

UC DAVIS

**Department of Agricultural
and Resource Economics**

INJURY AND ILLNESS PREVENTION PROGRAM



UC DAVIS

Department of Agricultural and Resource Economics
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INJURY AND ILLNESS PREVENTION PROGRAM

This Injury and Illness Prevention Program has been prepared by the University of California, Department of Agricultural and Resource Economics in accordance with University Policy (UCD Policy & Procedure Manual Section 290-15: Safety Management Program) and California Code of Regulations Title 8, Section 3203 (8 CCR, Section 3203).

UC DAVIS

Department of Agricultural and Resource Economics

INJURY AND ILLNESS PREVENTION PROGRAM

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Department Information

Department Name: **Department of Agricultural and Resource Economics**

Department Chair: **Rachael Goodhue**

Address: **2146 SS&H Bldg, UC Davis Campus**

Telephone Number: **530-754-7812**

Cluster CAO: **Ellen Barnes, 541-218-7055**

Buildings Occupied by Department

- 1. Building:** **Social Science & Humanities Building**
Unit(s): **Agricultural and Resource Economics; Cluster Five Personnel Unit**
Contact: **Sara Mitchell; Elle Barnes; Marianne Goetze; Rachael Goodhue**
Phone: **530-752-9286; 541-218-7055; 530-752-4639; 530-754-7812**

I. Authorities and Responsible Parties

The authority and responsibility for the implementation and maintenance of the Injury and Illness Prevention Program (IIPP) is in accordance with University Policy (UCD Policy & Procedure Manual Section 290-15: Safety Management Program) and California Code of Regulations (8 CCR, Section 3203) and is held by the following individuals:

1. Name: **Rachael Goodhue**

Title: **Chair, Department of Agricultural and Resource Economics**

Authority: Authority and responsibility for ensuring implementation of this IIPP

Signature: _____ Date: _____

2. Name: Ellen Barnes

Title: **Chief Administrative Officer, Cluster Five**

Authority: Authority and responsibility for ensuring implementation of this IIPP

Signature: _____ Date: _____

Additionally, all Principal Investigators and supervisors are responsible for the implementation and enforcement of this IIPP in their areas of responsibility in accordance with University Policy (UCD Policy & Procedure Manual Section 290-15: Safety Management Program).

Annual Review Documentation

Responsible/Designated Authority

Date

II. System of Communications

1. Effective communications with Department of Agricultural and Resource Economics employees have been established using the following methods:

- Standard Operating Procedures Manual
- Material Safety Data Sheets
- Monthly departmental operations meetings
- Internal media (department intranet)
- EH&S Safety Nets
- Training videos
- Safety Newsletter
- Handouts
- Building Evacuation Plan
- E-mail
- Posters and warning labels
- Job Safety Analysis – Initial Hire
- Job Safety Analysis – Annual Review
- Other (list): _____

2. Employees are encouraged to report any potential health and safety hazard that may exist in the workplace. **Hazard Alert/Correction Forms** ([Appendix A](#)) are available to employees for this purpose. Forms are to be placed in the Safety Coordinator’s departmental mail box. Employees have the option to remain anonymous when making a report.
3. Employees have been advised of adherence to safe work practices and the proper use of required personal protective equipment. Conformance will be reinforced by discipline for non-compliance in accordance with University policy ([UC Davis Personnel Policies for Staff Members- Section 62, Corrective Action](#)).

III. System for Assuring Employee Compliance with Safe Work Practices

Employees have been advised of adherence to safe work practices and the proper use of required personal protective equipment. Conformance will be reinforced by discipline for non-compliance in accordance with University policy ([UC Davis Personnel Policies for Staff Members- Section 62, Corrective Action](#)).

The following methods are used to reinforce conformance with this program:

1. Distribution of Policies
2. Training Programs
3. Safety Performance Evaluations

Performance evaluations at all levels must include an assessment of the individual's commitment to and performance of the accident prevention requirements of his/her position. The following are examples of factors considered when evaluating an employee's safety performance.

