

# UC DAVIS

**Civil & Environmental  
Engineering**

**INJURY AND ILLNESS  
PREVENTION PROGRAM**



# UC DAVIS

## Civil & Environmental Engineering

### **INJURY AND ILLNESS PREVENTION PROGRAM**

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This Injury and Illness Prevention Program has been prepared by the University of California, Civil & Environmental Engineering 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).

# UC DAVIS

## Civil & Environmental Engineering

### INJURY AND ILLNESS PREVENTION PROGRAM

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# Department Information

Department Name: **Civil & Environmental Engineering**

Department Director: **Amit Kanvinde**

Address: **2001 Ghausi Hall**

Telephone Number: **(530) 752-2605**

## Buildings Occupied by Department

**1. Building: Bainer Hall**

**Unit(s): 1201, M1201, 1203, 1205, 1212, 1212A, 1213, 1214A, 1215, 1216, 1223, 1223A, 1223B, M1236,**

**Contact: Bill Sluis/Daret Kehlet/Brooke Noonan**  
**Phone: (530) 752-0589/(530) 752-0589/ (530) 752-1434**

**2. Building: Ghausi Hall**

**Unit(s): 1001, 1007, 1011, 1013, 1014, 1014A, 1114, 1122, 1124, 1124A, 2005, 2007, 2009, 2010, 2011, 2013, 2015, 2017, 2019, 2021, 2023, 2025, 2027, 2030, 2101, 2102, 2104, 2104A, 2105, 2109, 2110, 2116, 3019, 3021, 3023, 3025, 3027, 3028, 3029, 3030, 3031, 3032, 3034, 3101, 3102A, 3102B, 3102C, 3103, 3105, 3107, 3108, 3109, 3110, 3111, 3113, 3114, 3116, 3118, 3120, 3121, 3123, 3125, 3127, 3129, 3131, 3133, 3134, 3135, 3136, 3137, 3138, 3139, 3141, 3143, 3145, 3147, 3149, 3151, 3153, 3155, 3157, 3158, 3159, 3160, 3161, 3163, 3165, 3167**

**Contact: Shannon Ceballos (Safety Coordinator)/Brooke**  
**Phone: Noonan (MSO) (707) 287-0416/(530) 752-1434**

**3. Building: J. Amorocho Hydraulics Laboratory (JAHL)**

**Unit(s): Entire facility**

**Contact: Kara Carr**  
**Phone: (530) 754-9278 office; (916) 799-9656 cell**

- 4. Building:** Geotechnical Modeling Facility and National Geotechnical Centrifuge (CGM)
- Unit(s):** Entire facility
- Contact:** Dan Wilson/Chad Justice  
**Phone:** (530) 754-9761/(530) 752-7929
- 5. Building:** Advanced Transportation Infrastructure Research Center (ATIRC)
- Unit(s):** 115, 116, 120, 122, 123, 126, 130, 131, 132
- Contact:** Dave Jones  
**Phone:** (530) 754-4421
- 6. Building:** Academic Surge
- Unit(s):** 2201, 2202, 2203, 2204, 2205, 2206, 2207, 2209, 2211, 2212, 2213, 2215, 2217, 2219, 2221, 2222, 2223, 2224, 2225, 2345, 2355
- Contact:** Toan Trinh/Brooke Noonan (MSO)  
**Phone:** (530) 750-9582/(530) 752-1434

## I. Authorities and Responsible Parties

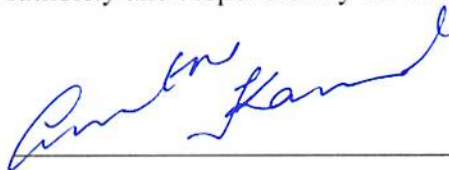
The authority and responsibility for the implementation and maintenance of the Injury and Illness Prevention Program (IIPP) is in accordance with University Policy (UCD Policy & Procedure Manual Section 290-15: Safety Management Program) and California Code of Regulations (8 CCR, Section 3203) and is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

1. Name: **Professor Amit Kanvinde**

Title: **Department Chair**

Authority: Authority and responsibility for ensuring implementation of this IIPP

Signature: \_\_\_\_\_



Date: \_\_\_\_\_

5/9/17

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).

