UCDAVIS

Neurobiology, Physiology & Behavior

INJURY AND ILLNESS PREVENTION PROGRAM

UC DAVIS

NEUROBIOLOGY PHYSIOLOGY & BEHAVIOR

INJURY AND ILLNESS PREVENTION PROGRAM

This Injury and Illness Prevention Program has been prepared by the University of California, **Neurobiology, Physiology & Behavior** 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

NEUROBIOLOGY PHYSIOLOGY & BEHAVIOR

INJURY AND ILLNESS PREVENTION PROGRAM

TABLE OF CONTENTS

Department Information

Department Name: **NEUROBIOLOGY PHYSIOLOGY & BEHAVIOR**

Department Director: **Marty Usrey**

Address: **196 Briggs Hall**

Telephone Number: **530-752-2559**

Buildings Occupied by Department

1. **Building:** **Briggs Hall**
   Unit(s): **Main Office and Research Laboratories**
   Contact: **Cynthia Roberts**
   Phone: **752-2558**

2. **Building:** **Life Science**
   Unit(s): **Research Laboratories**
   Contact: **Gloria Partida**
   Phone: **752-8507**

3. **Building:** **Hickey Gym**
   Unit(s): **Research Laboratories & Teaching Laboratories**
   Contact: **Salvador Borges**
   Phone: **752-0965**

4. **Building:** **Science Laboratory Building**
   Unit(s): **Teaching Laboratories & Animal Facility**
   Contact: **Lifeng Wang**
   Phone: **752-3582**

5. **Building:** **Hutchison Hall**
   Unit(s): **Research Laboratories**
   Contact: **Belvin Gong**
   Phone: **752-2972**

6. **Building:** **CARU**
   Unit(s): **Research Laboratories**
   Contact: **Chuck Fuller**
   Phone: **752-9698/752-2979**

7. **Building:** **ZFL**
   Unit(s): **Research Laboratories**
   Contact: **Tom Hahn**
   Phone: **752-8531**

I. Authorities and Responsible Parties

The authority and responsibility for the implementation and maintenance of the Injury and Illness Prevention rogram (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: **Marty Usrey**

   Title: **Department Chair**

   Authority: Authority and responsibility for ensuring implementation of this IIPP

   Signature: _____ Date: 8-12-2016

2. Name: **Cynthia Roberts**

   Title: **MSO**

   Authority: Department designated authority for implementation of this IIPP

   Signature: Cynthia Roberts Date: 8/11/2016

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

Annual Review Documentation

Responsible/Designated Authority	Date

II. System of Communications

1. Effective communications with **Neurobiology, Physiology & Behavior** department employees have been established using the following methods:

   - Standard Operating Procedures Manual
   - Material Safety Data Sheets
   - Lab meetings
   - EH&S Safety Nets/Fire Nets
   - Hazard Alert Form
   - Safety Newsletter
   - Handouts
   - Building Evacuation Plan
   - E-mail
   - Posters and warning labels
   - Job Safety Analysis – Initial Hire and Annual Review
   - Other: _____

     _____

     _____

     _____

     _____

     _____

     _____

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 (UCD Procedure 62 - Personnel Policies for Staff Members, 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 (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 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. Template JSA's are located in **Appendix B**.

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

- Laboratory personnel, please refer to the Laboratory Hazard Assessment Tool
- Non-Laboratory personnel, please refer to the JSA/PPE Certification Forms

2. Worksite Inspections

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

1) Location:
Frequency:
Responsible Person:
Records Location:

2) Location:
Frequency:
Responsible Person:
Records Location:

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

V. Accident Investigation

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

Neurobiology, Physiology & Behavior 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/ps/rmwc/wcr/injuryReporting.

   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.

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

VI. Hazard Correction

Hazards discovered either as a result of a scheduled periodic inspection or during normal operations must be corrected by the supervisor in control of the work area, or by cooperation between the department in control of the work area and the supervisor of the employees working in that area. Supervisors of affected employees are expected to correct unsafe conditions as quickly as possible after discovery of a hazard, based on the severity of the hazard.

Specific procedures that can be used to correct hazards include, but are not limited to, the following:

- Tagging unsafe equipment "Do Not Use Until Repaired," and providing a list of alternatives for employees to use until the equipment is repaired.
- Stopping unsafe work practices and providing retraining on proper procedures before work resumes.
- Reinforcing and explaining the need for proper personal protective equipment and ensuring its availability.
- Barricading areas that have chemical spills or other hazards and reporting the hazardous conditions to appropriate parties.