- Adherence to defined safety practices.
 - Use of provided safety equipment.
 - Reporting unsafe acts, conditions, and equipment.
 - Offering suggestions for solutions to safety problems.
 - Planning work to include checking safety of equipment and procedures before starting.
 - Early reporting of illness or injury that may arise as a result of the job.
 - Providing support to safety programs.
4. Statement of non-compliance will be placed in performance evaluations if employee neglects to follow proper safety procedures, and documented records are on file that clearly indicate training was provided for the specific topic, and that the employee understood the training and potential hazards.
 5. Corrective action for non-compliance will take place when documentation exists that proper training was provided, the employee understood the training, and the employee knowingly neglected to follow proper safety procedures. Corrective action includes, but is not limited to, the following: Letter of Warning, Suspension, or Dismissal.

IV. Hazard Identification, Evaluation, and Inspection

Job Hazard Analyses and worksite inspections have been established to identify and evaluate occupational safety and health hazards.

1. Job Safety Analysis:

Job Safety Analysis (JSA) identifies and evaluates employee work functions, potential health or injury hazards, and specifies appropriate safe practices, personal protective equipment, and tools/equipment. JSA's can be completed for worksites, an individual employee's job description, or a class of employees' job description. Completed JSA's are located in **Appendix B**.

The following resources are available for assistance in completing JSA's:

- Laboratory personnel, please refer to the [Laboratory Hazard Assessment Tool](#)
- Non-Laboratory personnel, please refer to the [JSA/PPE Certification Forms](#)

2. Worksite Inspections

Worksite inspections are conducted to identify and evaluate potential hazards. Types of worksite inspections include both periodic scheduled worksite inspections as well as those required for accident investigations, injury and illness cases, and unusual occurrences. Inspections are conducted at the following worksites:

- 1) Location: **Social Science and Humanities Building**
Frequency: **Annually and as needed**
Responsible Person: **Sara Mitchell, Safety Coordinator**
Records Location: **4101 SS&H**

Worksite Inspection Forms are located in **Appendix C** ([C1 - General Office](#) and [C2 - Laboratory](#)).

V. Accident Investigation

University Policy requires that work-related injuries and illnesses be reported to Workers' Compensation within 24 hours of occurrence and state regulation requires all accidents be investigated.

Department of Agricultural and Resource Economics employees will immediately notify their supervisor when occupationally-related injuries and illnesses occur, or when employees first become aware of such problems.

1. **Supervisors** will investigate all accidents, injuries, occupational illnesses, and near-miss incidents to identify the causal factors or attendant hazards. Appropriate repairs or procedural changes will be implemented promptly to mitigate the hazards implicated in these events. Proper injury reporting procedures can be found at <http://safetyservices.ucdavis.edu/article/injury-reporting-procedure>.

The **Injury and Illness Investigation Form (Appendix D)** shall be completed to record pertinent information and a copy retained to serve as documentation. It can be completed by either the supervisor or the Department Safety Coordinator.

3. **Note:** Serious occupational injuries, illnesses, or exposures must be reported to Cal/OSHA by an EH&S representative **within eight hours** after they have become known to the supervisor. These include injuries/illnesses/exposures that cause permanent disfigurement or require hospitalization for a period in excess of 24 hours. Please refer to [EH&S SafetyNet #121](#) for OSHA notification instructions.

VI. Hazard Correction

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 department 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 equipment 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.
- Barricading areas that have chemical spills or other hazards and reporting the hazardous conditions to appropriate parties.

Supervisors should use the **Hazard Alert/Correction Report (Appendix A)** to document corrective actions, including projected and actual completion dates

If an imminent hazard exists, work in the area must 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 leave the area except those qualified and necessary to correct the condition. These qualified individuals will be equipped with necessary safeguards before addressing the situation.

VII. Health and Safety Training

Health and safety training, covering both general work practices and job-specific hazard training is the responsibility of the **Cluster CAO** and immediate Supervisor(s) as applicable to the following criteria:

1. Supervisors are provided with training to become familiar with the safety and health hazards to which employees under their immediate direction and control may be exposed.
2. All new employees receive training prior to engaging in responsibilities that pose potential hazard(s).
3. All employees given new job assignments receive training on the hazards of their new responsibilities prior to actually assuming those responsibilities.
4. Training is provided whenever new substances, processes, procedures or equipment (which represent a new hazard) are introduced to the workplace.
5. Whenever the employer is made aware of a new or previously unrecognized hazard, training is provided.

The **Safety Training Attendance Record** form is located in [Appendix E](#).

VIII. Recordkeeping and Documentation

Documents related to the IIPP are maintained in **4101 SS&H**.

