

CALIFORNIA STATE UNIVERSITY, FRESNO

INJURY AND ILLNESS PREVENTION PLAN



Office of
Environmental Health and Safety

August 2002

PRESIDENT'S SAFETY POLICY STATEMENT

I am pleased to present to you this updated version of the California State University, Fresno Injury and Illness Prevention Plan (IIPP). This campus-wide master document is meant to be a starting point for the development of department-specific IIPP's and required by State of California regulation.

In presenting this document to you I would like to emphasize that it is the policy of California State University, Fresno to maintain, insofar as possible, a campus environment for faculty, staff, students and the public, that will not adversely affect their health and safety nor subject them to avoidable risks of accidental injury or illness. No student or employee will be required to perform any task which is determined to be unsafe or unreasonably hazardous.

In addition to the overall responsibility for campus health and safety which rests with the President, individual Deans, Directors, and Department Heads have the responsibility to identify, correct, and/or manage hazards within their individual departments. However, the immediate responsibility for workplace health and safety rests with each and every campus employee who performs a supervisory role (including the supervision of students in class activities). Finally, each individual performing a task has the responsibility to perform that task in a safe manner, thereby preventing accidents and injuries. Accordingly, all faculty and staff are expected to take whatever actions are necessary to ensure that safe and healthful conditions and practices prevail within the areas under their jurisdiction.

To accomplish this, each department shall provide facilities and equipment that meet all federal, state and local safety laws and regulations. Individual departments are responsible for augmenting the attached Campus Master IIPP in order to address department-specific hazards,

and for developing and maintaining appropriate policies, standards and procedures for managing the safety of all department operations.

I ask all members of the campus community to cooperate fully with all aspects of the various health and safety programs so that we may live and work in a safe and healthful environment. I look for California State University, Fresno to become a model for others to follow in this regard.

John D. Welty, President

TABLE OF CONTENTS

	Page
1.0 REGULATORY AUTHORITY	1
2.0 ADMINISTERING AGENCY	1
3.0 BACKGROUND	1
4.0 SCOPE	2
5.0 POLICY	2
6.0 OBJECTIVES	3
7.0 RESPONSIBILITIES	4
7.1 University Administration	4
7.2 Campuswide Health and Safety Committee	5
7.3 Environmental Health and Safety Office	6
7.4 Deans, Directors, Department Chairs, Department Heads	7
7.5 Principal Investigators and Supervisors	9
7.6 Department Safety Coordinators	9
7.7 Staff Employees	11
7.8 Students	11
8.0 COMPLIANCE GUIDELINES	12
8.1 Discipline	12
9.0 SAFETY COMMUNICATIONS	12
9.1 Campuswide Health and Safety Committee	12
9.2 Department Safety Meetings	13
9.3 Employee Safety Training	13
9.4 Health and Safety Material/Posters	13
9.5 Safety Suggestion Box	14
9.6 President's Safety Policy Statement	14
10.0 HEALTH AND SAFETY INSPECTIONS	14
10.1 Scheduled Workplace Inspections	14
10.2 Unscheduled Workplace Inspections	15

	Page
11.0 ACCIDENT INVESTIGATION	16
12.0 HAZARD CONTROL PROCEDURES	17
12.1 Imminent Hazard Situations	19
13.0 EMPLOYEE SAFETY TRAINING.....	19
13.1 General Safe Work Practices	20
13.2 Specific Safe Work Practices.....	20
13.3 Scheduled Training	21
13.4 Long-Range Training Plan.....	21
14.0 RECORD KEEPING	21
14.1 Campus Accidents, Injuries and Illnesses.....	22
14.2 Occupational Injuries and Illnesses	22
14.3 Material Safety Data Sheets (MSDSs).....	23
14.4 Employee Exposure Records	24
14.5 Medical Records	24
14.6 Employee Exposure and Medical Records Analysis	25
14.7 Documentation of Activities.....	25
15.0 EMPLOYEE EXPOSURE AND MEDICAL RECORDS ACCESS	26
16.0 RESOURCES	26
16.1 Chemical Hygiene Program.....	26
16.2 Emergency Preparedness	27
16.3 Hazard Communication Program	27
16.4 Hazard Identification	27
16.5 Industrial Hygiene Program.....	28
16.6 Occupational Safety	28
16.7 Radiation Safety Program.....	28
16.8 Confined Space Program	29
16.9 Asbestos Program	29
16.10 Respiratory Protection Program.....	29
16.11 Bloodborne Pathogens	30
16.12 Hazardous Waste Program.....	30
16.13 Hearing Conservation Program.....	30
16.14 Lockout/Tagout Program.....	31
16.15 Laser Safety Program.....	31
16.16 Non-Ionizing Radiation Safety	31

APPENDICES

- A. CCR Title 8 Section 3203
- B. General Safety Self-Inspection Checklist
- C. Supervisor's Report of Accident
- D. Deficiency Notice
- E. Chemical Hygiene Plan
- F. Emergency Management Plan
- G. Hazard Communication Program
- H. Radiation Safety Program
- I. Confined Space Program
- J. Asbestos Program
- K. Respiratory Protection Program
- L. Bloodborne Pathogens
- M. Hazardous Waste Program
- N. Hearing Conservation Program
- O. Lockout/Tagout Program
- P. Laser Safety Program
- Q. Non-Ionizing Radiation Safety

The California State University, Fresno

Office of

Environmental Health and Safety

INJURY AND ILLNESS PREVENTION PROGRAM

1.0 REGULATORY AUTHORITY

California Labor Code Section 6401.7 (Chapter 1369, Statutes 1989); California Code of Regulations, Title 8, Section 3203; California State University Environmental Health and Safety Program Development and Administrative Guide.

2.0 ADMINISTERING AGENCY

California Division of Occupational Safety and Health, Department of Industrial Relations (Cal/OSHA).

3.0 BACKGROUND

Due to increasing public concerns, both the legislature and various regulatory agencies have begun to establish stricter workplace controls to protect the health and safety of employees, students and the general public. Non-compliance with increasingly stringent legislation and regulations that are heavily enforced by regulatory agencies has resulted in the issuance of heavy fines and penalties against employers and individuals in both the private and public sectors.

In California, Senate Bill 198, adopted during the 1989 legislative session, reminded employers that they are accountable for the health and safety of their workers. SB 198 was codified in the California Insurance and Labor Codes on October 2, 1989. Later, on

December 13, 1990, General Industry Safety Orders (GISO) section 3203 in the California Code of Regulations was amended regarding workplace Injury and Illness Prevention Programs.

