

UCDAVIS

Evolution & Ecology

INJURY AND ILLNESS PREVENTION PROGRAM



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).

Evolution and Ecology

INJURY AND ILLNESS PREVENTION PROGRAM

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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**

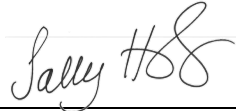
Authority: Authority and responsibility for ensuring implementation of this IIPP

Signature:  Date: 3 Feb 2022

2. Name: **Sally Harmsworth**

Title: **Department CAO**

Authority: Department designated authority for implementation of this IIPP

Signature:  Date: 2/3/2022

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

<u>Responsible/Designated Authority</u>	<u>Date</u>
Brenda Cameron –EVE -DSC	11/30/18
<hr/> Brenda Cameron-EVE-DSC	<hr/> 11/12/2019
<hr/> Brenda Cameron-EVE-DSC	<hr/> 11/25/2020
<hr/> Brenda Cameron-EVE-DSC	<hr/> 1/11/2021
<hr/> Brenda Cameron-EVE-DSC	<hr/> 1/20/2022
<hr/>	<hr/>
<hr/>	<hr/>

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).

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. 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**.

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: _____

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: _____

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

**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.

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.

I am reviewing (check the appropriate box)	A worksite	Specify location:	
	A single employee's job	Name of employee:	
	XX A job description for a class of employees	Position title:	
		Position titles: Office employees (non-laboratory use personnel)	
	Location: Storer Hall		
Hazard Evaluator	Signature/Date: Sally Harmsworth, Joe Patrocinio		

TASK/ACTIVITY	POTENTIAL HAZARD	CONTROL	PPE Required? Y/N
General office work	Backstrain, eyestrain, repetitive motion injury.	Ensure that workstations are ergonomically correct.	N
	Physical injuries due to slips, trips and falls, and falling objects.	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.	N
	Electrical hazards.	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 under doors.	N
	Appliance and equipment hazards.	Receive appropriate operational training of the specific appliances and equipment.	N
	Physical injuries due to fires, earthquakes, bomb threats and workplace violence.	Attend emergency action and fire prevention plan training including emergency escape drills. Attend Workplace Violence training offered by UC Davis Police Department.	N

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

[illegible]

- 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.

I am reviewing (check the appropriate box)	<input checked="" type="checkbox"/> A worksite	Specify location: SLB 1079-1096	
	<input type="checkbox"/> A single employee's job description	Name of employee:	
		Position title:	
	<input checked="" type="checkbox"/> A job description for a class of employees	Position titles: Student Assistants, Junior Specialists, SRA	
		Location: SLB 1079-1096	
	Hazard Evaluator	Signature/Date: Ivana Li, Sept 10, 2018	

TASK/ACTIVITY	POTENTIAL HAZARD	CONTROL	PPE Required? Y/N
General office work	Backstrain, eyestrain, repetitive motion injury.	Ensure that workstations are ergonomically correct.	N
	Physical injuries due to slips, trips and falls, and falling objects.	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.	N
	Electrical hazards.	Do not use extension cords in lieu of permanent wiring. Ensure that high wattage appliances do not overload circuits. Use GFI's 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.	N
	Appliance and equipment hazards.	Receive appropriate operational training of the specific appliances and equipment.	N
	Physical injuries due to fires, earthquakes, bomb threats and workplace violence.	Attend emergency action and fire prevention plan training including emergency escape drills. Attend Workplace Violence training offered by UC Davis Police Department.	N
Laboratory research procedures using 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.	Y

		Implementation of proper personal hygiene habits, including washing hands and face before eating and drinking. All personnel to receive on the job and appropriate classroom training.	
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, 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.	N
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.	N

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

[illegible]

IIPP – Appendix D

January 2022

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.

