

University of California, Merced
Environment, Health and Safety



Injury and Illness Prevention Program

Approved by:

Signature: _____

Title:

Date:

Injury and Illness Prevention Program

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I. INTRODUCTION AND PURPOSE

It is the policy of the University of California, Merced to maintain a safe and healthful work environment for each employee (including student and contract employees), and to comply with all applicable occupational health and safety regulations. This Injury and Illness Prevention Program (IIPP) is intended to establish a framework for identifying and correcting workplace hazards, while addressing legal requirements for a formal, written IIPP.

II. RESPONSIBILITIES

Office of Environment, Health and Safety

The Office of Environment, Health, and Safety has primary authority and responsibility to ensure implementation of the IIPP and to ensure the health and safety of the faculty, staff and students. This is accomplished by communicating UC Merced's emphasis on health and safety, analyzing work procedures for hazard identification and correction, ensuring regular workplace inspections, providing health and safety training, and encouraging prompt employee reporting of health and safety concerns without fear of reprisal.

Safety Committee

The Safety Committee has the ongoing responsibility to maintain and update this IIPP, to assess compliance with applicable regulations and campus policies, to evaluate reports of unsafe conditions, and to coordinate any necessary corrective actions. The Safety Committee meets at least quarterly. Each employee has a designated representative on the committee; the Safety Committee membership may rotate periodically.

Unsafe conditions that cannot be immediately corrected by an employee or his/her supervisor should be reported to the Safety Coordinator or any Safety Committee member by filling out a Report of Unsafe Condition or Hazard Form (Appendix B).

Timely correction of workplace hazards will be tracked by the Safety Committee which will receive and review reports of unsafe conditions, workplace inspection reports, and injury reports. Specifically, the Safety Committee will:

- Review the results of periodic, scheduled workplace inspections to identify any needed safety procedures or programs and to track specific corrective actions;
- Review supervisors' investigations of accidents and injuries to ensure that all causes have been identified and corrected;

- Where appropriate, submit suggestions to management for the prevention of future incidents;
- Review alleged hazardous conditions brought to the attention of any committee member, determine necessary corrective actions, and assign responsible parties and correction deadlines;
- When determined necessary by the Committee, the Committee may conduct its own investigation of accidents and/or alleged hazards to assist in establishing corrective actions; and
- Submit recommendations to assist management in the evaluation of employee safety suggestions.

The Safety Committee must prepare and make available to all personnel written minutes of issues discussed at the meetings. The Committee meeting minutes must be documented on the Safety Committee Meeting Documentation Form (Appendix C). These minutes must be posted or made available in a convenient location and must be maintained on file for at least one year.

The Safety Committee can seek assistance in the remediation of a hazard from the Office of Environment, Health & Safety (EH&S) for campus health and safety and issues, the Human Resources Office for workers compensation and ergonomic issues, and the Facilities Department for personal security concerns.

Safety Coordinator

The Safety Coordinator has responsibility for:

- Ensuring that the Safety Committee is aware of all accidents which have occurred, and all hazards which have been observed since the last meeting;
- Working with the Facilities Department to address facility-related safety concerns;
- Assisting in the coordination of required health and safety training;
- Serving as liaison with campus safety resources on issues that the employee's supervisor cannot resolve; and
- Maintaining copies of Safety Committee meeting minutes and other safety-related records.

The Safety Coordinator may seek assistance from others as necessary to meet these responsibilities.

Supervisors

Supervisors play a key role in the implementation of the IIPP. They are responsible for:

- Communicating to their staff and students UC Merced's emphasis on health and safety;
- Ensuring periodic, documented inspection of workspaces under their authority;
- Promptly correcting identified hazards;
- Modeling and enforcing safe and healthful work practices;
- Providing appropriate safety training and personal protective equipment;
- Implementing measures to eliminate or control workplace hazards;
- Stopping any employee's work that poses an imminent hazard to either the employee or any other individual; and
- Encouraging employees to report health and safety issues to the Safety Committee without fear of reprisal.