The amendments require every employer to establish, implement and maintain an effective injury prevention program including, but not limited to, a written program for identifying and evaluating hazards; procedures for correcting unsafe conditions; a system communicating with employees; regularly scheduled safety meetings; employee training programs; compliance strategies; on going documentation/recordkeeping; and identification of a person responsible for the program.

4.0 SCOPE

Although the provisions of this law and the implementing regulations apply only to employees, the University is committed to providing for the health and safety of students and the public as well.

5.0 POLICY

5.1 It is the policy of the University to maintain, insofar as it is reasonably within its control to do so, a campus environment for faculty, staff, students and the public that will not adversely affect their health and safety nor subject them to avoidable risks of accidental injury or illness. No student or employee will be required to perform any task which is determined to be unsafe or unreasonably hazardous.

- 5.2 To accomplish this, departments will provide facilities and equipment that meet all federal, state and local safety laws and regulations, and will promulgate appropriate policies, standards and procedures for governing campus health and safety programs.
- 5.3 While the overall responsibility for campus health and safety rests with the President, the responsibility for taking corrective action rests with the Vice Presidents, the School Deans and the Department Directors, and the immediate responsibility for workplace health and safety belongs to each campus employee who performs a supervisory role. In addition, individual employees are responsible for preventing campus accidents. Accordingly, all faculty and staff are to ensure that safe and healthful conditions and practices are provided and followed within the areas under their control, and all members of the campus community are to cooperate fully with all aspects of the various campus health and safety programs.

6.0 OBJECTIVES

When properly designed and implemented, an effective Injury and Illness Prevention Program will assist management in determining what hazards exist in the workplace, how to correct hazards that may occur and what steps to take to prevent them from recurring.

When the University has established an effective system for providing employee injury and illness prevention, the following objectives can be achieved:

- 6.1 Management is able to prevent many hazards from occurring through regular self-inspections.

- 6.2 Employees know to report potentially hazardous conditions without fear of reprisal and that their reports will be given prompt and serious attention.
- 6.3 Workplace equipment is maintained in safe and good working condition.
- 6.4 Management has established procedures to investigate any workplace accidents or near-miss incidents and reported injuries and illnesses.
- 6.5 Hazards are corrected as soon as possible after they are identified.
- 6.6 Employees have received written copies of general health and safety rules which apply to everyone.
- 6.7 The University has developed safe and healthful work practices for each specific job performed by its employees.
- 6.8 The University has established disciplinary procedures which help ensure that safety rules and work procedures are put into practice and enforced.

7.0 RESPONSIBILITIES

7.1 University Administration

The ultimate responsibility for establishing and maintaining effective policies regarding environmental health and safety issues specific to campus facilities and operations rests with the University President.

Injury and Illness Prevention Program Administration

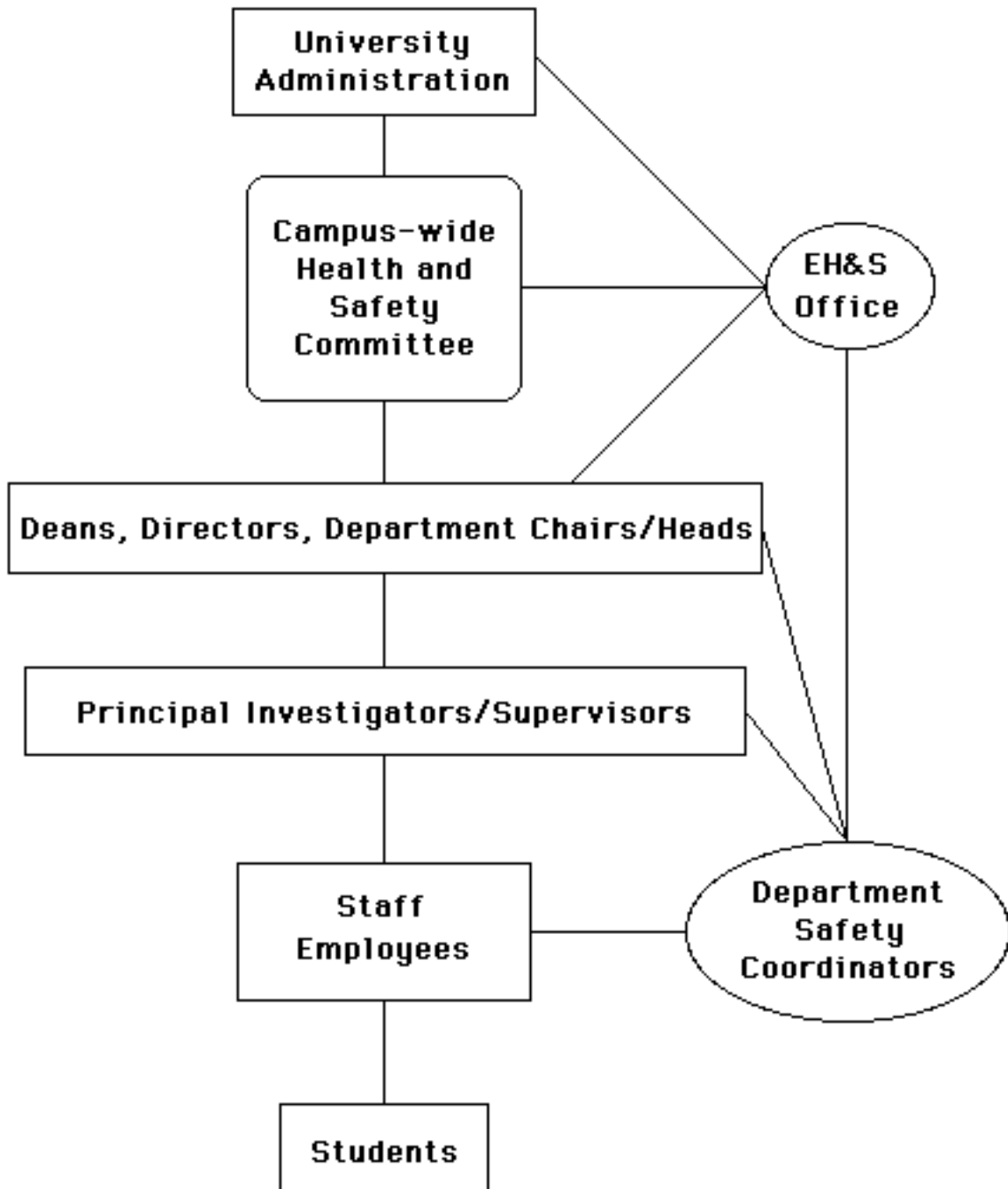


Chart 1

Because of the diversity of operations within the University and the necessary differences in organizational structure within various departments, some latitude in formulating and implementing alternative methods for compliance with the Injury and Illness Prevention Program objectives is expected and allowed for.