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

If an imminent hazard exists, work in the area must cease, and the appropriate supervisor must be contacted immediately. If the hazard cannot be immediately corrected without endangering employees or property, all personnel need to leave the area except those qualified and necessary to correct the condition. These qualified individuals will be equipped with necessary safeguards before addressing the situation.

VII. Health and Safety Training

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

1. Supervisors are provided with training to become familiar with the safety and health hazards to which employees under their immediate direction and control may be exposed.

2. All new employees receive training prior to engaging in responsibilities that pose potential hazard(s).

3. All employees given new job assignments receive training on the hazards of their new responsibilities prior to actually assuming those responsibilities.

4. Training is provided whenever new substances, processes, procedures or equipment (which represent a new hazard) are introduced to the workplace.

5. Whenever the employer is made aware of a new or previously unrecognized hazard, training is provided.

The **Safety Training Attendance Record** form is located in **Appendix E**.

Site-Specific Safety Orientation & Training for New Laboratory Personnel can be found in **Appendix F**.

VIII. Recordkeeping and Documentation

Documents related to the IIPP are maintained in the NPB main office: 196 Briggs Hall and 2018 Science Laboratory Building.

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

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

IX. Resources

1. Office of the President: University Policy on Environmental Health and Safety, 10/22/86
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. UC Davis Environmental Health & Safety
    - Safety Services Website
    - EH&S SafetyNets
    - Safety Data Sheets

APPENDICES

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, IIPP Appendix E)

_____

_____

_____

Signature of Investigating Party: _____

Date: _____

IIPP-Appendix A
December 2014

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: _____

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

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 (Laboratory)

Department: **Neurobiology, Physiology & Behavior**
Section:

Job Function	Potential Health or Injury Hazard	Safe Practice, Apparel, or Equipment
Inspection and auditing of laboratories containing chemicals.	Exposure to chemicals via inhalation, contact, ingestion or injection.	Avoid all unnecessary exposures. Reduce exposures that cannot be avoided by minimizing exposure duration and concentration. Proper selection and use of personal protective equipment including gloves, protective eyewear, lab coats, and in some instances respiratory protection. Implementation of proper personal hygiene habits, including washing hands and face before eating and smoking. All personnel to receive on the job and classroom training including Chemical Laboratory Safety, Hazardous Waste Management and Minimization Training and other applicable courses during the first 6 months of employment.
Inspection and auditing of laboratories containing radiological materials.	Exposure to radiological agents via inhalation, contact, ingestion or injection.	Avoid all unnecessary exposures. Adhere to radiological material handling procedures including limiting exposures through combination of minimizing time, maximizing distances and use of appropriate shielding. Proper selection and use of personal protective equipment including gloves, protective eyewear, lab coats, and in some instances respiratory protection Implementation of proper personal hygiene habits, including washing hands and face before eating and smoking. Participation in radiological monitoring program including dosimetry. All personnel to receive on the job and classroom training including Radiation Safety and other applicable courses during the first 6 months of employment.
Inspection and auditing of laboratories containing biological materials.	Exposure to biological agents via inhalation, contact, ingestion or injection.	Avoid unnecessary exposures. Proper selection and use of personal protective equipment including gloves, protective eyewear, lab coats, and in some instances respiratory protection. Proper adherence to blood borne pathogen handling protocols. Implementation of proper personal hygiene habits, including washing hands and face before eating and smoking. Voluntary participation in Hepatitis B vaccination program. Proper adherence to biological waste handling procedures. All personnel to attend EH&S Blood borne Pathogen Program training during the first 6 months of employment. Participation in Facilities- specific medical clearances as required.
Inspection and auditing of laboratories, shops and spaces containing physical hazards.	Injury from physical hazards including high voltage, lasers and ultraviolet light, compressed gases and liquids, cryogenic materials, and specialized equipment as well as falling objects.	Avoid unnecessary exposures. Proper selection and use of personal protective equipment including gloves, protective eyewear and specialized equipment. Employees are not to enter restricted areas unless accompanied by a properly trained individual familiar with the hazards of the area. Employees are not to operate specialized equipment without proper training and documentation. Watch for overhead hazards and wear head protection if needed. Personnel auditing or routinely entering areas where lasers are used will receive laser safety training within 6 months of employment.