The following documents will be maintained within the department's **IIPP Addendum Binder** for at least the length of time indicated below:

1. Hazard Alert Forms (Appendix A form).
Retain for three (3) years.
2. Employee Job Safety Analysis forms (Appendix B form)
Retain for the duration of each individual's employment.
3. Worksite Inspection Forms (Appendix C form).
Retain for three (3) years.
4. Accident Investigation Forms (Appendix D form).
Retain for three (3) years.
5. Hazard Correction Reports (Appendix E form).
Retain for three (3) years.

The following documents will be maintained within the department's **IIPP Training Records Binder** for at least the length of time indicated below:

1. Employee Safety Training Attendance Records (Appendix F form).
Retain for three (3) years.

IX. Resources

1. UC Office of the President: [Management of Health, Safety and the Environment](#), 10/28/05
2. UC Davis Policy and Procedure Manual, [Section 290-15](#), Safety Management Program
3. California Code of Regulations Title 8, Section 3203, ([8CCR §3203](#)), Injury and Illness Prevention Program
4. Personnel Policies for Staff Members, Corrective Action, [UC PPSM 62](#)
5. UC Davis Environmental Health & Safety
 - [Safety Services Website](#)
 - [EH&S SafetyNets](#)
 - [Safety Data Sheets](#)

HAZARD ALERT FORM

Department: _____

I. Unsafe Condition or Hazard

Name: (optional) _____	Job: _____
Title: (optional) _____	
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, IIPP Appendix E) _____ _____ _____
Signature of Investigating Party: _____
Date: _____

IIPP-Appendix A
March 2006

Completed copies of this form should be routed to the appropriate supervisor and department Safety Coordinator, and must be maintained in department files for at least three years.

EMPLOYEE: ENTER EMPLOYEE NAME	JOB SAFETY ANALYSIS	DEPT: ARE	LOCATION SS&H	JOB TYPE Administration
JOB FUNCTION	POTENTIAL HEALTH OR INJURY HAZARDS	SAFE PRACTICE, APPAREL, OR EQUIPMENT		
General office work.	<p>Backstrain, eyestrain, repetitive motion injury.</p> <p>Physical injuries due to slips, trips and falls, and falling objects.</p> <p>Electrical hazards.</p> <p>Physical injuries due to fires, earthquakes, bomb threats and workplace violence.</p>	<p>Ensure that workstations are ergonomically correct.</p> <p>Keep floors clear of debris and liquid spills. Do not stand on chairs of any kind, use proper foot stools or ladders. Do not store heavy objects overhead. Do not topload filing cabinets, fill bottom to top. Do not open more than one file drawer at a time. Brace tall bookcases and file cabinets to walls. Provide one-inch lip on shelves.</p> <p>Do not use extension cords in lieu of permanent wiring. Ensure that high wattage appliances do not overload circuits. Use GFIs in receptacles in potentially wet areas. Replace frayed or damaged electrical cords. Ensure that electrical cords are not damaged by being wedged against furniture or pinched in doors.</p> <p>Attend emergency action and fire prevention plan training including emergency escape drills. Attend Workplace Violence training offered by UC Davis Police Department.</p>		
		SIGNATURE		
		DATE	PAGE	OF
			1	1

EMPLOYEE: ENTER EMPLOYEE NAME	JOB SAFETY ANALYSIS	DEPT: ARE	LOCATION: All	JOB TYPE: DSA
JOB FUNCTION	POTENTIAL HEALTH OR INJURY HAZARDS	SAFE PRACTICE, APPAREL, OR EQUIPMENT		
Inspection and auditing of laboratories containing chemicals.	Exposure to chemicals via inhalation, contact, ingestion or injection.	Avoid all unnecessary exposures. Reduce exposures that cannot be avoided by minimizing exposure duration and concentration. Proper selection and use of personal protective equipment including gloves, protective eyewear, lab coats, and in some instances respiratory protection. Implementation of proper personal hygiene habits, including washing hands and face before eating and smoking. All personnel to receive on the job and classroom training including Chemical Laboratory Safety, Hazardous Waste Management and Minimization Training and other applicable courses during the first 6 months of employment.		
Inspection and auditing of laboratories containing radiological materials.	Exposure to radiological agents via inhalation, contact, ingestion or injection.	Avoid all unnecessary exposures. Adhere to radiological material handling procedures including limiting exposures through combination of minimizing time, maximizing distances and use of appropriate shielding. Proper selection and use of personal protective equipment including gloves, protective eyewear, lab coats, and in some instances respiratory protection. Implementation of proper personal hygiene habits, including washing hands and face before eating and smoking. Participation in radiological monitoring program including dosimetry. All personnel to receive on the job and classroom training including Radiation Safety and other applicable courses during the first 6 months of employment.		
Inspection and auditing of laboratories containing biological materials.	Exposure to biological agents via inhalation, contact, ingestion or injection.	Avoid unnecessary exposures. Proper selection and use of personal protective equipment including gloves, protective eyewear, lab coats, and in some instances respiratory protection. Proper adherence to bloodborne pathogen handling protocols. Implementation of proper personal hygiene habits, including washing hands and face before eating and smoking. Voluntary participation in Hepatitis B vaccination program. Proper adherence to biological waste handling procedures. All personnel to attend EH&S Bloodborne Pathogen Program training during the first 6 months of employment. Participation in Facilities- specific medical clearances as required.		
		SIGNATURE		
		DATE	PAGE	OF
			1	3