7.2 Campuswide Health and Safety Committee

The Health and Safety Committee, made up of representatives of labor and management, has been established to achieve and maintain beneficial relationships through continuing communications on issues relating to occupational health and safety. This committee will discuss, explore, study and make recommendations on problems. It also will provide employees with the opportunity to voice concerns relating to hazards without fear of reprisal.

Members of this committee shall be chosen as specified in the bylaws for the Committee.

The responsibilities of this committee are as follows:

- a. Meet quarterly.
- b. Prepare written records of health and safety issues discussed, distribute records to affected employees and maintain records.
- c. Review investigations of occupational accidents and causes of incidents resulting in occupational injury, illness or exposure to hazardous substances

and, where necessary, submit suggestions to management for the prevention of future incidents.

- d. Review investigations of alleged hazardous conditions brought to the attention of any committee member. The committee may request that the University conduct an investigation to assist them in their study.
- e. Review results of periodic, scheduled worksite inspections.
- f. Submit recommendations to assist in the evaluation of employee safety suggestions.
- h. Upon request, verify abatement actions taken in response to Cal/OSHA citations.

7.3 Office of Environmental Health and Safety (EH&S)

It is the responsibility of EH&S, reporting to the Vice President of Administration, to develop and implement an Injury and Illness Prevention Program. Further responsibilities are to:

- a. Provide consultation to Deans, Directors, Chairs and Coordinators regarding program compliance; consult on issues of hazard identification and evaluation; establish procedures for correcting unsafe conditions and for communicating with employees; develop employee training programs; provide compliance strategies; and ensure maintaining of adequate records.

- b. Provide centralized monitoring of campuswide activities on a consultative basis in the areas of biological safety, chemical hygiene, hazard communication, hazard identification, hazardous materials management, industrial hygiene, occupational safety, public health and sanitation, radiation safety, and safety education and training.
- c. Maintain centralized environmental records, allowing employee access as directed by law.

7.4 Deans, Directors, Department Chairs, Department Heads

It is the responsibility of Deans, Directors, Department Chairs and Department Heads to develop departmental procedures and to maintain compliance with the Injury and Illness Prevention Program and other university health and safety policies as they relate to operations under their control. Specific areas include employee and student education and training, identification and correction of unsafe conditions, and record keeping. Specifically these individuals will:

- a. Develop and maintain written departmental procedures and ensure that supervisors and employees adhere to adopted procedures.
- b. Develop and implement an educational training program designed to instruct employees and students in general safe work practices as well as instructions specific to their job duties. Such educational training shall take place prior to the employee or student being assigned to potentially hazardous employment activities.

- c. Instruct employees and students in the recognition and avoidance of unsafe conditions, including hazards associated with non-routine tasks and emergency operations. Only those employees or students qualified by training will be permitted to operate potentially hazardous equipment.
- d. Develop a system of record keeping to document all employee and student educational training activities. Such records should include, but not be limited to, employee and student injuries, incident reports, and complaints or grievances involving safety issues.
- e. Develop and maintain an inventory of hazardous materials present in all work areas within the department.
- f. Take corrective action for any health and safety deficiencies that are noted.
- g. In a conspicuous location, post appropriate safety notices or procedures.
- h. Develop methods, as appropriate, to inform outside contractors' employees who work in areas under department jurisdiction of the hazards to which those employees may be exposed.
- i. Designate an employee who will be responsible for serving as department safety coordinator, acting as liaison with EH&S and advising the department head on issues relating to environmental health and safety within the department.

7.5 Principal Investigators and Supervisors

It is the responsibility of Principal Investigators of research projects and Supervisors to work directly with employees and students in the implementation of the Injury and Illness Prevention Program. These individuals will:

- a. Develop local area procedures to ensure effective compliance with the Injury and Illness Prevention Program as it relates to operations under their control.
- b. Develop and maintain written workplace procedures which conform to campus and departmental guidelines.
- c. Instruct employees and students in the recognition and avoidance of unsafe conditions, including hazards associated with non-routine tasks and emergency operations. Only those employees or students qualified by training will be permitted to operate potentially hazardous equipment. It is not to be assumed that newly hired, newly assigned or reassigned employees or students comprehend all safety procedures associated with the new job duties.

7.6 Department Safety Coordinators

Department Safety Coordinators (DSCs) are appointed by each Dean, Director, Department Chair or Department Head and are critical to the effective implementation of the Injury and Illness Prevention Program. The DSC will:

- a. Assist the Dean, Director, Department Chair or Department Head in the development and implementation of a department Injury and Illness Prevention Program.
- b. Serve as liaison with EH&S and other associated campus departments.
- c. Obtain health and safety information and conduct or arrange for educational training of employees regarding workplace hazards.
- d. Conduct periodic safety inspections of facilities, equipment and projects to identify unsafe conditions and practices.
- e. Make recommendations and initiate corrective actions regarding identified hazards or deficiencies.
- f. Serve as liaison for the department on matters pertaining to inspections, accident/injury investigations, personnel safety, education and training, reports and technical consultants, and serve as the primary department resource person for coordinating these activities.
- g. Ensure maintenance of department records related to training, accident/injury, monitoring or other pertinent data.

7.7 Staff Employees

Staff employees (includes all individuals not referred to in 7.4-7.6) will:

- a. Because of the number of potential hazards that may exist or be created in the work environment, use common sense and good judgment at all times.
- b. Read and comply with procedures and guidelines provided by their supervisors.
- c. Inform their supervisors of workplace hazards without fear of reprisal.
- d. Attend established education and training sessions and be expected to understand and comply with all applicable safety requirements. Failure to comply with established safety rules may be reflected in performance evaluations and may lead to disciplinary action.
- e. Be responsible for asking questions of their supervisors when there is concern about an unknown or hazardous situation.

7.8 Students

Students always are expected to adhere to safety practices presented by faculty, technical staff, graduate assistants, student assistants or other authorized individuals. They also must report workplace hazards that become known to them, to their instructors, supervisors or other responsible parties.

8.0 COMPLIANCE GUIDELINES

All employees shall adhere to safe and healthy work practices defined by established campus and departmental health and safety guidelines. Failure to do so may result in the initiation of disciplinary measures.

8.1 Discipline

Discipline is addressed in the California State University System in a variety of ways depending upon the case. Discipline may include dismissal, demotion or suspension based upon the severity of the situation. The CSU disciplinary guidelines are addressed in various memorandums of understanding between applicable bargaining units and specific sections within the California Education Code and the California Code of Regulation, Title 5.