Job Function	Potential Health or Injury Hazard	Safe Practice, Apparel, or Equipment
General office work	Back strain, eyestrain, repetitive motion injury. Physical injuries due to slips, trips and falls, and falling objects. Electrical hazards. Physical injuries due to fires, earthquakes, bomb threats and workplace violence.	Ensure that workstations are ergonomically correct. Keep floors clear of debris and liquid spills. Keep furniture, boxes, etc. from blocking doorways, halls and walking space. Do not stand on chairs of any kind, use proper foot stools or ladders. Do not store heavy objects overhead. Do not 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. 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 in doors. Attend emergency action and fire prevention plan training including emergency escape drills.
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.
Exposure to noise hazards	Hearing loss due to noise exposure	Voluntarily participate in the Hearing Conservation Program. Use hearing protection as required.

Name	Signature	Date

Completed copies of this form should be routed to the Department Safety Coordinator and retained for the duration of each individual's employment.

JOB SAFETY ANALYSIS
(General Office)

Department: **Neurobiology, Physiology & Behavior**
Section:

JOB FUNCTION	POTENTIAL HEALTH OR INJURY HAZARDS	SAFE PRACTICE, APPAREL, OR EQUIPMENT
General office work.	Back strain, eyestrain, repetitive motion injury. Physical injuries due to slips, trips and falls, and falling objects. Electrical hazards. Physical injuries due to fires, earthquakes, bomb threats and workplace violence. Physical injuries due to slips, trips and falls, and falling objects.	Ensure that workstations are ergonomically correct. Keep floors clear of debris and liquid spills. Keep furniture, boxes, etc. from blocking doorways, halls and walking space. Do not stand on chairs of any kind, use proper foot stools or ladders. Do not store heavy objects overhead. Do not 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. 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 in doors. Attend emergency action and fire prevention plan training including emergency escape drills. 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.
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.

Name	Signature	Date

Completed copies of this form should be routed to the department Safety Coordinator and retained for the duration of each individual's employment.

WORKSITE INSPECTION FORM

General Office Environment

Location: _____ Date: _____

Inspector: _____ Phone: _____

Department: _____

Administration and Training

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

General Safety

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

Electrical Safety

Yes ☐ No ☐ NA ☐	15.	Are plugs, cords, electrical panels, and receptacles in good condition? No exposed conductors or broken insulation?
Yes ☐ No ☐ NA ☐	16.	Are circuit breaker panels accessible and labeled?
Yes ☐ No ☐ NA ☐	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 ☐ No ☐ NA ☐	18.	Is lighting adequate throughout the work environment?
Yes ☐ No ☐ NA ☐	19.	Are extension cords being used correctly? They must not run through walls, doors, ceiling, or present a trip hazard.
Yes ☐ No ☐ NA ☐	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.

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.

UCDAVIS
UNIVERSITY OF CALIFORNIA

University of California, Davis
Laboratory Self-Inspection Checklist

Principal Investigator/Laboratory Supervisor: _____
Laboratories Reviewed: _____
Date: _____
Reviewer: _____ Revised 1/2015

I. SAFETY PROGRAM ADMINISTRATON			
A. Chemical Hygiene Plan	Yes	No	N/A
1. Does the laboratory have access to the campus-wide Chemical Hygiene Plan and all of the required elements?			
2. Are there any operations that require prior approval before beginning (e.g.., Radiation Safety, Bio-safety committee)?			
B. Illness and Injury Prevention Plan	Yes	No	N/A
1. Does laboratory have access to Department IIPP and has it been reviewed in past year?			
2. Is there documentation that all laboratory personnel have trained on IIPP?			
C. **Standard Operating Procedures (SOP's)**	Yes	No	N/A
1. Are there written SOP's covering the laboratory processes and hazardous chemicals referenced in Title 8 (*i.e.*, acutely toxic substances, reproductive toxins, and regulated carcinogens)?			
2. Are there exemptions to the written SOPs and are these documented?			
3. Training of laboratory personnel documented.			
4. Required specialized training complete and documented.			
5. Training is current with Chemical Hygiene Plan.			
6. Training is complete on Hazardous waste management.			
7. Training is complete on Blood borne Pathogen requirements.			
II. HAZARDOUS MATERIALS	Yes	No	N/A
1. Laboratory doors are labeled with emergency contact notification names & numbers, hazards present & necessary precautions.			
2. Labels are clean and intact on all chemical containers.			
3. Chemical containers are clearly identified with contents and hazards.			
4. Containers with non-hazardous substances (*i.e.*, water) clearly labeled to avoid confusion.			
A. **Chemical Controls**	Yes	No	N/A