## II. System of Communications

1. Effective communications with **Civil & Environmental Engineering** 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):

\_\_\_\_\_ CEE Department Safety web page linked to CEE Department homepage.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Employees are encouraged to report any potential health and safety hazard that may exist in the workplace. [Hazard Alert Forms \(Appendix A\)](#) are available to employees for this purpose. Forms are to be placed in the Safety Coordinator's departmental mailbox. Employees have the option to remain anonymous when making a report.

### **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 ([UCD Procedure 62 - Personnel Policies for Staff Members, 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 individual employee work functions, potential health or injury hazards, and specifies appropriate safe practices, personal protective equipment, and tools/equipment. JSA's have been completed for the following job categories:

- A. **Ghausi Hall 1001, 1007, 1011, 1013, 1124, 1124A, 2005, 2007, 2009, 2010, 2011, 2013, 2015, 2017, 2019, 2021, 2023, 2025, 2027, 2030, 3019, 3021, 3023, 3025, 3027, 3028, 3029, 3030, 3031, 3032, 3034, 3101, 3102A, 3102B, 3102C, 3103, 3105, 3107, 3108, 3109, 3110, 3111, 3113, 3114, 3116, 3118, 3120, 3121, 3123, 3125, 3127, 3129, 3131, 3133, 3134, 3135, 3136, 3137, 3138, 3139, 3141, 3143, 3145, 3147, 3149, 3151, 3153, 3155, 3157, 3158, 3159, 3160, 3161, 3163, 3165, 3167**
  - B. **Bainer Hall faculty, staff & student offices, conference rooms**
  - C. **J. Amorocho Hydraulics Laboratory faculty, staff & student offices, conference rooms**
  - D. **Geotechnical Modeling Facility and National Geotechnical Centrifuge (CGM) faculty, staff & student offices, conference rooms**
  - E. **Advanced Transportation Infrastructure Research Center (ATIRC) faculty, staff & student offices, conference rooms**
  - F. **Academic Surge 2201, 2202, 2203, 2204, 2205, 2206, 2207, 2209, 2211, 2212, 2213, 2215, 2217, 2219, 2221, 2222, 2223, 2224, 2225, 2345, 2355**
    - General Office Work
- B. **Ghausi Hall 1014, 1014A, 1114, 1122, 2101, 2102, 2104, 2105, 2109, 2110, 2116**
- Chemical Hazards
  - Biological Hazards
  - Physical Hazards
  - Tool Hazards
- C. **J. Amorocho Hydraulics Laboratory**
- Chemical Hazards
  - Physical Hazards
  - Tool Hazards

Example **Job Safety Analyses** (JSAs) are located in **Appendix B1** (general office) and **B2** (laboratory). Completed Job Safety Analyses should be kept on file in a departmental **IIPP Addendum Binder**.

### 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:

## CIS/CUPA Self-inspection

This inspection covers all labs that contain chemicals and/or compressed gas

- 1) Location: **1014, 1014A, 1114, 122, 1124, 2101, 2102, 2104, 2105, 2109, 2110, 2116 Ghausi Hall**  
Frequency: **Annual**  
Responsible Person: **Shannon Ceballos**  
Records Location: **3114 Ghausi Hall**

Worksite Inspection & Fire Self-inspection. All offices (faculty and staff). All labs (teaching and research). All conference rooms. In addition, all corridors connected to any CEE office, lab or conference room. These inspections cover all CEE spaces in the locations listed below.

- 2) Location: **All CEE spaces in Ghausi Hall & Academic Surge as listed on pages 4-5 of this document**  
Frequency: **Annual or as requested by UCD Fire Department**  
Responsible Person: **Shannon Ceballos** Records Location: **3114 Ghausi Hall**

Worksite Inspection & Fire Self-inspection. All offices (faculty and staff). All labs (teaching and research). All conference rooms. In addition, all corridors connected to any CEE office, lab or conference room. These inspections cover all CEE spaces in the locations listed below.