9.0 SAFETY COMMUNICATIONS

Several methods of communicating with employees on matters relating to health and safety have been established. Managers and supervisors will encourage employees to report, without fear of reprisal, any unsafe or unhealthful conditions they discover.

9.1 Campuswide Health and Safety Committee

The Campuswide Health and Safety Committee has been established to achieve and maintain effective communications between employees and management.

9.2 Department Safety Meetings

Departments will schedule regular safety meetings at which health and safety issues are freely and openly discussed by employees of the department. Management will attempt to schedule the meetings at a time when most employees can attend and will keep minutes to document who was in attendance and what topics were discussed.

9.3 Employee Safety Training

The Office of Environmental Health and Safety (EH&S) has access to various health and safety videos. In addition, a number of specific training programs have begun and are in continuous development. The Environmental Health and Safety Office also is available to put on training sessions.

Departments will provide specific training programs for employees either on a periodic basis or prior to assignment on a new job or when work assignments change.

9.4 Health and Safety Material/Posters

EH&S can provide departments with a variety of posters and health and safety materials to be used in promoting a safe and healthful workplace and work practices. It is required that posters be displayed in highly visible locations within each applicable workplace.

9.5 Safety Suggestion Box

A safety suggestion box has been provided on the door of the EH&S Office. Any concerns or issues that an employee feels needs attention may be placed in the suggestion box.

9.6 President's Safety Policy Statement

The campus President has issued a safety policy statement which informs all employees of the University that safety is a priority issue among his/her executive level administrators. This policy urges all faculty and staff to participate actively in the EH&S program for the common good of the entire campus community.

10.0 HEALTH AND SAFETY INSPECTIONS

A health and safety inspection program is essential in order to reduce unsafe campus conditions which may expose faculty, staff, students and the public to incidents that could result in injury to individuals or damage to property.

10.1 Scheduled Workplace Inspections

- a. The responsibility of each department is to ensure that regular and systematic workplace inspections be scheduled for all departmental areas. It is recommended that departmental safety coordinators be assigned to conduct these inspections.

- b. The frequency of regular workplace inspections is left up to the departments' discretion. EH&S recommends that high hazard areas be inspected weekly, warehouse and retail areas be inspected monthly, large offices be inspected semiannually, and small offices be inspected annually. It is the responsibility of each department to notify EH&S when inspections are conducted. Records of inspections shall be maintained in the department office for review by EH&S.
- c. Self-inspection checklists are provided in generic form to assist departments in developing their own checklist (see Appendix B).
- d. EH&S will conduct annual inspections of all work areas on campus. These inspections will emphasize compliance with the various health and safety programs. Non-compliance will result in notices of deficiencies being issued (see Appendix D).

10.2 Unscheduled Workplace Inspections

- a. Departments will conduct an immediate inspection whenever new substances, processes, procedures or equipment which represent a new occupational health and safety hazard are introduced. Results of such inspections shall be reported to EH&S.
- b. Departments also will conduct an inspection whenever notification of a new or previously unrecognized hazard is received. Results of such inspections shall be reported to EH&S.

- c. EH&S will conduct periodic unscheduled inspections of all workplaces to help ensure the maintenance of a safe and healthful workplace. Non-compliance will result in notices of deficiencies being issued (see Appendix D).
- d. EH&S, in conjunction with departmental representatives, will conduct a health and safety inspection in the event of an occupational injury, occupational illness, or exposure to hazardous substances as defined by Cal/OSHA.

11.0 ACCIDENT INVESTIGATION

- 11.1 Minor injuries on the job will be reported to the immediate supervisor of the injured employee.
- 11.2 Serious occupational injuries, illnesses or exposures to hazardous substances, as defined by Cal/OSHA, must be reported to EH&S and the Worker's Compensation Office no later than 24 hours after they become known. EH&S will contact Cal/OSHA as required by law. EH&S or the Worker's Compensation Representative, in conjunction with a representative from the injured employee's department, will investigate the circumstances of the incident to determine the cause. Appendix C includes the format for conducting such investigations.

A copy of each investigation report will be forwarded to EH&S and the Worker's Compensation Office for review at the quarterly campuswide EH&S Committee meeting.

12.0 HAZARD CONTROL PROCEDURES

Upon completion of scheduled or unscheduled inspections, all findings will be prepared in writing and submitted to department heads and EH&S. Corrective action or a suitable timetable for elimination of a hazard (where appropriate) is the responsibility of the department.

Once identified, hazards will be ranked according to both consequence (the severity) and probability (the frequency) as defined in Table 1. Prioritization of abatement actions will be based on the ranking scheme. Serious violations and hazards should always be given top priority and be corrected immediately, or consideration should be given to stopping operations affected by the violations or hazards. Each identified hazard or program deficiency will be issued a deficiency notice and assigned a tracking number until it is abated. (see Appendix D).

Table 1

Hazard Classification

<u>Order of Priority</u>	<u>Consequence (Severity)</u>	<u>Probability of Injury Occurrence</u>
1	Imminent danger exists. Capable of causing death, possibly multiple deaths, widespread occurrence of illness and loss of facilities.	Probable
2	Severe injury, serious illness property and equipment.	Reasonably probable
3	Minor injury, illness or equipment damage may result.	Remote
4	First aid care.	Extremely Remote

12.1 Imminent Hazard Situations

Individuals conducting a safety inspection shall immediately notify the Department Chair/Head or the EH&S Office, as appropriate, if a condition exists that presents an imminent hazard to health or safety. The Department Chair/Head shall inform all employees of any such imminent hazard(s) that cannot be immediately corrected and ensure that all necessary precautions are taken to prevent mishaps.

An imminent hazard is any condition or practice that can be expected to cause death or serious physical harm immediately or before the hazard can be eliminated through normal corrective measures; e.g. without shutting off the power an employee is working on an electrical line. A conspicuous notice or "yellow tag" will be attached to the hazardous condition, prohibiting use of the area, machine, or equipment which presents the hazard, by employees or students. The "yellow tag" may not be removed until the hazardous condition no longer exists and required safeguards and safety devices are implemented. Only the EH&S Officer can remove a "yellow tag." Personnel who continue to use an item that has been so tagged, or who willfully remove a tag before the unsafe condition is corrected, may be subject to disciplinary action. Entry or use may be allowed with the EH&S Officer's knowledge and permission for the sole purpose of eliminating the hazardous condition.

13.0 EMPLOYEE SAFETY TRAINING

Effective dissemination of safety information lies at the very heart of a successful Injury and Illness Prevention Plan. It is necessary to provide training for employees concerning general safe work practices as well as specific instruction with respect to hazards unique to each employee's job assignment.