All Employees

It is the responsibility of all faculty and staff to comply with all applicable health and safety regulations, UC policies, and established work practices. This includes but is not limited to:

- Observing health and safety-related signs, posters, warning signals and directions;
- Reviewing UC Merced's Disaster Plan and assembly area;
- Learning about the potential hazards of assigned tasks and work areas;
- Taking part in appropriate health and safety training;
- Following all safe operating procedures and precautions;
- Using proper personal protective equipment;
- Warning co-workers about defective equipment and other hazards;
- Reporting unsafe conditions immediately to a supervisor, and stopping work if an imminent hazard is presented; and

- Participating in workplace safety inspections.

III. IDENTIFYING WORKPLACE HAZARDS

Regular, annual workplace safety inspections of all administrative and laboratories areas must be conducted. By law, the first of these inspections must take place when the IIPP is first adopted. The inspections should be noted on the General Safety Self-Inspection Form (Appendix E), and copies of this documentation should be maintained. These regular inspections will be supplemented with additional inspections whenever new substances, processes, procedures, or equipment introduced into the workplace represent a new occupational safety and health hazard or whenever supervisors are made aware of a new or previously unrecognized hazard.

Generally, supervisors are responsible for identification and correction of hazards that their staff and/or students face and should ensure that work areas they exercise control over are inspected at least annually. Supervisors should check for safe work practices with each visit to the workplace and should provide immediate verbal feedback where hazards are observed.

The Report of Unsafe Condition Form (Appendix B) should be filled out when a referral is made to the Safety Committee as a result of a condition discovered during an inspection for which the responsible supervisor could not determine an immediate remedy. The Report of Unsafe Condition Form can also be obtained by any employee, filled out and turned in anonymously.

IV. COMMUNICATING WORKPLACE HAZARDS

Supervisors are responsible for communicating with all workers about safety and health issues in a form readily understandable by all workers. All personnel are encouraged to communicate safety concerns to their supervisor without fear of reprisal.

The Safety Committee is another resource for communication regarding health and safety issues for UC Merced employees. Each employee has a representative on the committee that will inform him or her of hazard corrections and committee activities. Additionally, Safety Committee minutes and other safety-related items are posted or made available at a convenient location. Employees will also be informed about safety matters by e-mail, voice mail, or distribution of written memoranda. Occasionally, the Safety Committee may also sponsor seminars or speakers or coordinate other means to communicate with employees regarding health and safety matters.

Supervisors are responsible for ensuring that employees are supplied access to hazard information pertinent to their work assignments. Information concerning the health and safety hazards of tasks performed by staff is available from a number of sources. These sources

include, but are not limited to, Material Safety Data Sheets (MSDSs, see below), equipment operating manuals, the Safety Coordinator, EH&S, campus library, container labels and work area postings.

Material Safety Data Sheets

Material Safety Data Sheets (MSDSs) provide information on the potential hazards of products or chemicals. Hard copies of MSDSs for the chemicals used in laboratories are available to all employees in a convenient location. If an MSDS is found to be missing, a new one can be obtained by faxing a written request to the manufacturer. A copy of this request should be kept until the MSDS arrives.

MSDSs are also available over the Internet from a variety of sources. They can be obtained by accessing the EH&S web page and clicking on “MSDS.” For further information, contact EH&S for a fact sheet explaining how to use MSDSs.

Equipment Operating Manuals

All equipment is to be operated in accordance with the manufacturer’s instructions, as specified in the equipment’s operating manual. Copies of operating manuals should be kept with each piece of equipment. Persons who are unfamiliar with the operation of a piece of equipment and its potential hazards must at least read the operating manual before using the equipment. Training should also be sought from an experienced operator or supervisor.

V. CORRECTING WORKPLACE HAZARDS

Hazards discovered either as a result of a scheduled periodic inspection or during normal operations must be corrected by the supervisor in control of the work area, or by cooperation between the staff in control of the work area and the supervisor of the employees working in that area. Supervisors of affected employees are expected to correct unsafe conditions as quickly as possible after discovery of a hazard, based on the severity of the hazard.