EMPLOYEE: ENTER EMPLOYEE NAME	JOB SAFETY ANALYSIS		DEPT: ARE	LOCATION All	JOB TYPE DSA
JOB FUNCTION	POTENTIAL HEALTH OR INJURY HAZARDS	SAFE PRACTICE, APPAREL, OR EQUIPMENT			
Inspection and auditing of laboratories, shops and spaces containing physical hazards.	Injury from physical hazards including high voltage, lasers and ultraviolet light, compressed gases and liquids, cryogenic materials, and specialized equipment as well as falling objects.	Avoid unnecessary exposures. Proper selection and use of personal protective equipment including gloves, protective eyewear and specialized equipment. Employees are not to enter restricted areas unless accompanied by a properly trained individual familiar with the hazards of the area. Employees are not to operate specialized equipment without proper training and documentation. Watch for overhead hazards and wear head protection if needed. Personnel auditing or routinely entering areas where lasers are used will receive laser safety training within 6 months of employment.			
Handling and moving heavy items and equipment.	Ergonomic hazards including heavy lifting, repetitive motions, awkward motions, crushing or pinching injuries etc.	Get help with all loads that cannot be safely lifted by one person. Use mechanical means to lift and move heavy items, push carts and dolly rather than pull, attend back safety class, employ proper lifting techniques at all times. Set up work operations as ergonomically safe as practical. Wear proper hand and foot protection to protect against crushing or pinching injuries.			
General office work.	<p>Backstrain, eyestrain, repetitive motion injury.</p> <p>Physical injuries due to slips, trips and falls, and falling objects.</p> <p>Electrical hazards.</p> <p>Physical injuries due to fires, earthquakes, bomb threats and workplace violence.</p>	<p>Ensure that workstations are ergonomically correct.</p> <p>Keep floors clear of debris and liquid spills. Keep furniture, boxes, etc. from blocking doorways, halls and walking space. Do not stand on chairs of any kind, use proper foot stools or ladders. Do not store heavy objects overhead. Do not topload filing cabinets, fill bottom to top. Do not open more than one file drawer at a time. Brace tall bookcases and file cabinets to walls. Provide one-inch lip on shelves.</p> <p>Do not use extension cords in lieu of permanent wiring. Ensure that high wattage appliances do not overload circuits. Use GFIs in receptacles in potentially wet areas. Replace frayed or damaged electrical cords. Ensure that electrical cords are not damaged by being wedged against furniture or pinched in doors.</p> <p>Attend emergency action and fire prevention plan training including emergency escape drills. Attend Workplace Violence training offered by UC Davis Police Department.</p>			
		SIGNATURE			
		DATE	PAGE	OF	
			2	3	