13.1 General Safe Work Practices

EH&S has developed a multitude of training programs designed to meet general safe work practice requirements. These programs are elements of larger programs which service broad campus needs. These programs, listed below and further defined in section 16.0, include:

- Chemical Hygiene
- Emergency Preparedness
- Hazard Communication
- Hazard Identification
- Industrial Hygiene
- Occupational Safety
- Radiation Safety
- Confined Space
- Asbestos
- Respiratory Protection
- Bloodborne Pathogens
- Hazardous Waste

13.2 Specific Safe Work Practices

Specialized training sessions dealing with an employee's unique job assignment must be developed by each supervisor. It is the responsibility of each supervisor to understand his/her employee's job tasks and related hazards.

13.3 Scheduled Training

- a. Each supervisor will ensure that all new employees receive general and specific training prior to assignment on a new job.
- b. Supervisors will ensure that employees are trained whenever new substances, processes, procedures or equipment are introduced to the workplace which represent a new hazard, or whenever the supervisor receives notification of a new or previously unrecognized hazard.
- c. All training will be documented in writing. Topics, participants and dates will all be recorded and kept on file within each department.

13.4 Long-Range Training Plan

A long-range departmental training plan should be developed which sets priorities for training sessions, including a schedule of presentations. Consideration should also be given to the frequency required for retraining employees. These refresher programs also should be incorporated in the long-range plan.

14.0 RECORD KEEPING

Many standards and regulations of Cal/OSHA contain requirements for the maintenance and retention of records for occupational injuries and illnesses, medical surveillance, exposure monitoring, inspections and other activities and incidents relevant to occupational health and safety.

14.1 Campus Accidents, Injuries and Illnesses

To properly protect the University, it is essential that all accidents, injuries and illnesses occurring either on University property or at off-campus University sponsored events are maintained and analyzed by the EH&S. Complete records of all incidents involving bodily injury and property damage accidents involving students and/or the public are maintained and analyzed for accident prevention and campus liability purposes by the EH&S Office. It is essential that all such incidents be reported immediately and in writing to the Department of Public Safety and the EH&S Office.

Reports of accident and injury incidents may be generated by the Department of Public Safety (accidents involving the campus community, traffic accidents, state driver accidents, etc.), Housing Office (resident accidents, intramural sports, etc.), Athletic Department and University Health and Psychological Services (student injuries, doctor's first report of industrial injury or illness, etc.).

Statistics and other information from these records are available to departments for use in accidents prevention efforts. In addition, departments also should maintain and analyze records of accidents occurring in their own area of operations.

14.2 Occupational Injuries and Illness

- a. The University will record and report within five (5) days every employee injury or illness unless disability resulting from such injury or illness does not last through the day or does not require medical service other than minor first aid treatment.

- b. The University will maintain a master log and summary of occupational injuries and illness.
- c. Records of occupational injuries and illness will be kept on file and will be made available for review by Cal/OSHA at any time for a period of five (5) years.
- d. The Cal/OSHA summary for the previous year will be posted in conspicuous places throughout the campus for review by employees.
- e. Employee injuries and illness will be recorded and analyzed each calendar quarter. These statistics are first submitted to the CSU Office of the Chancellor and from there to the Governor's Safety and Workers' Compensation Program in Sacramento.

14.3 Material Safety Data Sheets (MSDSs)

Each MSDS received by the campus must be maintained for at least thirty (30) years unless some record of the identity (chemical name if known) of the substance or agent, where it was used and when it was used is retained for at least thirty (30) years. Copies of all MSDSs must be sent to EH&S for inclusion in the master log and business plan.

14.4 Employee Exposure Records

Each employee exposure record will be preserved and maintained for at least thirty (30) years except for certain background data on workplace monitoring and certain biological monitoring results. Such records include workplace monitoring or measuring of a toxic substance or harmful physical agent; biological monitoring results which directly assess the absorption of a toxic substance or harmful physical agent by body systems; material safety data sheets; and, in the absence of the above, a chemical inventory or any other record which reveals where and when used and the identity of a toxic substance or harmful physical agent.

Departments using any regulated carcinogens have additional reporting and record keeping requirements under Cal/OSHA.

14.5 Medical Records

The medical record for each employee will be preserved and maintained for at least the duration of employment plus thirty (30) years except for certain health insurance claims records, first aid records or the medical records of employees who have worked for less than one (1) year if they are provided to the employee upon termination of employment. Such records include medical and employment questionnaires or histories; the results of medical exams and lab tests; medical opinions, diagnoses, progress notes, and recommendations; first aid records; descriptions of treatments and prescriptions; and employee medical complaints. All such employee medical records shall be kept confidential.

14.6 Employee Exposure and Medical Record Analysis

Each analysis using exposure or medical records will be preserved and maintained for at least thirty (30) years.

14.7 Documentation of Activities

Essential records, including those legally required for workers' compensation, insurance audits and government inspection will be maintained for as long as required. The University also will keep records of steps taken to establish and maintain the Injury and Illness Prevention Program. They must include:

- a. Records of scheduled and periodic inspections to identify unsafe conditions and work practices. The documentation includes the name of the person(s) conducting the inspection, the unsafe conditions and work practices identified, and the corrective action(s) taken. These records will be maintained for at least three (3) years.
- b. Documentation of health and safety training for each employee. Specifically, employee name or other identifier, training dates, type(s) of training and the name of the training provider will be included. Records will be retained for at least three (3) years.
- c. Training records will be kept in each department and in the EH&S Office as appropriate.

15.0 EMPLOYEE ACCESS TO EXPOSURE AND MEDICAL RECORDS

The University recognizes that employees and their designated representatives and authorized representatives of the Chief of the Division of Occupational Safety and Health (Cal/OSHA) have a right of access to relevant exposure and medical records. Such access is necessary to yield both direct and indirect improvements in the detection, treatment and prevention of occupational disease. Whenever an employee or designated representative requests access to a record, the University shall assure that access is provided in a reasonable time, place and manner.

16.0 RESOURCES

Several programs which currently exist and for which EH&S has already established oversight have been incorporated into the overall campus Injury and Illness Prevention strategy. Existing programs are outlined below; specific elements are contained in the appendices noted. If your department needs copies of these programs, please contact the Office of Environmental Health and Safety at 8-7422.

16.1 Chemical Hygiene Program

The written Chemical Hygiene Plan (see Appendix E) provides that EH&S will consult with individuals utilizing chemicals on the job. Assistance provided includes information on methods of safe handling and storage of reactive and toxic substances, as well as personal protection. Available toxicological information includes permissible exposure limits to certain chemicals, as well as effects of overexposure to various target organs.