Specific procedures that can be used to correct hazards include but are not limited to the following:

- Tagging unsafe equipment “Do Not Use Until Repaired,” and providing a list of alternatives for employees to use until the item is repaired;
- Stopping unsafe work practices and providing retraining on proper procedures before work resumes;
- Reinforcing and explaining the need for proper personal protective equipment and ensuring its availability; and

- Barricading hazard area and reporting the condition to a supervisor or the Safety Coordinator.

Supervisors should use the Hazard Correction Report (Appendix G) to document corrective actions, including projected and actual completion dates. If necessary, supervisors can seek assistance in developing appropriate corrective actions by submitting a Report of Unsafe Condition (Appendix B) to the Safety Committee. If the Safety Committee requires assistance from other campus resources such as EH&S, these resources should be contacted immediately.

If an imminent hazard exists, work in the area should cease, and the appropriate supervisor must be contacted immediately. If the hazard cannot be immediately corrected without endangering employees or property, all personnel need to be removed from the area except those qualified and necessary to correct the condition. These qualified individuals will be equipped with necessary safeguards before addressing the situation.

VI. INVESTIGATING INJURIES AND ILLNESSES

Injury Reporting

Employees who are injured at work must report the injury immediately to their supervisor. Students who are not employees who are injured or involved in an accident should report the incident to their instructor. In either case, if immediate medical treatment beyond first aid is needed, call 9-911. The injured party will be taken to the appropriate hospital or medical center. If non-emergency medical treatment for work-related injuries or illnesses is needed, notify your supervisor.

The supervisor of the injured employee must work with designated personnel to ensure that the appropriate documentation is completed and submitted to the Human Resources Office.

If the injured employee saw a physician, the supervisor should obtain a medical release form before allowing the employee to return to work. The health care provider may stipulate work tasks that must be avoided or work conditions that must be altered before the employee resumes his or her full duties.

Injury Investigation

The employee's supervisor or student's instructor is responsible for performing an investigation to determine and correct the cause(s) of the incident. Specific procedures that can be used to investigate workplace accidents and hazardous substance exposures include:

- Interviewing injured personnel and witnesses;
- Examining the injured employee's workstation for causative factors;

- Reviewing established procedures to ensure they are adequate and were followed;
- Reviewing training records of affected employees;
- Determining all contributing causes to the accident;
- Taking corrective actions to prevent the accident/exposure from reoccurring; and
- Recording all findings and actions taken.

The supervisor's findings and corrective actions should be documented and presented to the Safety Committee using the Occupational Accident, Injury or Illness Investigation Report (Appendix H). If the supervisor is unable to determine the cause(s) and appropriate corrective actions, other resources should be sought. Available resources include the Safety Committee, the Office of Environment Health & Safety, and other safety organizations.

The Safety Committee will review each accident or injury report to ensure that the investigation was thorough and that all corrective actions are completed. Investigations and/or corrective actions that are found to be incomplete will be routed back to the supervisor for further follow-up, with specific recommendations noted by the committee. The Safety Coordinator will bring corrective actions that are not implemented in a reasonable period of time to the attention of the area supervisor.

VII. EMPLOYEE HEALTH AND SAFETY TRAINING

Employee safety training is provided at no cost to the employee and is conducted during the employee's normal working hours on University time. Safety training may be presented by a knowledgeable supervisor, or other personnel. Regardless of the instructor, all safety training should be documented using the Safety Training Attendance Record (Appendix I).

Initial IIPP Training

When the IIPP is first implemented, all personnel will be trained on the structure of the IIPP, including individual responsibilities under the program, and the availability of the written program. Training will also be provided on how to report unsafe conditions, how to access the Safety Committee, and where to obtain information on workplace safety and health issues.

Personnel hired after the initial training session will be oriented on this material as soon as possible by the Safety Coordinator or appropriate supervisor. These individual training sessions should be documented using the Initial Training Attendance Record (Appendix J).

Training on Specific Hazards

Supervisors are required to be trained on the hazards to which the employees under their immediate control may be exposed. This training aids a supervisor in understanding and enforcing proper protective measures.

All supervisors must ensure that the personnel they supervise receive appropriate training on the specific hazards of work they perform, and the proper precautions for protection against those hazards. Training is particularly important for new employees and whenever a new hazard is introduced into the workplace. Such hazards may include new equipment, hazardous materials, or procedures. Health and Safety training is also required when employees are given new job assignments on which they have not previously been trained and whenever a supervisor is made aware of a new or previously unrecognized hazard.