EMPLOYEE: ENTER EMPLOYEE NAME	JOB SAFETY ANALYSIS	DEPT: ARE	LOCATION All	JOB TYPE DSA
JOB FUNCTION	POTENTIAL HEALTH OR INJURY HAZARDS	SAFE PRACTICE, APPAREL, OR EQUIPMENT		
Campus Landfill Inspections	Injury from heavy equipment, tripping hazards, stepping on sharp objects, potentially infectious materials.	Wear hard hat, safety boots and high visibility safety vest. Watch footing and stay clear of heavy equipment operations. Do not touch waste or debris without hand protection.		
Operation of Motor vehicles	Motor vehicle accidents involving personal injury, or property damage	All drivers of University vehicles must attend the Driver Safety Awareness Course offered by Fleet Services and possess a valid California drivers license. Hazardous materials may not be transported in personally owned vehicles.		
Inspection and auditing of laboratories and animal housing facilities containing animals.	Exposure to animals and animal allergies via inhalation and contact	Avoid unnecessary exposures. Proper selection and use of personal protective equipment including gloves, protective eyewear, lab coats, and in some instances respiratory protection. Proper adherence to animal care and use protocols. Implementation of proper personal hygiene habits, including washing hands and face before eating and smoking. Participation in the occupational health program for animal workers. All personnel to attend the IACUC Animal Care and Use 101 training during the first 6 months of employment. Participation in Facilities- specific medical clearances as required.		
SIGNATURE				
DATE			PAGE	OF
			3	3

WORKSITE INSPECTION FORM

General Office Environment

Location: _____ Date: _____
 Inspector: _____ Phone: _____
 Department: _____

Administration and Training

Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>	1.	Are all safety records maintained in a centralized file for easy access? Are they current?
Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>	2.	Have all employees attended Injury & Illness Prevention Program training? If not, what percentage has attended? _____
Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>	3.	Does the department have a completed Emergency Action Plan? Are employees being trained on its contents?
Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>	4.	Are chemical products used in the office being purchased in small quantities? Are Material Safety Data Sheets needed?
Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>	5.	Are the Cal/OSHA information poster, Workers' Compensation bulletin, annual accident summary posted?
Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>	6.	Are annual workplace inspections performed and documented?

General Safety

Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>	7.	Are exits, fire alarms, pullboxes clearly marked and unobstructed?
Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>	8.	Are aisles and corridors unobstructed to allow unimpeded evacuations?
Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>	9.	Is a clearly identified, unobstructed, charged, currently inspected and tagged, wall-mounted fire extinguisher available as required by the Fire Department?
Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>	10.	Are ergonomic issues being addressed for employees using computers or at risk of repetitive motion injuries?
Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>	11.	Is a fully stocked first-aid kit available? Is the location known to all employees in the area?
Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>	12.	Are cabinets, shelves, and furniture over five feet tall secured to prevent toppling during earthquakes?
Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>	13.	Are books and heavy items and equipment stored on low shelves and secured to prevent them from falling on people during earthquakes?
Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>	14.	Is the office kept clean of trash and recyclables promptly removed?

Electrical Safety

Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>	15.	Are plugs, cords, electrical panels, and receptacles in good condition? No exposed conductors or broken insulation?
Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>	16.	Are circuit breaker panels accessible and labeled?
Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>	17.	Are surge protectors being used? If so, they must be equipped with an automatic circuit breaker, have cords no longer than 6 feet in length, and be plugged directly into a wall outlet.
Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>	18.	Is lighting adequate throughout the work environment?
Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>	19.	Are extension cords being used correctly? They must not run through walls, doors, ceiling, or present a trip hazard.
Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>	20.	Are portable electric heaters being used? If so, they must be UL listed, plugged directly into a wall outlet, and located away from combustible materials.

**IIPP-Appendix C-Office
March 2006**

Completed copies of this form should be routed to the department Safety Coordinator and must be maintained in department files for at least three years.

WORKSITE INSPECTION FORM

Laboratory Environment

Location: _____ Date: _____

Inspector: _____ Phone: _____

Department: _____

General Hazards

Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>	1.	Are aisles, exits, and adjoining hallways maintained free of obstructions that would hinder emergency access or exiting?
Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>	2.	Are there at least 18 inches (47 cm) of vertical clearance between all stored items and the ceiling-mounted fire sprinklers? (If there are no sprinklers, measure to the ceiling itself.)
Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>	3.	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.)
Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>	4.	Has furniture and equipment over five feet tall been bolted to the wall or otherwise secured?

Emergency Equipment

Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>	5.	Are all emergency eyewash and shower stations free of obstructions that would prevent quick access by someone temporarily blinded by a chemical splash? Are they within 100 feet of the laboratory (or approximately 10 seconds)?
Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>	6.	Are the emergency eyewashes for the laboratory tested (flushed) monthly and are the tests documented?