EH&S staff members will conduct walk-through surveys of laboratory spaces for the purpose of advising the research staff about physical and chemical hazards routinely found in research lab settings. They will focus on problems connected with chemical storage, waste management, earthquake preparedness, electrical hazards and personal protection.

16.2 Emergency Preparedness

The campus Emergency Preparedness Program provides for a consistent and adequate means of handling a variety of emergencies. University personnel, students and the public are informed of and included in the preparedness and response strategy. The campus Emergency Management Plan (see Appendix F) outlines the actions to be taken by the University in response to emergency situations. The goals of this plan are the preservation of life, the protection of property and continuity of campus operations.

16.3 Hazard Communication Program

The written Hazard Communication Program (see Appendix G) provides for a list of hazardous substances used in each workplace; a system of labeling containers; material safety data sheets for each hazardous substance used; and a comprehensive training program for employees who use hazardous materials.

16.4 Hazard Identification

The EH&S staff will conduct periodic work site inspections for the purpose of identifying potentially hazardous situations before injuries occur. Inspections are

performed to help supervisors realize where unsafe conditions exist and how to provide effective protection for all staff. Efforts focus on such concerns as engineering and design, maintenance of facilities and equipment, and ergonomics.

16.5 Industrial Hygiene Program

The campus Industrial Hygiene Program provides for personal monitoring and environmental testing in order to identify, monitor and control potentially harmful substances and physical agents in the campus environment. Specific attention is paid to such areas as noise, personal protective equipment and clothing, medical monitoring, ergonomics, indoor air quality and exposure to toxic materials.

16.6 Occupational Safety

The campus Occupational Safety Plan provides for safe working/walking surfaces, adequate illumination, proper maintenance of tools and other equipment, proper guarding of machinery, an electrical safety program, a lockout/tagout procedure for all energized systems, safe use and storage of compressed gas, a confined space entry procedure, equipment and procedures for the safe handling of materials, and a vehicle and driver safety program.

16.7 Radiation Safety Program

The Radiation Safety Program (see Appendix H) provides for the safety of personnel, students and the public during operations involving radioactive materials and ionizing, radiation sources. Working in conjunction with the Radiation Safety Committee and guidelines approved in the University's broad scope license with the

State, EH&S administers the radiation safety program to ensure that all exposures to radioactive sources are kept to a level as low as reasonably achievable.

16.8 Confined Space Program

The campus Confined Space Program (see Appendix I) provides for the safe operating practices used in confined spaces, which may lack oxygen or have dangerous air contamination and be of such configuration that it would be difficult to remove a suddenly disabled person. This includes silos, vats, bins, sewers, pipelines, tanks, boiler compartments, ducts, vaults, and pits. It also describes rescue procedures in the event of an emergency.

16.9 Asbestos Program

The campus Asbestos Program (see Appendix J) is designed to establish guidelines for use in controlling potential airborne asbestos fiber exposures for occupants, employees, and contractor personnel who work within or otherwise enter buildings which have asbestos containing construction materials. Specific procedures for managing various asbestos containing materials and situations which may be encountered are described.

16.10 Respiratory Protection Program

The campus Respiratory Protection Program (see Appendix K) provides guidelines to assist in protecting employees in jobs that may require the use of respirator protection. Elements of this program include: hazard assessment, respirator selection, training in the proper use of respirators, respirator fitting, maintenance and

cleaning procedures, guidelines for emergency respirator use and medical surveillance of employees using respiratory protection devices.

16.11 Bloodborne Pathogens

The campus Exposure Control Plan (see Appendix L) is designed to meet the OSHA Bloodborne Pathogens Standard and provide guidelines for the safe handling of materials that may contain bloodborne pathogens. This specifically includes identifying and providing training for all employees who may come in contact with bloodborne pathogens.

16.12 Hazardous Waste Program

The campus Hazardous Waste Program (see Appendix M) provides guidelines for the safe handling of hazardous wastes. This includes establishing procedures for accumulation and storage, on-campus preparation, and off-campus disposal of waste material. It also includes waste minimization guidelines, emergency response procedures, and information for personnel training and recordkeeping.

16.13 Hearing Conservation Program

The campus Hearing Conservation Program (see Appendix N) is designed to eliminate or control employee overexposure to potentially harmful noise. The program includes providing training for employees who are exposed to a specified level of noise, providing hearing protection where required and making regular hearing testing available.

16.14 Lockout/Tagout Program

The campus Lockout/Tagout Program (see Appendix O) is designed to safeguard employees from exposure to hazardous energy while performing service on machinery. The program consists of training on identifying sources of hazardous energy, procedures for controlling hazardous energy, and on how to use lockout and tagout devices.

16.15 Laser Safety Program

The Laser Safety Program (see Appendix P) is designed to provide for the safe use of lasers on campus, both in laboratory and non-laboratory settings. The program consists of registration of laser light producing devices, personnel training on the safe use of lasers, use of personal protective equipment for eye protection, and classification of laser hazards.

16.16 Non-Ionizing Radiation Safety

The Non-Ionizing Radiation Safety Manual (see Appendix Q) is intended to be used as a guideline to assist campus employees and students in the safe use of ultraviolet, infrared, microwave, radio frequency radiation and magnetic fields. The manual contains information on identifying the presence of non-ionizing radiation, what the effects of exposure to such radiation are and what safety precautions can be taken to limit potentially harmful exposures.

APPENDIX A

CCR TITLE 8 SECTION 3203

TITLE 8. Industrial Relations
Division 1. Department of Industrial Relations
Chapter 4. Division of Industrial Safety
Subchapter 7. General Industry Safety Orders

§3203. Injury and Illness Prevention Program.