- 3) Location: **All CEE spaces in Bainer Hall as listed on pages 4-5 of this document**  
Frequency: **Annual or as requested by UCD Fire Department**  
Responsible Person: **Bill Sluis**  
Records Location: **1223 Bainer Hall**

Worksite Inspection & Fire Self-inspection. All offices (faculty and staff). All labs (teaching and research). All conference rooms. In addition, all corridors connected to any CEE office, lab or conference room. These inspections cover all CEE spaces in the locations listed below.

- 4) Location: **All spaces in J. Amorocho Hydraulics Facility (JAHL)**  
Frequency: **Annual or as requested by UCD Fire Department**  
Responsible Person: **Kara Carr**  
Records Location: **JAHL office**

Worksite Inspection & Fire Self-inspection. All offices (faculty and staff). All labs (teaching and research). All conference rooms. In addition, all corridors connected to any CEE office, lab or conference room. These inspections cover all CEE spaces in the locations listed below.

- 5) Location: **All spaces in Geotechnical Modeling Facility and National Geotechnical Centrifuge (CGM)**  
Frequency: **Annual or as requested by UCD Fire Department**  
Responsible Person: **Chad Justice**  
Records Location: **CGM office**

Worksite Inspection & Fire Self-inspection. All offices (faculty and staff). All labs (teaching and research). All conference rooms. In addition, all corridors connected to any CEE office, lab or conference room. These inspections cover all CEE spaces in the locations listed below.

- 6) Location: **All CEE spaces in the Advanced Transportation Infrastructure Research Center (ATIRC)**  
Frequency: **Annual or as requested by UCD Fire Department**  
Responsible Person: **Dave Jones**  
Records Location: **ATIRC office**

Template **Worksite Inspection Forms** are located in **Appendix C1** (general office) **and C2** (laboratory). Completed Worksite Inspection Forms are to be kept on file in the departmental **IIPP Addendum Binder**.

## 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.

**Civil & Environmental Engineering 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 & 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 Correction Report \(Appendix E\)](#) 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 **Department Safety Coordinator** 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 F.](#)

## **VIII. Recordkeeping and Documentation**

Documents related to the IIPP are maintained in the **Civil & Environmental Engineering** main office:

### **2001 Ghausi Hall**

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. Office of the President: [University Policy on Management of Health, Safety and the Environment, 10/28/2005](#)
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, [UCD Procedure 62](#)
5. University of California Policy on Management of Health, Safety and the Environment, <http://www.ucop.edu/riskmgmt/ehs/policy.html>
6. UC Davis Environmental Health & Safety
  - [EH&S Website](#)
  - [EH&S SafetyNets](#)
  - [Fire Prevention 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:	<b>JOB SAFETY ANALYSIS</b>	DEPT: CEE	LOCATION	JOB TYPE Administration
JOB FUNCTION	POTENTIAL HEALTH OR INJURY HAZARDS	SAFE PRACTICE, APPAREL, OR EQUIPMENT		
<b>General office work.</b>	<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 evacuation drills. Attend Workplace Violence and Active Shooter training offered by UC Davis Police Department.</p>		
		SIGNATURE		
		DATE	PAGE	OF
			1	1

EMPLOYEE:	<b>JOB SAFETY ANALYSIS</b>	DEPT: CEE	LOCATION	JOB TYPE
JOB FUNCTION	POTENTIAL HEALTH OR INJURY HAZARDS	SAFE PRACTICE, APPAREL, OR EQUIPMENT		
Perform research in an environment involving <b>chemical hazards.</b>	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. Employ 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. During the first 6 months of employment, personnel will receive basic training in Chemical Laboratory Safety, Hazardous Waste Management and Minimization Training that will be coordinated by the CEE Safety Coordinator. Training in other applicable safety courses will be coordinated by the CEE Safety Coordinator on an individual basis after consultation with faculty advisor.		
		SIGNATURE		
		DATE	PAGE	OF
			1	1