Specific topics, which may be appropriate to personnel, include but are not limited to the following:

- Fire prevention techniques and fire extinguisher use;
- Obtaining emergency medical assistance and first aid;
- Disaster preparedness and response, including building evacuation procedures;
- Health and safety for computer users;
- Back care, body mechanics, and proper lifting techniques;
- Hazard communication, including training on MSDSs, chemical hazards and container labeling;
- Proper housekeeping; and
- Chemical spill reporting procedures.

Safety Videos

A list of workplace safety videos that are available for borrowing can be obtained by contacting EH&S. Videos should be used to supplement, not replace, face-to-face safety instruction, so that trainees have an opportunity to ask questions of a knowledgeable instructor.

VIII. ENSURING COMPLIANCE

All personnel have the responsibility for complying with safe and healthful work practices, including applicable regulations, campus policy, and UC Merced safety procedures. Overall performance in maintenance of a safe and healthful work environment should be recognized

by the supervisor and noted in performance evaluations. Employees will not be discriminated against for work-related injuries, and injuries will not be included in performance evaluations, unless the injuries were a result of an unsafe act on the part of the employee.

Standard progressive disciplinary measures in accordance with the applicable personnel policy or labor contract will result when employees fail to comply with applicable regulations, campus policy, and/or UC Merced safety procedures. Faculty members will be disciplined for unsafe practices in accordance with the Faculty Code of Conduct. Students not employed by the University will be disciplined for unsafe practices in accordance with the Student Code of Conduct. All personnel will be given instruction and an opportunity to correct unsafe behavior. Repeated failure to comply or willful and intentional noncompliance may result in disciplinary measures up to and including termination.

IX. RECORD KEEPING

Documents related to the IIPP are maintained in a safe and convenient location for record keeping. Documents that should be kept on file include:

- Reports of Unsafe Conditions or Hazards (Appendix B);
- Safety Committee Meeting Documentation (Appendix C);
- Records of scheduled and periodic workplace inspections, including the persons conducting the inspection, any identified unsafe conditions or work practices, and corrective actions (Appendices D, E, and F)
- Hazard Correction Reports (Appendix G);
- Occupational Accident, Injury or Illness Investigation Reports (Appendix H); and
- Employee safety training records, including the names of all attendees and instructors, the training date, and material covered (Appendices I and J).

X. CAMPUS SAFETY RESOURCES

A number of University programs and service organizations are available to assist in addressing injury and illness prevention and to maintain and promote a safe and healthful work environment for the campus community. A list is provided below.

Office of Environment, Health & Safety -For information on various safety topics, including hazard evaluations and employee training call the Office of Environment Health and Safety at 724-4333.

Human Resource Office-For information on personnel policies and labor contracts call the Human Resource Office at 724-4456.

Facilities Management -For installation and repair of facility safety equipment call the Facilities Department at 724-4308.

Safety related documents, such as the minutes from Safety Committee meetings, blank “Report of Unsafe Conditions” forms, and training records, are located in the Human Resource Office.

Appendix A

SAFETY TRAINING ATTENDANCE RECORD

Department: _____

Topic of Training Session: _____

Instructor(s):	Location:	Date:	Time:
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We are legally required to maintain records regarding our safety training activities. Please assist us by providing the information indicated below to document your attendance. Thank you.

Name (<i>Please Print</i>)	Department	Title	Signature
1.			
2.			
3.			
4.			
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6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
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16.			
17.			
18.			

Appendix B

GENERAL SELF-INSPECTION FORM FOR ADMINISTRATIVE AREAS

This self-inspection form should be used to document safety inspections in large office suites, areas with multiple cubicles, copy rooms, coffee rooms, and other common work areas. It should not be used for individual offices, nor for non-administrative areas such as shops, laboratories, and areas containing any hazardous materials.