- (a) Effective July 1, 1991, every employer shall establish, implement and maintain an effective Injury and Illness Prevention Program (Program). The Program shall be in writing and, shall, at a minimum:
- (1) Identify the person or persons with authority and responsibility for implementing the Program.
 - (2) Include a system for ensuring that employees comply with safe and healthy work practices. Substantial compliance with this provision includes recognition of employees who follow safe and healthful work practices, training and retraining programs, disciplinary actions, or any other such means that ensures employee compliance with safe and healthful work practices.
 - (3) Include a system for communicating with employees in a form readily understandable by all affected employees on matters relating to occupational safety and health, including provisions designed to encourage employees to inform the employer of hazards at the worksite without fear of reprisal. Substantial compliance with this provision includes meetings, training programs, posting, written communications, a system of anonymous notification by employees about hazards, labor/management safety and health committees, or any other means that ensures communication with employees.
Exception: Employers having fewer than 10 employees shall be permitted to communicate to and instruct employees orally in general safe work practices with specific instructions with respect to hazards unique to the employees' job assignments as compliance with subsection (a)(3).
 - (4) Include procedures for identifying and evaluating work place hazards including scheduled periodic inspections to identify unsafe conditions and work practices. Inspections shall be made to identify and evaluate hazards.
 - (A) When the Program is first established;
Exception: Those employers having in place on July 1, 1991, a written Injury and Illness Prevention Program complying with previously existing section 3203.
 - (B) Whenever new substances, processes, procedures, or equipment are introduced to the workplace that represent a new occupational safety and health hazard; and
 - (C) Whenever the employer is made aware of a new or previously unrecognized hazard
 - (5) Include a procedure to investigate occupational injury or occupational illness.
 - (6) Include methods and/or procedures for correcting unsafe or unhealthy conditions, work practices and work procedures in a timely manner based on the severity of the hazard:
 - (A) When observed or discovered; and,
 - (B) When an imminent hazard exists which cannot be immediately abated without endangering employee(s) and/or property, remove all exposed personnel from the area except those necessary to correct the existing condition. Employees necessary to correct the hazardous condition shall be provided the necessary safeguards.
 - (7) Provide training and instruction:
 - (A) When the program is first established;
Exception: Employers having in place on July 1, 1991, a written Injury and Illness Prevention Program complying with the previously existing Accident Prevention Program in Section 3203.
 - (B) To all new employees;
 - (C) To all employees given new job assignments for which training has not previously been received;
 - (D) Whenever new substances, processes, procedures or equipment are introduced to the workplace and represent a new hazard;
 - (E) Whenever the employer is made aware of a new or previously unrecognized hazard; and,
 - (F) For supervisors to familiarize themselves with the safety and health hazards to which employees under their immediate direction and control may be exposed.
- (b) Records of the steps taken to implement and maintain the Program shall include:
- (1) Records of scheduled and periodic inspections required by subsection (a)(4) to identify unsafe conditions and work practices, including person(s) conducting the inspection, the unsafe conditions and work practices that have been identified and action taken to correct the identified unsafe conditions and work practices. These records shall be maintained for at least one (1) year; and

Exception: Employers with fewer than 10 employees may elect to maintain the inspection records only until the hazard is corrected.

- (2) Documentation of safety and health training required by subsection (a)(7) for each employee, including employee name or other identifier, training dates, type(s) of training, and training providers. This documentation shall be maintained for at least one (1) year.

Exception No. 1: Employers with fewer than 10 employees can substantially comply with the documentation provision by maintaining a log of instructions provided to the employee with respect to the hazards unique to the employees' job assignment when first hired or assigned new duties.

Exception No. 2: Training records of employees who have worked for less than one (1) year for the employer need not be retained beyond the term of employment if they are provided to the employee upon termination of employment.

Exception No. 3: For Employers with fewer than 20 employees who are in industries that are not on a designated list of high-hazard industries established by the Department of Industrial Relations (Department) and who have a Workers' Compensation Experience Modification Rate of 1.1 or less, and for any employers with fewer than 20 employees who are in industries on a designated list of low-hazard industries established by the Department, written documentation of the Program may be limited to the following requirements:

- A. Written documentation of the identity of the person or persons with authority and responsibility for implementing the program as required by subsection (a)(1).
- B. Written documentation of scheduled periodic inspections to identify unsafe conditions and work practices as required by subsection (a)(4).
- C. Written documentation of training and instruction as required by subsection (a)(7).

Exception No. 4: Local governmental entities (any county, city, city and county, or district, or any public or quasi-public corporation or public agency therein, including any public entity, other than a state agency, that is a member of, or created by, a joint powers agreement) are not required to keep records concerning the steps taken to implement and maintain the Program.

Note 1: Employers determined by the Division to have historically utilized seasonal or intermittent employees shall be deemed in compliance with respect to the requirements for a written Program if the employer adopts the Model Program prepared by the Division and complies with the requirements set forth therein.

Note 2: Employers in the construction industry who are required to be licensed under Chapter 9 (commencing with Section 7000) of Division 3 of the Business and Professions Code may use records relating to employee training provided to the employer in connection with an occupational safety and health training program approved by the Division, and shall only be required to keep records of those steps taken to implement and maintain the program with respect to hazards specific to the employee's job duties.

- (c) Employers who elect to use a labor/management safety and health committee to comply with the communication requirements of subsection (a)(3) of this section shall be presumed to be in substantial compliance with subsection (a)(3) if the committee:
- (1) Meets regularly, but not less than quarterly;
 - (2) Prepares and makes available to the affected employees, written records of the safety and health issues discussed at the committee meetings and, maintained for review by the Division upon request. The committee meeting records shall be maintained for at least one (1) year;
 - (3) Reviews results of the periodic, scheduled worksite inspections;
 - (4) Reviews investigations of occupational accidents and causes of incidents resulting in occupational injury, occupational illness, or exposure to hazardous substances and, where appropriate, submits suggestions to management for the prevention of future incidents;
 - (5) Reviews investigations of alleged hazardous conditions brought to the attention of any committee member. When determined necessary by the committee, the committee may conduct its own inspection and investigation to assist in remedial solutions;
 - (6) Submits recommendations to assist in the evaluation of employee safety suggestions; and
 - (7) Upon request from the Division, verifies abatement action taken by the employer to abate citations issued by the Division.

APPENDIX B

GENERAL SAFETY SELF INSPECTION CHECKLIST

GENERAL SAFETY SELF INSPECTION CHECKLIST

Building:	Room Number and Area:	
Area Supervisor:	Department:	
Inspector:	Job Title:	Date:

Instructions: Mark each item **Y** (Yes), **N** (No), or **NA** (Not Applicable). All **No** responses require comments and corrective actions in the space provided with each item. (Attach additional sheets if necessary.) Also look for other unsafe acts and conditions and recommend corrective action that can be taken. Corrective actions should be documented once complete. The results of this self-assessment should be kept on file with other IIPP documentation for at least one year.

Administrative

Is the Cal/OSHA poster “Safety and Health Protection on the Job” (English and Spanish versions) displayed in a specific location accessible to all employees?

Y N N/A

Corrective Action: _____

Responsible Party: _____ Action Due Date: _____ Date Complete: _____

Are signs concerning building exits, room capacities, floor loading and exposure to X-rays, microwaves or other harmful radiation or substances posted where appropriate?

Y N N/A

Corrective Action: _____

Responsible Party: _____ Action Due Date: _____ Date Complete: _____

Have the computer workstations been ergonomically evaluated for employees who spend more than 4 hours per day at a computer?