EMPLOYEE:	<b>JOB SAFETY ANALYSIS</b>	DEPT: CEE	LOCATION	JOB TYPE
JOB FUNCTION	POTENTIAL HEALTH OR INJURY HAZARDS	SAFE PRACTICE, APPAREL, OR EQUIPMENT		
Perform research in an environment containing <b>physical hazards.</b>	Injury from physical hazards including high voltage, lasers and ultraviolet light, microwaves, autoclaves, compressed gases and liquids, cryogenic materials, and specialized equipment as well as falling objects.	<p>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. Personnel are not to operate specialized equipment without proper training and documentation. Watch for overhead hazards and wear head protection if needed. Training in applicable safety courses will be coordinated by CEE Safety Coordinator on an individual basis after consultation with faculty advisor.</p>		
		SIGNATURE		
		DATE	PAGE	OF
			1	1

EMPLOYEE:	<b>JOB SAFETY ANALYSIS</b>		DEPT: CEE	LOCATION	JOB TYPE
JOB FUNCTION	POTENTIAL HEALTH OR INJURY HAZARDS	SAFE PRACTICE, APPAREL, OR EQUIPMENT			
Perform research in an environment containing <b>biological hazards.</b>	Injury from biological hazards including exposure to pathogens (e.g. viruses, bacteria, fungus, prions), aerosol transmitted diseases and recombinant DNA (rDNA).	<p>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.</p> <p>Personnel are not to operate specialized equipment without proper training and documentation. Any person working with human pathogens <b>MUST</b> have completed or be included in a <b>Biological Use Authorization (BUA)</b>. All persons generating medical waste <b>MUST</b> have an approved <b>Medical Waste Management Plan</b> in effect. All persons using a biological safety cabinet <b>MUST</b> complete the course <b>Safe Use of Biological Safety Cabinets</b>. All persons working with rDNA <b>MUST</b> complete the course <b>Safe Handling of rDNA Materials</b>. Training in applicable safety courses will be coordinated by CEE Safety Coordinator on an individual basis after consultation with faculty advisor.</p>			
		SIGNATURE			
		DATE	PAGE	OF	
			1	1	

EMPLOYEE:	<b>JOB SAFETY ANALYSIS</b>	DEPT: CEE	LOCATION	JOB TYPE
JOB FUNCTION	POTENTIAL HEALTH OR INJURY HAZARDS	SAFE PRACTICE, APPAREL, OR EQUIPMENT		
Perform research in an environment containing <b>power or hand- tool hazards.</b>	Injury from tools or equipment including hand drill, drill-press, exacto knives, soldering iron, Dremel tool, or other hand tool .	Personnel are not to operate specialized equipment, such as a drill press, without proper training and documentation. Use appropriate personal protective equipment including gloves, protective eyewear and specialized equipment. During the first 6 months of employment, personnel will receive safety training that will be coordinated by the Lab/Shop Supervisor.		
		SIGNATURE		
		DATE	PAGE	OF
			1	1

# 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, pull boxes 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 ( <a href="http://ehs.ucdavis.edu/chem/chem_mnl/clsm_apps.cfm">http://ehs.ucdavis.edu/chem/chem_mnl/clsm_apps.cfm</a> ).
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?
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**Other Hazards**

1.	
2.	
3.	
4.	
5.	

**Comments**

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: Contents of Civil & Environmental Engineering      Date: \_\_\_\_\_  
IIPP and EAP

*(attach a copy of the training session curriculum)*

Instructor: Shannon Ceballos      Training Aids: handouts

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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24.	_____	_____
25.	_____	_____
26.	_____	_____
27.	_____	_____

<b>IIPP-Appendix F March 2006</b>
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Completed copies should be routed to the Department Safety Coordinator and must be maintained in department files for at least three years.

