of Coffee Maker is prohibited in classrooms.



This type of Water Dispenser is prohibited in classrooms.

****If a School District or County Office of Education allows personal appliances for only instructional use, please ensure they are disengaged from the electrical system, cleaned, and properly stored at the end of each instructional session.**

Adopted: 8/29/2019

Revised: 8/27/2020

Revised: 8/26/2021



APPLIANCE AUTHORIZATION FORM

Date: _____

Name of Requesting Party: _____

Work Location: _____ Room: _____ Cube/Office: _____

Phone: _____ Email: _____

Director/Department Head Name: _____

I will abide by all building rules, regulations and District policies with regard to the use of this appliance. I understand that District insurance coverage is not afforded if a personal appliance breaks or causes damage in or to the classroom. Self-Insured Schools of California (District insurance carrier) will seek subrogation for fire damage caused by an appliance from the owner and/or manufacturer.

Signatures: _____

Requesting Party

Director/Department Approval

Appliance Inspection

Appliance Type (refrigerator, coffee maker) _____

Manufacturer _____

Model Number _____ Serial Number: _____

Stated Wattage: _____ UL Approved? YES: NO:

Capacity or Cubic Feet: _____

Location of Appliance: Floor: _____ Cube/Office: _____

I verify that the above appliance has been inspected for use at the location stated above and meets the JPA/District Guidelines/Policies.

Signatures: _____

Maintenance

Superintendent Approval

Name: _____ Signature: _____ Date: _____