Y N N/A

Corrective Action: _____

Responsible Party: _____ Action Due Date: _____ Date Complete: _____

Has a chemical inventory of all hazardous materials been completed and forwarded to EH&S, and do employees know how to access this information?

Y N N/A

Corrective Action: _____

Responsible Party: _____ Action Due Date: _____ Date Complete: _____

Are employee records of exposure to hazardous substances, and Material Safety Data Sheets (MSDSs) kept on file?

Y N N/A

Corrective Action: _____

Responsible Party: _____ Action Due Date: _____ Date Complete: _____

Is documentation of training, safety inspections and corrections maintained and accessible?

Y N N/A

Corrective Action: _____

Responsible Party: _____ Action Due Date: _____ Date Complete: _____

Fire/Emergency Safety

Does the department have an emergency response plan and are personnel instructed in emergency procedures (location of exits and fire extinguishers, medical)?

Y N N/A

Corrective Action: _____

Responsible Party: _____ Action Due Date: _____ Date Complete: _____

Are emergency telephone numbers clearly posted?

Y N N/A

Corrective Action: _____

Responsible Party: _____ Action Due Date: _____ Date Complete: _____

Are evacuation routes clearly posted?

Y N N/A

Corrective Action: _____

Responsible Party: _____ Action Due Date: _____ Date Complete: _____

Are fire alarm pull boxes clearly identifiable and unobstructed?

Y N N/A

Corrective Action: _____

Responsible Party: _____ Action Due Date: _____ Date Complete: _____

Are fire hose stations and extinguishers clearly identifiable and unobstructed?

Y N N/A

Corrective Action: _____

Responsible Party: _____ Action Due Date: _____ Date Complete: _____

Are fire extinguishers tagged with current annual inspections? Y N N/A

Corrective Action: _____

Responsible Party: _____ Action Due Date: _____ Date Complete: _____

Are fire escapes, exit doors, stairwells, and corridors kept clear and unobstructed? Y N N/A

Corrective Action: _____

Responsible Party: _____ Action Due Date: _____ Date Complete: _____

Are all exits marked and illuminated with exit signs? Y N N/A

Corrective Action: _____

Responsible Party: _____ Action Due Date: _____ Date Complete: _____

Do self-closing devices and door latches on fire doors work freely and do doors open from both sides? (Door stops are not permitted.) Y N N/A

Corrective Action: _____

Responsible Party: _____ Action Due Date: _____ Date Complete: _____

Office Safety Issues

Are electrical panels accessible and clearly identified? Y N N/A

Corrective Action: _____

Responsible Party: _____ Action Due Date: _____ Date Complete: _____

Are electrical equipment such as copiers and computers grounded? Y N N/A

Corrective Action: _____

Responsible Party: _____ Action Due Date: _____ Date Complete: _____

Are electrical appliances near sinks guarded with a GFCI (Ground Fault Circuit Interrupter)? Y N N/A

Corrective Action: _____

Responsible Party: _____ Action Due Date: _____ Date Complete: _____

Are electrical cords in good condition (no broken insulation or missing ground prong on the plugs)?

Y N N/A

Corrective Action: _____

Responsible Party: _____ Action Due Date: _____ Date Complete: _____

Are extension cords in use just for temporary requirements? (They should not be used in lieu of permanent wiring.)

Y N N/A

Corrective Action: _____

Responsible Party: _____ Action Due Date: _____ Date Complete: _____

Is broken, unguarded or otherwise dangerous equipment or furniture promptly removed or disabled so it cannot cause bodily injury?

Y N N/A

Corrective Action: _____

Responsible Party: _____ Action Due Date: _____ Date Complete: _____

Is rolling equipment working correctly and properly stored?

Y N N/A

Corrective Action: _____

Responsible Party: _____ Action Due Date: _____ Date Complete: _____

Are all toilets and washing facilities clean and sanitary?

Y N N/A

Corrective Action: _____

Responsible Party: _____ Action Due Date: _____ Date Complete: _____

Are all work sites and storage area kept orderly and sanitary?

Y N N/A

Corrective Action: _____

Responsible Party: _____ Action Due Date: _____ Date Complete: _____

Are work surfaces kept dry and/or are appropriate means taken to assure the surfaces are slip-resistant?

Y N N/A

Corrective Action: _____

Responsible Party: _____ Action Due Date: _____ Date Complete: _____

Are spilled materials or liquids cleaned up immediately?

Y N N/A

Corrective Action: _____

Responsible Party: _____ Action Due Date: _____ Date Complete: _____

Are shelves, file cabinets, and furniture more than 5 feet tall adequately secured to prevent tipping or falling?

Y N N/A

Corrective Action: _____

Responsible Party: _____ Action Due Date: _____ Date Complete: _____

Are the tops of shelves, file cabinets, and furniture more than 5 feet tall free of material that could fall and cause injury?

Y N N/A

Corrective Action: _____

Responsible Party: _____ Action Due Date: _____ Date Complete: _____

Are all work areas adequately illuminated?

Y N N/A

Corrective Action: _____

Responsible Party: _____ Action Due Date: _____ Date Complete: _____

Signature of Inspector

Date

**For questions on any item, please contact your Department Safety Coordinator
Or call EH&S at 8-7422**

Completed copies of this form should be kept in department files for at least one year.

APPENDIX C
SUPERVISOR'S REPORT OF ACCIDENT

SUPERVISOR'S REPORT OF ACCIDENT

Department _____

Name of person injured _____ Title/Occupation _____

Employee number _____ Time in Department _____

Date of Accident _____ Time of Occurrence _____

Nature of Injury _____

Part(s) of Body Affected _____

Describe Accident (location, equipment, material, machinery involved and the sequence of events leading to the injury)

Witnesses

Did you send injured to first aid room? _____

If yes, did you see that injured person received treatment? _____

Was injured transported to hospital? _____ How? _____

Signature of Foreman/Supervisor

Date Prepared

APPENDIX D
DEFICIENCY NOTICE

DEFICIENCY NOTICE

SECTION A - DEFICIENCY INFORMATION

I.D. NO:

ORGANIZATION:

LOCATION:

DESCRIPTION:

STANDARD VIOLATED:

OSH OFFICIAL:

DATE:

SECTION B - ABATEMENT STATUS (complete one of the following)

DEFICIENCY CORRECTED:

DATE:

CORRECTIONS MADE:

ABATEMENT PROJECT INITIATED

PROJECT DESCRIPTION:

ACTION TAKEN:
(Including Work/Orders Purchase Request
Numbers and Date as Appropriate)

COST ESTIMATE:
COMPLETE DATE:

INTERIM CONTROLS:

SECTION C - COMMENTS

APPENDICIES E - Q

Available from Office of EH&S on request