Notes:

1. Chemicals are not stored on laboratory benches in excessive quantities.			
2. Expired or chemicals not used (for more than one year) are disposed of as hazardous waste.			
3. Secondary containment is provided for strong acids and strong bases.			
4. Incompatible chemicals are segregated and stored with compatible hazard classes.			
5. All chemical containers are closed, except when actively adding or removing materials from them (*i.e.*, no open funnels left in container).			
6. Containers of peroxide-forming chemicals are dated upon receipt and disposed of as hazardous waste within one year of receipt.			
7. Safety Data Sheets (SDS) and laboratory chemical inventory are up-to-date and readily available.			
8. Chemicals (liquids) are stored below eye level and not directly on the floor, unless in secondary containment.			
9. Dedicated chemical storage (cabinets, refrigerators, freezers) clearly labeled with contents and hazard warnings.			
B. **Flammable & Combustible Liquids**	Yes	No	N/A
1. Flammable liquids stored in 1-gallon or smaller containers or kept in 2-gallon or smaller safety cans.			
2. Flammable liquids (including flammable liquid waste) stored outside of a storage cabinet does not exceed 10 gallons.			
3. If more than 10 gallons of flammable liquids are present does the laboratory have an approved flammable storage cabinet?			
4. Flammable liquids, stored in flammable storage cabinets limited to 60 gallons per fire rated area.			
5. Flammable liquids requiring reduced temperature stored in flammable-rated refrigerator/freezer.			
C. **Particularly Hazardous Substances**	Yes	No	N/A
1. Have all particularly hazardous substances been identified?			
2. Designated area(s) for acutely toxic materials, reproductive toxins and/or carcinogens clearly marked.			
3. Are all users adequately trained? Documentation available?			
4. All necessary PPE (personal protective equipment) available and used as needed.			
D. **Radioactive Materials**	Yes	No	N/A
1. Stock materials of radioactive materials are secured against unauthorized removal?			
2. Do personnel wear lab coats and gloves when handling radioactive materials? If assigned dosimeters, are they wearing them?			

Notes:

3. Are all radioactive materials registered with the EH&S Health Physics Program?			
4. Radioactive Waste – Properly labeled, segregated, and shielded?			
III. CHEMICAL WASTE			
A. Storage	Yes	No	N/A
1. Are chemical waste containers properly segregated, sealed with tight-fitting caps and stored with EH&S Hazardous Waste Labels attached?			
2. All hazardous chemical waste is arranged to be picked up by EH&S — not drain disposed or evaporated.			
3. Hazardous chemical waste has been accumulating for less than 270 days. Extremely hazardous waste has been accumulating less than 90 days.			
4. All hazardous chemical waste is secondary contained.			
5. Training for personnel handling hazardous waste is documented?			
6. EH&S is called for waste pick up when containers are full (90% capacity or full line) or have reached their accumulation date threshold.			
7. Waste containers sturdy, compatible with the waste, routinely checked for leaks and kept closed when not actively being filled.			
B. Labeling	Yes	No	N/A
1. All hazardous waste containers have the proper labels with contents and accumulation start date.			
2. The hazardous waste accumulation area is clean with waste containers clearly marked.			
IV. BIOHAZARDOUS WASTE			
A. Storage	Yes	No	N/A
1. Solid bio hazardous waste is bagged in red polyethylene bags as per the Medical Waste Management Plan.			
2. Bio hazardous liquid waste is managed per the Medical Waste Management Plan.			
3. Sharps stored in puncture-proof containers and labeled appropriately, not past fill line.			
B. Labeling	Yes	No	N/A
1. Secondary containers for laboratory medical waste storage or transport labeled with the international biohazard symbol and the word "Biohazard."			
v. PERSONAL HEALTH AND SAFETY			
A. Food and Drink	Yes	No	N/A
1. Sinks labeled "Industrial Water – Do Not Drink".			
2. Food and drink is not permitted in laboratories.			
3. Food and drink is stored only in refrigerators/freezers dedicated and labeled "for food only".			