The university is required to perform and document self-inspections of all campus workspaces annually as part of Cal/OSHA's requirement for an effective Injury and Illness Prevention Program (IIPP). Each department must inspect its administrative workspaces annually using this GENERAL/ADMINISTRATIVE SELF-INSPECTION FORM or an equivalent. This form can assist you in identifying and correcting many unsafe practices and conditions. The unsafe practices and conditions identified on this form are prohibited by state laws or campus policies, or are generally considered to be unsafe workplace practices.

After completing the self-inspection form, share the results with your supervisor and the University Safety Committee. Correct identified deficiencies as soon as possible and document correction on the form by entering the "Date Completed." If you need assistance correcting conditions, or if you have any questions or concerns about safety in the workplace, contact your Safety Coordinator. Keep the original self-inspection form on file, so that it will be available should Cal/OSHA or campus oversight committees request it. EH&S will periodically check that self-inspections have been performed and documented for each general administrative area.

This form was designed to help ensure compliance with Cal/OSHA regulations that require documented periodic inspections of all work areas as part of an effective IIPP. However, completion of this form and correction of any findings noted herein does not ensure that Cal/OSHA will not issue citations.

**GENERAL SELF-INSPECTION FORM
FOR ADMINISTRATION AREAS**

Area Location (Rm/Bldg) _____	Type of Area _____
Department _____	Date of Inspection _____
Inspector's Name (print) _____	Signature _____
Supervisor's Name (print) _____	Signature _____

1. Is the Cal/OSHA poster displayed in the building and accessible to all employees?

- Yes (Satisfactory) No (Needs Correction) N/A

Corrective Action: Contact EH&S (724-4333) to obtain posters.

Date Corrected: _____

2. Is documentation of safety training, workplace self-inspections, and hazard corrections maintained and accessible where indicated in the IIPP?

- Yes (Satisfactory) No (Needs Correction) N/A

Corrective Action: Confirm location listed in the IIPP and ensure that records are stored there.

Date Corrected: _____

3. Have employees in the area been trained on the applicable Disaster Plan?

- Yes (Satisfactory) No (Needs Correction) N/A

Corrective Action: Contact EH&S for a copy of the Disaster Plan.

Date Corrected: _____

4. Are fire alarm pull boxes clearly identifiable and unobstructed?

- Yes (Satisfactory) No (Needs Correction) N/A

Corrective Action: Clear area of obstructions.

Date Corrected: _____

5. Are fire hose stations and/or portable extinguishers clearly identifiable and unobstructed?

Yes (Satisfactory) No (Needs Correction) N/A

Corrective Action: Label fire-fighting equipment and clear area of obstructions.

Date Corrected: _____

6. Are fire extinguishers tagged with inspections at least annually?

Yes (Satisfactory) No (Needs Correction) N/A

Corrective Action: Contact the Facilities Department to arrange for a fire extinguisher inspection. Ensure that the extinguisher is properly tagged after the inspection.

Date Corrected: _____

7. Do self-closing devices and door latches on fire-rated doors (doors that open into corridors or stairwells) work properly? (Doorstops are not permitted.)

Yes (Satisfactory) No (Needs Correction) N/A

Corrective Action: Contact the Facilities Department to arrange for door repairs.

Date Corrected: _____

8. Are there at least 18 inches (47 cm) of vertical clearance maintained between all stored items and any ceiling equipped with fire sprinklers?

Yes (Satisfactory) No (Needs Correction) N/A

Date Corrected: _____

Corrective Action: Remove stored items that do not meet the above criteria.

9. Are electrical panels accessible and circuit breakers clearly identified?

Yes (Satisfactory) No (Needs Correction) N/A

Corrective Action: Label circuit breakers as to their function, and clear area in front of electrical panels by 36 inches.

Date Corrected: _____

10. Are aisles, exits, and adjoining hallways maintained free of obstructions so that the area can be easily evacuated or accessed in case of an emergency?

Yes (Satisfactory) No (Needs Correction) N/A

Corrective Action: Remove obstructions from aisles, exits, and adjoining hallways. Contact the Facilities Department if help is needed cleaning adjoining hallways.

Date Corrected: _____

11. Has all electrical equipment that is required to be grounded (e.g., copiers and computers) been grounded? (Ensure that the grounding pin has not been removed and that 3-pin to 2-pin adapters are not used.)

