UC DAVIS

Evolution and Ecology

INJURY AND ILLNESS PREVENTION PROGRAM

This Injury and Illness Prevention Program has been prepared by the University of California, Evolution and Ecology department 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).
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Department Information

Department Name: Evolution and Ecology

Department Chair: Jay Stachowicz

Address: One Shields Ave Davis, CA 95616
         2320 Storer Hall
Telephone Number: (530) 752-1272

Buildings Occupied by Department

1. Building: Storer Hall
   Unit(s):
   Contact: Sally Harmsworth
   Phone: (530) 752-7466

2. Building: Science Lab Building
   Unit(s):
   Contact: Ivana Li
   Phone: (530) 752-1982

***Modify and expend if needed***
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:** Jay Stachowicz  
   **Title:** Department Chair  
   **Authority:** Authority and responsibility for ensuring implementation of this IIPP

   
<table>
<thead>
<tr>
<th>Signature</th>
<th>Date</th>
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<tbody>
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<td>3 Feb 2022</td>
</tr>
</tbody>
</table>

2. **Name:** Sally Harmsworth  
   **Title:** Department CAO  
   **Authority:** Department designated authority for implementation of this IIPP

   
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<th>Signature</th>
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<td>2/3/2022</td>
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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**

<table>
<thead>
<tr>
<th>Responsible/Designated Authority</th>
<th>Date</th>
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<tbody>
<tr>
<td>Brenda Cameron –EVE -DSC</td>
<td>11/30/18</td>
</tr>
<tr>
<td>Brenda Cameron-EVE-DSC</td>
<td>11/12/2019</td>
</tr>
<tr>
<td>Brenda Cameron-EVE-DSC</td>
<td>11/25/2020</td>
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<tr>
<td>Brenda Cameron-EVE-DSC</td>
<td>1/11/2021</td>
</tr>
<tr>
<td>Brenda Cameron-EVE-DSC</td>
<td>1/20/2022</td>
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</table>
II. System of Communications

1. Effective communications with Evolution & Ecology employees have been established using the following methods:

- Standard Operating Procedures Manual
- 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):
  - Lab meetings and safety binders (including IIPP and Chemical Hygiene plan).
  - Other relevant methods.

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.

ENTER ANY ADDITIONAL DEPARTMENT METHODS
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. JSAs can be completed for worksites, an individual employee’s job description, or a class of employees’ job description. Completed JSAs are located in Appendix B.

   A. Storer Hall
   - Office/Administrative work
   - Laboratory work

   B. Science Lab Building
   - Course Teaching Assistant
   - BIS 2B Staff

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

(Example JSAs are located in Appendix B1 and Appendix B2 of this template)

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: Storer Hall
   Frequency: Annually
   Responsible Person: Designated by each individual lab
   Records Location: within the Safety Binder or other documentation binder

2) Location: Science Lab Building (EVE rooms only)
   Frequency: Annually
   Responsible Person: Ivana Li
   Records Location: SLB 1096

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

(Example Worksite Inspection Forms are located in Appendix C of this template (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.

Evolution and Ecology 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.

ENTER ANY ADDITIONAL DEPARTMENT PROCEDURES
VII. Health and Safety Training

Health and safety training, covering both general work practices and job-specific hazard training is the responsibility of the Principal Investigator and immediate Supervisor(s) for their assigned research area 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/at/on:

Laboratory Safety Binder.

The following documents will be maintained within each lab’s Safety Binder/IIPP Binder for at least the length of time indicated below:

1. Hazard Alert/Correction 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. Injury and Illness Investigation Forms (Appendix D form).
   Retain for three (3) years.

The following documents will be maintained within each lab’s Safety Binder/Training Records Binder for at least the length of time indicated below:

1. Employee Safety Training Attendance Records (Appendix E 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

6. ENTER ANY ADDITIONAL DEPARTMENT RESOURCES
HAZARD ALERT / CORRECTION FORM

Alert Identification No. __________
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)

________________________________________________________________________

________________________________________________________________________

Signature of Investigating Party: ____________________________
Date: ____________________________

IIPP-Appendix A
January 2022

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.
HAZARD ALERT / CORRECTION REPORT

Alert Identification No. __________

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: __________

<table>
<thead>
<tr>
<th>Description and Location of Unsafe Condition</th>
<th>Date Discovered</th>
<th>Required Action and Responsible Party</th>
<th>Completion Date Projected</th>
<th>Actual</th>
</tr>
</thead>
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</table>

IIPP–Appendix A January 2022

Completed copies of this form should be routed to the department Safety Coordinator and kept in department files for at least three years.
Instructions:  
1. Select assessment category.  
2. List tasks/activities: Develop a list of activities, tasks, equipment/tools (group similar tasks/activities).  
3. Identify and list potential hazards: for each task, activity or equipment/tools, list and describe the potential hazards.  
4. Identify and list controls: for each task, activity, equipment/tools, document controls (i.e. training, equipment, written procedures, PPE ...).  
5. If PPE is required, complete Part II- PPE Hazard Assessment and Certification.  
6. Train affected employees on the final assessment and document the training. 