Notes:

B. **Standard Practices**	Yes	No	N/A
1. Employees wash areas of exposed skin prior to leaving the laboratory.			
2. Sink is available and hands washed after removing gloves and before leaving laboratory.			
3. Cosmetic applications, taking medication, touching eyes, nose or mouth avoided in laboratory.			
VI. HEALTH AND SAFETY EQUIPMENT			
A. Safety Showers and Eye Washes	Yes	No	N/A
1. Approved safety showers and eye washes provided within 10 seconds travel time from the work area for immediate use, with no barriers (*i.e.* doors) for use or storage of corrosives.			
2. All eyewashes and showers have unobstructed access.			
3. Units inspected and activated monthly. Annually certification by Facilities Management for proper functioning.			
4. Sign indicating location of safety shower and eye wash unobstructed.			
B. Personal Protective Equipment	Yes	No	N/A
1. Has the correct PPE been selected based on a hazard assessment or SDS recommendation?			
2. PPE required for laboratory work: ( ) Lab Coats, ( ) Safety glasses with side shields/goggles, ( ) Hearing protection, ( ) Face Shield, ( ) Proper foot-wear, ( ) Gloves, ( ) Aprons			
3. All necessary equipment is available, in good condition, and properly used.			
C. Laboratory Fume Hoods	Yes	No	N/A
1. Storage inside of hood is kept to a minimum.			
2. Equipment in use does not interfere with proper functioning of the hood.			
3. All work is done at least 6 inches inside hood.			
4. Front sash is lowered when hood is not in use.			
5. Certified annually by Facilities Management, semi- annually for Title 8 §5209 "listed" Carcinogens.			
6. Hood has continuous flow monitor.			
7. The back ventilation slot is not obstructed.			
8. Drains are protected from hazardous materials entering.			
D. Biological Safety Cabinet	Yes	No	N/A
1. Certified within the last year.			
2. Proper type of hood for work being conducted.			
3. Equipment is properly labeled for the hazard present (radiation, UV,), Manufacturer approved for hazard.			
4. Hood ducted per manufacturer and ASHRAE requirements and meets the bio-safety specifications.			

Notes:

E. Compressed Gas Cylinders	Yes	No	N/A
1. Cylinders stored in well protected, well vented and dry locations away from combustible materials.			
2. Flammable gases stored away from oxidizers.			
3. Cylinders are secured to a rigid structural component of the building with non-flammable restraints located 1/3 and 2/3 (preferred) or ½ the height of the cylinder.			
4. Protective caps in place while cylinders are in storage and full/empty tags attached.			
5. Proper regulators are being used and closed when cylinders are not in use.			
F. Housekeeping & Miscellaneous Laboratory Safety	Yes	No	N/A
1. Bench tops clean, organized and environs maintained to eliminate harmful exposures or unsafe conditions.			
2. Supplies stored at minimum of 24 inches from ceiling and off the floor.			
3. Vacuum lines equipped with traps designed specifically to accumulate/filter the hazardous materials being evacuated.			
4. All moving machinery (*i.e.*, vacuum pumps) belts adequately protected by a rigid belt guard or housing.			
5. All sharps disposed properly.			
6. The condition of the broken glass box is adequate and placed out of the way.			
7. Ceiling tiles present and in good condition.			
8. Refrigerators/freezers labeled according to use.			
G. Electrical Safety	Yes	No	N/A
1. High voltage equipment (>600V) labeled, grounded and insulated.			
2. No equipment has damaged or frayed cords.			
3. Extension cords are not connected together.			
4. Power strips used only if they are equipped with circuit breakers.			
5. All equipment is grounded via 3-prong plugs.			
6. Damaged equipment tagged out to prevent use.			
H. General Safety	Yes	No	N/A
1. Cabinets and bookshelves are secured.			
2. Overhead storage is minimized and restrained from falling (i.e., shelf lips, rails).			
3. Heavy equipment is secured or braced from falling.			

I. Respiratory Protection	Yes	No	N/A
1. Use of respiratory protection conforms to UC Davis Policy.			
2. Respirators are inspected monthly and before use.			