Yes (Satisfactory) No (Needs Correction) N/A

Corrective Action: Contact the Facilities Department to arrange for installation of appropriate outlets and plugs.

Date Corrected: _____

12. Are extension cords in good condition (e.g., no breaks or exposed wiring), used only as temporary wiring (less than 30 days), and not connected in series?

Yes (Satisfactory) No (Needs Correction) N/A

Corrective Action: Do not connect extension cords in series. Dispose of or repair all electrical cords that are not in good condition, and replace those in use more than 30 days with permanent wiring.

Date Corrected: _____

13. Has all broken, unguarded, or otherwise dangerous equipment and furniture been repaired or removed? (Example: A paper cutter without a guard to keep fingers away from the blade.)

Yes (Satisfactory) No (Needs Correction) N/A

Corrective Action: Contact the Facilities Department to arrange for removal or repair of equipment or furniture.

Date Corrected: _____

14. Are floor surfaces kept dry and/or made slip-resistant?

Yes (Satisfactory) No (Needs Correction) N/A

Corrective Action: Work with your supervisor, the Safety Coordinator, or Safety Committee to address this issue.

Date Corrected: _____

15. Is furniture and equipment over four feet tall braced to prevent tipping in an earthquake?

Yes (Satisfactory) No (Needs Correction) N/A

Corrective Action: Contact the Facilities Department for assistance in installing seismic restraints, or remove items in question.

Date Corrected: _____

16. Are all work areas adequately illuminated?

Yes (Satisfactory) No (Needs Correction) N/A

Corrective Action: Contact the Facilities Department for assistance in obtaining additional lighting.

Date Corrected: _____

Appendix C

OFFICE SELF-INSPECTION FORM

This self-inspection form should be used to document safety inspections of individual offices. It should not be used for general administrative areas such as large office suites, areas with multiple cubicles, copy rooms, coffee rooms, and other common work areas, nor for non-administrative areas such as shops, laboratories, and areas containing any hazardous materials. [

The university is required to perform and document self-inspections of all campus workspaces annually as part of Cal/OSHA's requirement for an effective Injury and Illness Prevention Program (IIPP). Each department must inspect its office workspaces annually using this OFFICE SELF-INSPECTION FORM or an equivalent. This form can assist you in identifying and correcting many unsafe practices and conditions. The unsafe practices and conditions identified on this form are prohibited by state laws or campus policies, or are generally considered to be unsafe workplace practices.

After completing the self-inspection form, share the results with your supervisor and the Safety Committee. Correct identified deficiencies as soon as possible and document correction on the form by entering the "Date Completed." If you need assistance correcting conditions, or if you have any questions or concerns about safety in the workplace, contact the Safety Coordinator at 724-4333. Keep the original self-inspection form on file, so that it will be available should Cal/OSHA or campus oversight committees request it. EH&S will periodically check that office self-inspections have been performed and documented.

This form was designed to help ensure compliance with Cal/OSHA regulations that require documented periodic inspections of all work areas as part of an effective IIPP. However, completion of this form and correction of any findings noted herein does not ensure that Cal/OSHA will not issue citations.

OFFICE SELF-INSPECTION FORM

Office Location (Rm/Bldg) _____	Date of Inspection _____
Department _____	
Inspector's Name (print) _____	Signature _____
Supervisor's Name (print) _____	Signature _____

1) Has all electrical equipment that is required to be grounded (e.g., computers) been grounded? (Ensure that the grounding pin has not been removed and that 3-pin to 2-pin adapters are not used.)

- Yes (Satisfactory) No (Needs Correction) Date Corrected: _____
 N/A

Corrective Action: Contact the Facilities Department to arrange for installation of appropriate outlets and plugs.

2. Do all powerstrips have a circuit breaker? (Only powerstrips with a circuit breaker reset switch should be used. Extension cords are not allowed as permanent wiring.)

- Yes (Satisfactory) No (Needs Correction) Date Corrected: _____
 N/A

Corrective Action: Replace powerstrips without circuit breaker with ones that have them. Do not connect power strips and/or extension cords in series. Dispose of or repair all electrical cords that are not in good condition, and install permanent wiring to replace those that have been used for more than 30 days.