Laboratory Equipment

Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>	7.	Look inside each refrigerator and freezer in your lab to ensure flammables are stored in units that are suitable for storage of flammables. Is each refrigerator and freezer in the laboratory labeled as either "safe" or "unsafe" for storage of flammables?
Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>	8.	Look inside each refrigerator and freezer in your lab to ensure food is stored only in units designated "food only." Are all refrigerators, freezers, and microwave ovens properly labeled either "Food Only" or "No Food or Drink Allowed?"
Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>	9.	Are all compressed gas cylinders adequately secured with non-combustible restraints to keep the cylinders from falling? (Bench clamps are not adequate to secure large cylinders. Gas cylinders should be capped when not in use.)

Chemicals

Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>	10.	Does the lab have a Chemical Hygiene Plan (CHP)? If yes, is it up to date and has it been reviewed and signed within the past year? If no, all labs that contain chemicals are required to maintain a CHP. Complete a lab specific CHP using the EH&S template (http://ehs.ucdavis.edu/chem/chem_mnl/clsm_apps.cfm).
Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>	11.	Has the laboratory's chemical inventory been completed or updated within the last year (or within 30 days of a significant change such as a move to a new location or addition of new chemicals) and entered into the EH&S Chemical Inventory System (CIS)?
Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>	12.	Are chemical fume hoods kept uncluttered so that air flows properly (e.g., is storage minimized and are adequate work areas

		provided)? Can ALL chemical work be done more than six inches into hood? (Note: Chemical fume hood sashes must be in good condition and be used at the proper setting, typically 18 inches from the work surface.)
Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>	13.	Are all chemical containers and hazardous waste containers kept closed when not in use?
Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>	14.	Are all chemical containers (including squirt bottles and unwanted hazardous materials containers) clearly labeled with their contents and primary hazard(s) and are they in good condition (not corroded or leaking)?
Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>	15.	Are corrosives stored below eye level and are incompatible chemicals stored appropriately (e.g., acids separate from bases, oxidizers separate from flammables)?
Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>	16.	Is a spill kit available? Is the location known to all employees in the laboratory? Has there been training in the past 12 months?
Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>	17.	Are peroxide formers (such as isopropyl ether and diethyl ether) stored away from light and heat and labeled with the date they were opened and the expiration date?

Electrical

Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>	18.	Are extension cords used only as temporary wiring (<30 days) and not connected in a series (daisy-chained) with other extension cords or power strips? (Cords must be in good condition with no breaks or exposed wiring.)
Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>	19.	Is high voltage equipment clearly labeled, properly guarded, and is its use restricted to trained personnel only?

Ergonomics

Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>	20.	Are ergonomic issues being addressed for employees using computers or at risk of repetitive motion injuries?
--	-----	--

Other Hazards

1.	
2.	
3.	
4.	
5.	

Comments

**IIPP-Appendix C-Lab
March 2006**

Completed copies of this form should be routed to the department Safety Coordinator and must be maintained in department files for at least three years.

ACCIDENT INVESTIGATION FORM

Name of Injured Person: _____ Date of Injury: _____

Name of Supervisor: _____ Telephone #: _____

Department: _____ Location of Injury: _____

Brief Description of Accident:

Nature of Injury (describe all body parts affected):

Was Training Provided?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	NA	<input type="checkbox"/>
Were established procedures followed?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	NA	<input type="checkbox"/>
Were tools or equipment adequate for task?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	NA	<input type="checkbox"/>
Were environmental conditions a factor in the incident?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	NA	<input type="checkbox"/>

Elaborate on Responses:

Proposed Corrective Action:

Supervisor: _____ Date of Report: _____

Signature: _____

IIPP-Appendix D
March 2006

Completed copies of this form should be routed to the department Safety Coordinator and kept in department files for at least three years.

HAZARD CORRECTION REPORT

Department: _____

This form should be used in conjunction with the “Hazard Alert Form” (IIPP Appendix A), 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, evacuate personnel from the area and restrict access until the hazard can be addressed.

Supervisor/Safety Coordinator Name: _____ Telephone: _____

Supervisor/Safety Coordinator Signature: _____ Date: _____

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

**IIPP–Appendix E
March 2006**

Completed copies of this form should be routed to the department Safety Coordinator and kept in department files for at least three years.

SAFETY TRAINING ATTENDANCE RECORD

Training Topic: _____ Date: _____
(attach a copy of the training session curriculum)

Instructor: _____ Training Aids: _____

Location: _____ Time: _____

Attendees – Please print and sign your name legibly. Use additional sheets if necessary.

No.	Print Name	Signature
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
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IIPP-Appendix F March 2006	Completed copies of this form should be routed to the department Safety Coordinator and must be maintained in department files for at least three years.
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