Notes:

3. The user has been fit tested by the Occupational Health Services.			
4. Cartridges are changed on designated schedule and are the appropriate cartridge for the hazard.			
J. Laser Safety	Yes	No	N/A
1. Does the laboratory use any Class 3b or 4 lasers?			
2. Are the lasers registered with EH&S Health Physics Program?			
3. Are the Standard Precautions for lasers prominently posted for each laser?			
4. Are appropriate warning signs and labels posted?			
5. Does the laboratory entrance have a warning light or lighted sign showing when the laser is in use?			
6. Have all workers attended the EH&S Laser Safety course?			
7. Does the laboratory have appropriate laser eyewear?			
K. Non-Ionizing Radiation (NIR) Source	Yes	No	N/A
1. Have proper warning signs been posted?			
L. Emergency Planning & Procedures	Yes	No	N/A
1. Emergency Response Guide and evacuation map visibly posted and current.			
2. Chemical spill kit/cleanup materials available.			
3. Training in spill clean-up procedures provided and documented.			
4. First aid materials kept in adequate supply (in a sanitary and usable condition) and made readily available.			
M. Fire Prevention	Yes	No	N/A
1. Appropriate fire extinguisher mounted, unobstructed, available within 75 feet, in working order and inspected within the last year. A fire extinguisher should be available in a room containing flammable and/or combustible liquids.			
2. Fire extinguisher sign is clearly visible.			
3. 18-inch vertical clearance maintained from sprinkler head (*i.e.*, over shelving).			
4. Are all laboratory doors kept closed? Closure devices in place?			
5. Storage of combustible material is minimized.			
N. Exits	Yes	No	N/A
1. Exits and aisles are clear and free of obstructions in case of emergency.			
2. Exit signs clearly visible.			

Notes:

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.

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.

EMPLOYEE MUST COMPLETE THESE SECTIONS:

EMPLOYEE DATA

Employee Name:		Employee's UCDavis ID #:
Address:		Home Phone: ( )
City/State/Zip:	Sex: Female 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

EMPLOYEE STATEMENT

Specific Injury/Illness/Exposure:	Body Part(s) affected:	Date of injury/illness:
Location where injury or illness occurred:		Others Injured? Yes No
What equipment, materials or chemicals caused the injury/illness? :		Who witnessed this injury?

Explain in detail how the injury occurred. Include specific activities/tasks performed at the time.

Medical Treatment provided by:

___Employee Health Services Sutter Davis Hospital ER Other: (Provide Name &Phone #)

___Private Physician UC Davis Medical Center

___First Aid, no medical care needed.

Employee Signature:	Today's Date:

EMPLOYER'S INVESTIGATION AND STATEMENT (EMPLOYER COMPLETES):

EMPLOYER

After the investigation, explain in detail how the injury/illness occurred and the specific activity being performed:

What was the injury, illness or exposure?

INITIAL CAUSE	CONTRIBUTING FACTORS AND ACTIVITIES		PREVENTIVE ACTIONS
Struck by or against object (indicate) Caught in/under/ between Fall / Slip / Trip Material handling or lifting Repetitive motion Chemical exposure Body fluid exposure: Needle stick __Sharps Animal bite Other, Explain	**Equipment** Equipment failure Equipment unavailable Improper equipment or material used for job **Personal protective equipment** Not worn Not readily available Not adequate for the task Personal protective equipment failure **Training/Experience** Lack of training Safety training provided, not followed New task for employee or lack of experience **Work Area** Work area set up improperly Inadequate lighting or noise issues Housekeeping issues Environmental factors (rain, wind, temp. etc)	Ventilation issues Ergonomic factors **Employee** Physically not able to do work Employee fatigue Unbalanced or poor position or motion Incorrect procedures used for task Other unsafe practice **Assistance** Difficult to perform task without help Safety features or devices not readily available Assistive devices not used **Lack of policy/procedure** **Animal** (explain below) **Other** (explain) **Use additional pages as needed**	**SUPERVISOR WILL:** Develop/revise safety procedures and update IIPP or Chem. Hyg. Plan Request ergonomic evaluation Order new equipment Order new personal protective equipment Remove equipment from use and repair/replace Schedule preventive maintenance Will retrain employee before task is re-assigned. Perform on-site review of work activity, update job safety analysis. Reconfigure work area Communicate corrective actions to others in job category. Other **Preventive actions will be completed by:** Name 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: WC/H/MJB

SAFETY TRAINING ATTENDANCE RECORD

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

Instructor: _____ Training Aids: _____

Location: _____ Time: _____

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

No.	Print Name	Signature
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IIPP-Appendix E
December 2014

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.