UCD Employer's Report of Occupational Injury or Illness			
UNIVERSITY POLICY REQUIRES THAT INDUSTRIAL INJURY/ILLNESS BE REPORTED TO WORKERS' COMPENSATION WITHIN 24 HOURS OF OCCURRENCE AND STATE REGULATIONS REQUIRE THAT ALL ACCIDENTS BE INVESTIGATED. <small>In the event of a serious injury or hospitalization, call Workers' Compensation immediately at (530) 752-7243. This form must be completed in its entirety and mailed or faxed (530) 752-3439 to Workers' Compensation. Omission of information could result in a delay of benefits.</small>			
EMPLOYEE MUST COMPLETE THESE SECTIONS:			
EMPLOYEE DATA		EMPLOYEE'S UC DAVIS ID #:	
Employee Name:		Employee's UC Davis ID #:	
Address:		Home Phone: ()	
City/State/Zip:		Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male	Date of Birth:
Department/Location:		Employee's Work Phone: ()	
Payroll Title/TC:	Date of Hire:	Annual Gross Salary: \$	
Supervisor's Name:		Supervisor's Work Phone: ()	
Employee () Volunteer () Student-Employee ()		() hours per day () days per week () total weekly hours	
Specific Injury/Illness/Exposure:		Body Part(s) affected:	
Location where injury or illness occurred:		Date of injury/illness:	
What equipment, materials or chemicals caused the injury/illness?		Others injured? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Explain in detail how the injury occurred. Include specific activities/tasks performed at the time.		Who witnessed this injury?	
EMPLOYEE STATEMENT		EMPLOYER'S INVESTIGATION AND STATEMENT (EMPLOYER COMPLETES):	
Medical Treatment provided by:		After the investigation, explain in detail how the injury/illness occurred and the specific activity being performed:	
<input type="checkbox"/> Employee Health Services <input type="checkbox"/> Sutter Davis Hospital ER <input type="checkbox"/> Private Physician <input type="checkbox"/> UC Davis Medical Center <input type="checkbox"/> First Aid, no medical care needed.		<input type="checkbox"/> Other: (Provide Name & Phone #) _____ Employee Signature: _____ Today's Date: _____	
INITIAL CAUSE		CONTRIBUTING FACTORS AND ACTIVITIES	
<input type="checkbox"/> Struck by or against object (indicate) <input type="checkbox"/> Caught in/under/between <input type="checkbox"/> Fall / Slip / Trip <input type="checkbox"/> Material handling or lifting <input type="checkbox"/> Repetitive motion <input type="checkbox"/> Chemical exposure <input type="checkbox"/> Body fluid exposure: — Needle stick — Sharps <input type="checkbox"/> Animal bite <input type="checkbox"/> Other, Explain _____	Equipment <input type="checkbox"/> Equipment failure <input type="checkbox"/> Equipment unavailable <input type="checkbox"/> Improper equipment or material used for job Personal protective equipment <input type="checkbox"/> Not worn <input type="checkbox"/> Not readily available <input type="checkbox"/> Not adequate for the task <input type="checkbox"/> Personal protective equipment failure Training/Experience <input type="checkbox"/> Lack of training <input type="checkbox"/> Safety training provided, not followed <input type="checkbox"/> New task for employee or lack of experience Work Area <input type="checkbox"/> Work area set up improperly <input type="checkbox"/> Inadequate lighting or noise issues <input type="checkbox"/> Housekeeping issues <input type="checkbox"/> Environmental factors (rain, wind, temp. etc.)	<input type="checkbox"/> Ventilation issues <input type="checkbox"/> Ergonomic factors Employee <input type="checkbox"/> Physically not able to do work <input type="checkbox"/> Employee fatigue <input type="checkbox"/> Unbalanced or poor position or motion <input type="checkbox"/> Incorrect procedures used for task <input type="checkbox"/> Other unsafe practice Assistance <input type="checkbox"/> Difficult to perform task without help <input type="checkbox"/> Safety features or devices not readily available <input type="checkbox"/> Assistive devices not used <input type="checkbox"/> Lack of policy/procedure <input type="checkbox"/> Animal (explain below) <input type="checkbox"/> Other (explain) _____ Use additional pages as needed	SUPERVISOR WILL: <input type="checkbox"/> Develop/revise safety procedures and update IIPP or Chem. Hyg. Plan <input type="checkbox"/> Request ergonomic evaluation <input type="checkbox"/> Order new equipment <input type="checkbox"/> Order new personal protective equipment <input type="checkbox"/> Remove equipment from use and repair/replace <input type="checkbox"/> Schedule preventive maintenance <input type="checkbox"/> Will retrain employee before task is re-assigned <input type="checkbox"/> Perform on-site review of work activity, update job safety analysis. <input type="checkbox"/> Reconfigure work area <input type="checkbox"/> Communicate corrective actions to others in job category. <input type="checkbox"/> Other _____ Preventive actions will be completed by: _____ Expected date of completion: _____
SUPERVISOR'S OR MANAGER'S SIGNATURE:		Date of Investigation:	
DEPARTMENT HEAD'S SIGNATURE:		Date:	

PLEASE NOTE: COMPLETING THIS FORM IS NOT AN ADMISSION OF UNIVERSITY LIABILITY

7/2011 ER: WCH/MAJB

IIPP-Appendix D
January 2016

IIPP-Appendix D
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.

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? Has training been documented? _____
Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>	3.	Does the department have a completed Emergency Action Plan? Are employees trained on its contents and training documented?
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 Safety Data Sheets needed?
Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>	5.	Are mandatory employment notices and posters posted: https://www.hr.ucdavis.edu/supervisors/posters-required-by-law?
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 UC Davis Fire?
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 15 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.

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.	_____	_____

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.	_____	_____
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