Repeat assessment when new hazards are identified or introduced into the workplace or at least every three (3) years. Laboratory workers must use the online Laboratory Hazard Assessment Tool (LHAT) for PPE hazard assessment.

<table>
<thead>
<tr>
<th>I am reviewing (check the appropriate box)</th>
<th>A worksite</th>
<th>Specify location:</th>
</tr>
</thead>
<tbody>
<tr>
<td>A single employee’s job</td>
<td>Name of employee:</td>
<td></td>
</tr>
<tr>
<td>XX A job description for a class of employees</td>
<td>Position title:</td>
<td></td>
</tr>
<tr>
<td>Hazard Evaluator</td>
<td>Location: Storer Hall</td>
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</tbody>
</table>

**Task/Activity** | **Potential Hazard** | **Control** | **PPE Required?** |
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</thead>
<tbody>
<tr>
<td>General office work</td>
<td>Backstrain, eyestrain, repetitive motion injury.</td>
<td>Ensure that workstations are ergonomically correct.</td>
<td>N</td>
</tr>
<tr>
<td>Physical injuries due to slips, trips and falls, and falling objects.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Electrical hazards.</td>
<td></td>
<td>Do not use extension cords in lieu of permanent wiring. Ensure that high wattage appliances do not overload circuits. Use GFCIs 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 under doors.</td>
<td>N</td>
</tr>
<tr>
<td>Appliance and equipment hazards.</td>
<td></td>
<td>Receive appropriate operational training of the specific appliances and equipment.</td>
<td>N</td>
</tr>
<tr>
<td>Physical injuries due to fires, earthquakes, bomb threats and workplace violence.</td>
<td></td>
<td>Attend emergency action and fire prevention plan training including emergency escape drills. Attend Workplace Violence training offered by UC Davis Police Department.</td>
<td>N</td>
</tr>
</tbody>
</table>

Laboratory workers must use the online Laboratory Hazard Assessment Tool (LHAT) for PPE hazard assessment.
Training Record

**Designated Trainer**: (signature is required)

_I have read and acknowledge the contents, requirements, and responsibilities outlined in this document:_

<table>
<thead>
<tr>
<th>Name</th>
<th>Signature</th>
<th>Date</th>
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</tbody>
</table>
**Job Safety Analysis (Part I)**

**Instructions:**
1. Select assessment category.
2. List tasks/activities: Develop a list of activities, tasks, equipment/tools (group similar tasks/activities).
3. Identify and list potential hazards: for each task, activity or equipment/tools, list and describe the potential hazards.
4. Identify and list controls: for each task, activity, equipment/tools, document controls (i.e. training, equipment, written procedures, PPE...).
5. **If PPE is required, complete Part II- PPE Hazard Assessment and Certification.**
6. Train affected employees on the final assessment and document the training.

Repeat assessment when new hazards are identified or introduced into the workplace or at least every three (3) years. Laboratory workers must use the online Laboratory Hazard Assessment Tool (LHAT) for PPE hazard assessment.

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<table>
<thead>
<tr>
<th>I am reviewing (check the appropriate box)</th>
<th>A worksite</th>
<th>Specify location: SLB 1079-1096</th>
</tr>
</thead>
<tbody>
<tr>
<td>☒ A single employee’s job description</td>
<td>A single employee’s job description</td>
<td>Name of employee:</td>
</tr>
<tr>
<td>☒ A job description for a class of employees</td>
<td>Position titles: Student Assistants, Junior Specialists, SRA</td>
<td></td>
</tr>
<tr>
<td>Hazard Evaluator</td>
<td>Signature/Date: Ivana Li, Sept 10, 2018</td>
<td></td>
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</tbody>
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<thead>
<tr>
<th>TASK/ACTIVITY</th>
<th>POTENTIAL HAZARD</th>
<th>CONTROL</th>
<th>PPE Required?</th>
</tr>
</thead>
<tbody>
<tr>
<td>General office work</td>
<td>Backstrain, eyestrain, repetitive motion injury.</td>
<td>Ensure that workstations are ergonomically correct.</td>
<td>N</td>
</tr>
<tr>
<td>Physical injuries due to slips, trips and falls, and falling objects.</td>
<td>Keep floors clear of debris and liquid spills. Do not stand on chairs of any kind; instead use proper footstools or ladders. Do not store heavy objects overhead. Do not top load 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.</td>
<td>N</td>
<td></td>
</tr>
<tr>
<td>Electrical hazards.</td>
<td>Do not use extension cords in lieu of permanent wiring. Ensure that high wattage appliances do not overload circuits. Use GFCIs 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 under doors.</td>
<td>N</td>
<td></td>
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<tr>
<td>Appliance and equipment hazards.</td>
<td>Receive appropriate operational training of the specific appliances and equipment.</td>
<td>N</td>
<td></td>
</tr>
<tr>
<td>Physical injuries due to fires, earthquakes, bomb threats and workplace violence.</td>
<td>Attend emergency action and fire prevention plan training including emergency escape drills. Attend Workplace Violence training offered by UC Davis Police Department.</td>
<td>N</td>
<td></td>
</tr>
<tr>
<td>Laboratory research procedures using chemicals.</td>
<td>Exposure to chemicals via inhalation, contact, ingestion or injection.</td>
<td>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.</td>
<td>Y</td>
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<td>Activity</td>
<td>Risk</td>
<td>Mitigation</td>
<td>N</td>
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<tr>
<td>Handling and moving heavy items and equipment.</td>
<td>Ergonomic hazards including heavy lifting, repetitive motions, awkward motions, crushing or pinching injuries etc.</td>
<td>Get help with all loads that cannot be safely lifted by one person. Use mechanical means to lift and move heavy items, pushcarts 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.</td>
<td>N</td>
</tr>
<tr>
<td>Operation of Motor vehicles</td>
<td>Motor vehicle accidents involving personal injury, or property damage</td>
<td>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.</td>
<td>N</td>
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Training Record

**Designated Trainer:** Ivana Li  
(signature is required)

_I have read and acknowledge the contents, requirements, and responsibilities outlined in this document:_

<table>
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<th>Name</th>
<th>Signature</th>
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Please access the Injury Reporting Procedure page on the Safety Services website.

http://safetyservices.ucdavis.edu/article/injury-reporting-procedure

Complete the electronic Employer's First Report as soon as practicable.

<table>
<thead>
<tr>
<th>Location: Where the injury or illness occurred</th>
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<tbody>
<tr>
<td>Other Location (If Applicable):</td>
</tr>
<tr>
<td>Explains in detail how the injury occurred. Include specific activities/ jobs performed at the time.</td>
</tr>
</tbody>
</table>

**Medical Treatment provided by:***

- UC Davis Health Services
- Shaffer Family Hospital
- UC Davis Medical Center
- Other (Provide Name & Phone #):  

**Employee Signature:**

**Today’s Date:**

**Employer’s Investigation and Statement (Employer Completes):***

- What was the injury, illness or exposure?
- RESULTS OF INVESTIGATION
- Accident mechanism
- Contributing factors
- Whether or not the injury occurred at work
- Whether or not the injury or illness occurred in the course and scope of employment
- Whether or not the injury or illness occurred in the line of duty
- Characteristics of the injury, illness or exposure
- How long the person was incapacitated
- Additional information

**Supervisor’s or Manager’s Signature:**

**Date:**

**Expected Date of Return to Work:**

**Safety Coordinator:**

**Date:**

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.
## WORKSITE INSPECTION FORM

### General Office Environment

<table>
<thead>
<tr>
<th>Location:</th>
<th>Date:</th>
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<tbody>
<tr>
<td>Inspector:</td>
<td>Phone:</td>
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<td>Department:</td>
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### Administration and Training

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<tr>
<td>Yes</td>
<td>No</td>
<td>NA</td>
<td>1. Are all safety records maintained in a centralized file for easy access? Are they current?</td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
<td>NA</td>
<td>2. Have all employees attended Injury &amp; Illness Prevention Program training? Has training been documented?</td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
<td>NA</td>
<td>3. Does the department have a completed Emergency Action Plan? Are employees trained on its contents and training documented?</td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
<td>NA</td>
<td>4. Are chemical products used in the office being purchased in small quantities? Are Safety Data Sheets needed?</td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
<td>NA</td>
<td>5. Are mandatory employment notices and posters posted: <a href="https://www.hr.ucdavis.edu/supervisors/posters-required-by-law">https://www.hr.ucdavis.edu/supervisors/posters-required-by-law</a>?</td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
<td>NA</td>
<td>6. Are annual workplace inspections performed and documented?</td>
<td></td>
</tr>
</tbody>
</table>

### General Safety

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

### Electrical Safety

<p>| | | | | |</p>
<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
<td>NA</td>
<td>15. Are plugs, cords, electrical panels, and receptacles in good condition? No exposed conductors or broken insulation?</td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
<td>NA</td>
<td>16. Are circuit breaker panels accessible and labeled?</td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
<td>NA</td>
<td>17. Are surge protectors being used? If so, they must be equipped with an automatic circuit breaker, have cords no longer than 15 feet in length, and be plugged directly into a wall outlet.</td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
<td>NA</td>
<td>18. Is lighting adequate throughout the work environment?</td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
<td>NA</td>
<td>19. Are extension cords being used correctly? They must not run through walls, doors, ceiling, or present a trip hazard.</td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
<td>NA</td>
<td>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.</td>
<td></td>
</tr>
</tbody>
</table>

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IIPP-Appendix C1-Office Completed copies of this form should be routed to the department Safety Coordinator January 2022 and must be maintained in department files for at least three years.
ANNUAL SAFETY TRAINING REVIEW - ATTENDANCE RECORD

This training document is for Office/Computer/Non Chemical Lab Groups

Training Topics Covered: Date:

☐ Review Dept. EAP-Emergency Action Plan-evacuation routes, assembly area, shelter in place,

☐ Review Dept. IIPP- Illness and Injury Prevention Program, reporting accidents, location of First Aid Kit,

☐ Review Department JSA-Job Safety Analysis-for Office Work, Ergonomics,

☐ Complete a Work Site Inspection Form,

☐ Review Covid-19 protocols for return to work.

Attendees - please sign and print your name legibly. Use additional sheets as needed.

Instructor: ___________________________ Time: ________

Training Aids Used: Safety binder, first aid kit,

Rooms Covered: ___________________________

#     Print Name     Signature
1.   _______________________________  _______________________________
2.   _______________________________  _______________________________
3.   _______________________________  _______________________________
4.   _______________________________  _______________________________
5.   _______________________________  _______________________________
6.   _______________________________  _______________________________
7.   _______________________________  _______________________________
8.   _______________________________  _______________________________
9.   _______________________________  _______________________________
10.  _______________________________  _______________________________
11.  _______________________________  _______________________________
12.  _______________________________  _______________________________
13.  _______________________________  _______________________________
14.  _______________________________  _______________________________
15.  _______________________________  _______________________________
16.  _______________________________  _______________________________

IIPP-Appendix F Completed copies of this form must be maintained for at least 3 years.
ANNUAL SAFETY TRAINING REVIEW - ATTENDANCE RECORD

Training Topics Covered: Date:

☐ Review Current Department IIPP and EAP, Campus Chemical Hygiene Plan, how to make a report/Hazard alert form from Appendix A IIPP.
☐ Chem. Inventory Procedures, SDS’s, Safe Chem. Handling & Spill Procedures (Safety Net #13),
☐ WASTe review (Haz Waste Mgmt), Storage & Removal, (Safety Net #3, 8, 43, 110), CUPA form
☐ Review/Updates of lab SOP’s, -Signatures within 3 years,
☐ Review of Lab Safety Plan, COVID-19 precautions, compressed gas cylinders, Fume hood use,
☐ Review of PPE’s: usage, care and condition of current PPE’s., N95 masking updates
☐ Review training procedures for all lab workers, Recertify LHAT, expiring UC Lab Safety Fundamentals require renewal. Available online training modules-Heat Illness, Cryogen, etc

Instructor: ______________  Time: __________  Format: Virtual  In Person  Hybrid

Training Aids Used: Safety Binder, ______________

Rooms/Buildings Covered: __________________________________________

Attendees - please sign and print your name legibly. Use additional sheets as needed.

#  Print Name        Signature
1. __________________________  ______________________________
2. __________________________  ______________________________
3. __________________________  ______________________________
4. __________________________  ______________________________
5. __________________________  ______________________________
6. __________________________  ______________________________
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11. __________________________  ______________________________
12. __________________________  ______________________________
13. __________________________  ______________________________
14. __________________________  ______________________________
15. __________________________  ______________________________

IIPP-Appendix F  Completed copies of this form must be maintained for at least 3 years.