3. Is furniture and equipment over 4 feet tall braced to prevent tipping in an earthquake?

- Yes (Satisfactory) No (Needs Correction) N/A
Date Corrected: _____

Corrective Action: Contact the Facilities Department for assistance in installing seismic restraints, or remove items in question.

4. Is the floor free of slip or trip hazards?

- Yes (Satisfactory) No (Needs Correction) Date Corrected: _____
 N/A

Corrective Action: Remove stored material and extension cords from exit paths and clean up any spilled material immediately. Ensure that exit paths are maintained free of obstructions and hazards.

5. Do self-closing devices and door latches on fire-rated doors (doors that open into corridors or stairwells) work properly? (Doorstops are not permitted.)

Yes (Satisfactory) No (Needs Correction) Date Corrected:
_____ N/A

Corrective Action: Contact the Facilities Department to arrange for door repairs.

Appendix D

LABORATORY SELF-INSPECTION

As part of Cal/OSHA's requirement for an effective Injury and Illness Prevention Program (IIPP), all campus workspaces are required to perform and document self-inspections annually. The attached Laboratory Self-Inspection Form will help document laboratory safety inspections and will assist laboratory researchers in identifying and correcting many common, unsafe practices and conditions. The unsafe practices and conditions identified on this form are prohibited by state laws or campus policies, or are not generally accepted as safe laboratory practices.

The procedures for completing this form are as follows:

1. Designate an individual to inspect each laboratory using this form, or an equivalent.
2. Send a copy of the completed form to your Safety Coordinator (SC).
3. Share the completed form with the Principal Investigator and other laboratory users. Discuss the findings and corrective actions in a laboratory meeting and encourage others to voice their safety concerns.
4. Correct each identified deficiency as soon as possible and documents the correction on the form.
5. Keep the original form on file in the laboratory for at least one year, so that it will be available to Cal/OSHA, granting agencies, or campus research oversight groups, if requested.

If you need assistance correcting conditions identified during the self-inspection or have any questions or concerns about laboratory safety, whether they pertain to this inspection or not, contact your DSC or the Office of Environment, Health & Safety (642-3073).

This form was designed to help ensure compliance with Cal/OSHA, EPA, and other regulations.

EH&S will spot check many of the returned forms, comparing notations with actual conditions in the laboratory. Additionally, EH&S will periodically verify that completed self-inspection forms are being kept on file in the laboratory or department. These actions are done to ensure questions are not misinterpreted and this program remains effective.

This form does not address specific activities involving research animals, biohazardous agents, lasers, radioactive materials or radiation-producing machines, which are separately inspected by various research oversight committees. Additionally, this form does not address specific conditions concerning chemical storage or hazardous waste procedures. Chemical safety is addressed in each laboratories Chemical Hygiene Plan.

Laboratory Self-Inspection Form

Please print.

Department: _____ Date of Inspection: _____

PI's Name: _____ Inspector's Name: _____

Please indicate: Yes (satisfactory), No (needs correction), or N/A (not applicable).

1. Are aisles, exits, and adjoining hallways maintained free of obstructions that would hinder emergency access or exiting?

Corrective Action: Remove obstructions from aisles, exits, and adjoining hallways. Contact the Facilities Department if help is needed clearing adjoining hallways.

Completion Date: _____

2. Are there at least 18 inches (47 cm) of vertical clearance maintained between all stored items and the ceiling-mounted fire sprinklers? (If there are no sprinklers, measure to the ceiling itself.)

Corrective Action: Remove stored items that could block sprinklers or contribute to burning of the ceilings.

Completion Date: _____

3. Is furniture and equipment over 4 feet tall bolted to the wall or otherwise secured?

Corrective Action: Contact the Facilities Department for assistance with installing seismic restraints.

Completion Date: _____

4. Are approved sharps waste containers available for disposal of needles, blades, and other sharps? (Reminder: There should be a proper procedure for disposal of broken glass.)

Corrective Action: Purchase a sharps container, if needed. Train all laboratory personnel to avoid bending, cutting, or re-capping syringe needles. (Do not put broken glass in the general laboratory trash; put it in a separate container, where it can be safely disposed of.)

Completion Date: _____

EMERGENCY EQUIPMENT

5. Are all eyewash and emergency shower stations free of obstructions that would prevent quick access by someone temporarily blinded by a chemical splash?

Corrective Action: Remove all obstructions from emergency eyewashes and showers.

Completion Date: _____

1 Yes No N/A

2 Yes No N/A

3 Yes No N/A

4 Yes No N/A

5 Yes No N/A

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Appendix E

HAZARD CORRECTION REPORT

Department: _____

This form should be used in conjunction with the “Report of Unsafe Condition” form, as appropriate, to track the correction of identified hazards.

All hazards should be corrected as soon as possible, based on the severity of the hazard. If a serious imminent hazard cannot be immediately corrected, remove personnel from the area and restrict access until the hazard can be addressed.

Supervisor/Safety Coordinator Name: _____ Telephone Ext.: _____

Supervisor/Safety Coordinator Signature

Date

Description and Location of Unsafe Condition	Date Discovered	Required Action and Responsible Party	Completion Date	
			Projected	Actual

Appendix F

REPORT OF UNSAFE CONDITION OR HAZARD

Department: _____

I. Unsafe Condition or Hazard

Name: (optional) _____	Job: _____
Title: _____	
Location of Hazard: _____	
Building: _____	Floor: _____ Room: _____
Date and time the condition or hazard was observed: _____	
Description of unsafe condition or hazard: _____ _____ _____	
What changes would you recommend to correct the condition or hazard? _____ _____	
Employee Signature: (optional) _____	
Date: _____	

II. Management/Safety Committee Investigation

Name of person investigating unsafe condition or hazard: _____
Results of investigation (What was found? Was condition unsafe or a hazard?): (Attach additional sheets if necessary.) _____ _____ _____
Proposed action to be taken to correct hazard or unsafe condition: (Complete and attach a Hazard Correction Report, Appendix G) _____ _____ _____
Signature of Investigating Party: _____
Date: _____

Completed copies of this form should be routed to the appropriate supervisor and Safety Committee, and must be maintained in files for at least one year.

Appendix G

OCCUPATIONAL ACCIDENT, INJURY OR ILLNESS INVESTIGATION REPORT

Department: _____		
Supervisor's Name/Phone: _____		
Person(s) involved: (include titles) _____		

Location: _____	Time: _____	Date: _____
Task being performed when accident occurred: _____		

NOTE: This form is intended to serve only as a local record of the investigation. Should an injury or illness occur, required forms must be submitted to the Human Resources Office as outlined in the Workers' Compensation Manual for Supervisors. Call 724-4456 if copies are not available in your work area. Also, a "Hazard Correction Report" must be completed in conjunction with any accident, injury or illness.

Describe the accident, illness, or injury and the probable root cause(s) of the incident. Include the nature of the injury or illness, any eyewitness accounts, and any property damage which may have occurred. Be sure to include the names and phone numbers of any witnesses. Attach a separate sheet if necessary.

Describe what corrective actions need to be taken to ensure this type of incident does not recur. Also, include the name(s) and phone number(s) of those who will ensure that these corrective actions are done in a timely manner.

Signature of Supervisor Conducting Investigation

Date

Signature of Safety Coordinator

Date

(Do not sign until a thorough review of the incident by the Safety Committee is complete and corrective actions are in place.)

Appendix H

SAFETY COMMITTEE MEETING DOCUMENTATION

NOTE: This form, meeting minutes, or a similar record must be completed for each Safety Committee meeting held.

Department: _____

Meeting Date: _____ Meeting Chair: _____

Title: _____

Other Attendees: _____

Attach any additional supporting documentation to this form.

Issue Discussed: _____

Required Actions and Schedule: _____

Responsible Party: _____

Issue Discussed: _____

Required Actions and Schedule: _____

Responsible Party: _____

Issue Discussed: _____

Required Actions and Schedule: _____

Responsible Party: _____

Issue Discussed: _____

Required Actions and Schedule: _____

Responsible Party: _____

Completed copies of this form must be maintained in files for at least one year.