Site-Specific Safety Orientation & Training for New Laboratory Personnel

Revised - 07/2014

Prior to completing this site safety orientation and training, all laboratory personnel must have successfully completed the UC Laboratory Safety Fundamentals course. Completion of this training is required prior to personnel being granted unescorted access to the laboratory. This serves to satisfy components of the University of California Policy - Laboratory Safety Training and UC Davis policy PPM290-56.

I _____ confirm receipt of training on the listed topics on
(print name, trainee)

_____ from _____. All of my questions regarding
(date) (print name, trainer)

this material have been answered. Topics have been initialed, or marked with an "X" where not applicable.

_____ _____
(signature, trainee) (signature, trainer)

Initial	Topic	Action
	EMERGENCY PROCEDURES	
	Fire Alarm Pull Station:	Show location(s) and proper activation.
	Eye Wash / Safety Showers:	Show location(s) and proper operation.
	Spill Procedures	Show location of spill kit(s), SafetyNets #13 and #127 (if applicable), and describe procedures.
	First Aid Kits:	Location(s) and description of contents.
	Phone:	Location(s), detail dialing instructions, '911' dialing instructions, bomb threat card.
	Emergency Response Guide:	Location(s) of flipchart guide, discuss scenario actions
	Emergency Action Plan:	Review Emergency Action Plan. Demonstrate both paths to Emergency Assembly Area. Review evacuation procedures for disabled employees if applicable.
	Warn Me:	Enroll in UC Davis Warn Me emergency alert system, recommend registering cellular phone number.
	ENGINEERING CONTROLS	
	Chemical Fume Hood(s):	Demonstration of proper use, instruction on adjustable controls, flow sensor function, and training requirements.
	Biological Safety Cabinet(s):	Demonstration of proper use, instruction on adjustable controls and training requirements.
	Chemical Storage Location(s):	Location(s) and segregation rules, volume limits (>10 gallons requires flammable storage cabinet).
	Other Controls (*e.g.*, Glove Boxes, Snorkels, Gas Cabinets, Paint Booths, Laminar Flow Benches):	Demonstration of proper use, instruction on adjustable controls.
	Describe in detail:	

ADMINISTRATIVE CONTROLS	
Laboratory Safety Manual (incl. Chemical Hygiene Plan):	Location and content description. Also, any applicable Laboratory Safety Plan(s) location and content.
Safety Data Sheets (SDSs):	Demonstrate electronic access and describe laboratory repository of hard copy SDSs, if applicable
Standard Operating Procedures (SOPs):	Location of lab's SOPs, describe required approvals. Identification of chemical processes / areas requiring specific SOP use, and laboratory safety rules.

Describe in detail:

PERSONAL PROTECTIVE EQUIPMENT	
Determine Hazard-Specific Safety Training:	Consult UC Davis Training Matrix for Laboratory Personnel, enroll in courses
Lab Coat:	Provide at no cost fitted laboratory coats. Some labs/hazards require flame resistant coats. ● Type: □ Cotton/Blend □ Barrier □ Flame Resistant Size:_____
Eye Protection:	Provide at no cost pair(s) of safety eyewear. Glasses must fit appropriately, be comfortable to wear, and stay securely in place. For labs where goggles must be worn provide pair(s) of fitted chemical splash goggles. When a face shield is required, demonstrate proper use, care and storage. ● Corrective Prescription Y / N Model:_____
Gloves:	Location(s), provide knowledge and resources to select correct type. Instruct proper procedure to don and doff.

OTHER	
Department IIPP:	Location and review
Hazardous Waste:	Overview of laboratory hazardous waste procedures. Location(s) of accumulation area, demonstrate proper labeling, describe proper storage requirements, and detail pickup/removal procedures.
Specialized Equipment:	Review of safety procedures for proper operation. *e.g.*, UV light, laser, high voltage equipment, superconducting magnets, cryogen handling, high/low vacuum, etc…

Describe in detail: