This Injury and Illness Prevention Program has been prepared by the University of California, HUMAN 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).
# Injuries and Illness Prevention Program

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Revised September 2019
Department Information

Department Name: DEPARTMENT OF HUMAN ECOLOGY

Department Director: Leigh Ann Simmons, Chair

Address: 2323 Hart Hall, UCD, Davis Campus

Telephone Number: 530-752-0511

Buildings Occupied by Department

1. Building: Hart Hall
   Unit(s): Human Development and Family Studies; Community and Regional Development; Cluster Five Business Unit
   Contact: Ellen Barnes; Leigh Ann Simmons; Cynthia Crestmore; Claire Napawan
   Phone: 541-218-7055; 530-752-0511; 530-752-5236; 530-554-9540

2. Building: Hunt Hall
   Unit(s): Landscape Architecture and Environmental Design
   Contact: Ellen Barnes; Leigh Ann Simmons; Claire Napawan; Megan Lidd
   Phone: 541-218-7055; 530-752-0511; 530-554-9540; 530-752-3907

3. Building: Center for Child and Family Studies
   Unit(s): Early Childhood Lab School; Human Development and Family Studies
   Contact: Molly Logan-Jones; Ellen Barnes; Janet Thompson; Leigh Ann Simmons
   Phone: 530-752-2888; 541-218-7055; 530-754-4000; 530-752-0511

4. Building: Sprocket Building
   Unit(s): Human Development and Family Studies/Community and Regional Development
   Contact: Ellen Barnes; Leigh Ann Simmons; Cynthia Crestmore; Claire Napawan
   Phone: 541-218-7055; 530-752-0511; 530-752-5236; 530-554-9540
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: Leigh Ann Simmons
   Title: Chair, Department of Human Ecology
   Authority: Authority and responsibility for ensuring implementation of this IIPP

   Signature: ___________________________ Date: 09-12-2019

2. Name: Ellen Barnes
   Title: Chief Administrative Officer, Cluster 5
   Authority: Department designated authority for implementation of this IIPP

   Signature: ___________________________ Date: 09-12-2019

3. Name: N. Claire Nayaan
   Title: Vice Chair, Human Ecology
   Authority: Department designated authority for implementation of this IIPP

   Signature: ___________________________ Date: __________________________

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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: Leigh Ann Simmons
   Title: Chair, Department of Human Ecology
   Authority: Authority and responsibility for ensuring implementation of this IIPP
2. Name: **Ellen Barnes**

   Title: **Chief Administrative Officer, Cluster 5**
   Authority: Department designated authority for implementation of this IIPP

   Signature: ___________________________ Date: __________________

3. Name: **N. Claire Napawan**

   Title: **Vice Chair, Human Ecology**
   Authority: Department designated authority for implementation of this IIPP

   Signature: ___________________________ Date: __________________

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

**Annual Review Documentation**

<table>
<thead>
<tr>
<th>Responsible/Designated Authority</th>
<th>Date</th>
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</tbody>
</table>

Revised September 2019
II. System of Communications

1. Effective communications with Department of Human Ecology employees have been established using the following methods:

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

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

3. Employees have been advised of adherence to safe work practices and the proper use of required personal protective equipment. Conformance will be reinforced by discipline for non-compliance in accordance with University policy (UC Davis Personnel Policies for Staff Members- Section 62, Corrective Action).
III. System for Assuring Employee Compliance with Safe Work Practices

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

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

1. Distribution of Policies
2. Training Programs
3. Safety Performance Evaluations
   Performance evaluations at all levels must include an assessment of the individual's commitment to and performance of the accident prevention requirements of his/her position. The following are examples of factors considered when evaluating an employee's safety performance.
   1. Adherence to defined safety practices.
   2. Use of provided safety equipment.
   3. Reporting unsafe acts, conditions, and equipment.
   4. Offering suggestions for solutions to safety problems.
   5. Planning work to include checking safety of equipment and procedures before starting.
   6. Early reporting of illness or injury that may arise as a result of the job.
   7. Providing support to safety programs.

4. Statement of non-compliance will be placed in performance evaluations if employee neglects to follow proper safety procedures, and documented records are on file that clearly indicate training was provided for the specific topic, and that the employee understood the training and potential hazards.

5. Corrective action for non-compliance will take place when documentation exists that proper training was provided, the employee understood the training, and the employee knowingly neglected to follow proper safety procedures. Corrective action includes, but is not limited to, the following: Letter of Warning, Suspension, or Dismissal.
IV. Hazard Identification, Evaluation, and Inspection

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

1. Job Safety Analysis:

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

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

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

(Example JSA’s 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: Hunt Hall; Hart Hall, CCFS, Sprocket Hall  
Frequency: Periodically  
Responsible Person: Cynthia Crestmore  
Records Location: Hunt Hall, Room 131

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.

Department of Human 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](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](http://safetyservices.ucdavis.edu/article/121) for OSHA notification instructions.
VI. Hazard Correction

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

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

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

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

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

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

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

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

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

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

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

The Safety Training Attendance Record form is located in Appendix E.
VIII. Recordkeeping and Documentation

Documents related to the IIPP are maintained in/at/on:

2123 Social Sciences & Humanities 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).
   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
# APPENDICES

## a. Hazard Alert/Correction Form

### HAZARD ALERT / CORRECTION FORM

Alert Identification No. __________

Department: __________________________________________________________________________

### I. Unsafe Condition or Hazard

<table>
<thead>
<tr>
<th>Name: (optional)</th>
<th>Job:</th>
<th>Title: (optional)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Location of Hazard:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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: _____________________________________________________________________
HAZARD ALERT / CORRECTION REPORT

Alert Identification No. __________

Department: ____________________________________________

This form should be used in conjunction with the “Hazard Alert Form” (IIPP Appendix A), as appropriate, to track the correction of identified hazards.

All hazards should be corrected as soon as possible, based on the severity of the hazard. If a serious imminent hazard cannot be immediately corrected, evacuate personnel from the area and restrict access until the hazard can be addressed.

Supervisor/Safety Coordinator Name: ______________________ Telephone: __________

Supervisor/Safety Coordinator Signature: ___________________ Date: __________

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

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

Revised September 2019
## B. Job Safety Analyses

<table>
<thead>
<tr>
<th>EMPLOYEE: ENTER EMPLOYEE NAME</th>
<th>JOB SAFETY ANALYSIS</th>
<th>DEPT: ARE</th>
<th>LOCATIO N SS&amp;H</th>
</tr>
</thead>
<tbody>
<tr>
<td>JOB FUNCTION</td>
<td>POTENTIAL HEALTH OR INJURY HAZARDS</td>
<td>SAFE PRACTICE, APPAREL, OR EQUIPMENT</td>
<td></td>
</tr>
<tr>
<td>General office work.</td>
<td>Backstrain, eyestrain, repetitive motion injury.</td>
<td>Ensure that workstations are ergonomically correct.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Physical injuries due to slips, trips and falls, and falling objects.</td>
<td>Keep floors clear of debris and liquid spills. Do not stand on chairs of any kind, use proper foot stools or ladders. Do not store heavy objects overhead.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Electrical hazards.</td>
<td>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.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Physical injuries due to fires, earthquakes, bomb threats and workplace violence.</td>
<td>Provide one-inch lip on shelves.</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>Do not use extension cords in lieu of permanent wiring. Ensure that high wattage appliances do not overload circuits. Replace frayed or damaged electrical cords. Ensure all electrical cords are not damaged by being wedged against furniture or pinched in doors.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Attend emergency action and fire prevention plan training including emergency escape drills. Attend Workplace Violence training offered by UC Davis Police Department.</td>
<td></td>
</tr>
</tbody>
</table>

**SIGNATURE**

**DATE**

### JOB SAFETY ANALYSIS

<table>
<thead>
<tr>
<th>EMPLOYEE: ENTER EMPLOYEE NAME</th>
<th>JOB SAFETY ANALYSIS</th>
<th>DEPT: ARE</th>
<th>LOCATIO N SS&amp;H</th>
</tr>
</thead>
<tbody>
<tr>
<td>JOB FUNCTION</td>
<td>POTENTIAL HEALTH OR INJURY HAZARDS</td>
<td>SAFE PRACTICE, APPAREL, OR EQUIPMENT</td>
<td></td>
</tr>
<tr>
<td>Inspection and auditing of laboratories containing chemicals.</td>
<td>Exposure to chemicals via inhalation, contact, ingestion or injection</td>
<td>Avoid all unnecessary exposures. Reduce exposures that cannot be avoided by minimizing exposure duration and concentration. Proper selection and use of personal protective equipment including gloves, protective eyewear, lab coats, and in some instances respiratory protection. 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.</td>
<td></td>
</tr>
<tr>
<td>Inspection and auditing of laboratories containing radiological materials.</td>
<td>Exposure to radiological agents via inhalation, contact, ingestion or injection.</td>
<td>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 job and classroom training including Radiation Safety and other applicable courses during the first 6 months of employment.</td>
<td></td>
</tr>
<tr>
<td>---</td>
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</tr>
<tr>
<td>Inspection and auditing of laboratories containing biological materials.</td>
<td>Exposure to biological agents via inhalation, contact, ingestion or injection.</td>
<td>Avoid unnecessary exposures. 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. Voluntary participation in Hepatitis B vaccination program. Proper adherence to biological waste handling procedures. All personnel to attend EH&amp;S Bloodborne Pathogen Program training during the first 6 months of employment. Participation in Facilities-specific medical clearances as required.</td>
<td></td>
</tr>
</tbody>
</table>

**SIGNATURE**

**DATE**

<table>
<thead>
<tr>
<th>EMPLOYEE: ENTER NAME</th>
<th>JOB SAFETY ANALYSIS</th>
<th>DEPT: LOCATION</th>
<th>JOB TYPE</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>JOB FUNCTION</strong></td>
<td><strong>POTENTIAL HEALTH OR INJURY HAZARDS</strong></td>
<td><strong>PRACTICE, APPAREL, OR EQUIPMENT</strong></td>
<td></td>
</tr>
<tr>
<td>Inspection and auditing of laboratories, shops and spaces containing physical hazards</td>
<td>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.</td>
<td>Get help with all loads that cannot be safely lifted by one person. Use mechanical means to lift and move heavy items, push carts and dolly rather than pull, attend back safety class, employ proper lifting techniques at all times. Set up work operations as ergonomically safe as practical. Wear proper hand and foot protection to protect against crushing or pinching injuries.</td>
<td></td>
</tr>
<tr>
<td>Handling and moving heavy items and equipment.</td>
<td>Ergonomic hazards including heavy lifting, repetitive motions, awkward motions, crushing or pinching injuries etc.</td>
<td>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.</td>
<td></td>
</tr>
<tr>
<td>JOB FUNCTION</td>
<td>POTENTIAL HEALTH OR INJURY HAZARDS</td>
<td>SAFE PRACTICE, APPAREL, OR EQUIPMENT</td>
<td></td>
</tr>
<tr>
<td>-----------------------------------------------</td>
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<td></td>
</tr>
<tr>
<td>Campus Landfill Inspections</td>
<td>Injury from heavy equipment, tripping hazards, stepping on sharp objects, potentially infectious materials</td>
<td>Wear hard hat, safety boots and high visibility safety vest. Watch footing and stay clear of heavy equipment operations. Do not touch waste or debris without hand protection.</td>
<td></td>
</tr>
<tr>
<td>Operation of Motor vehicles</td>
<td>Motor vehicle accidents involving personal injury, or property damage</td>
<td>All drivers of University vehicles must attend the Driver Safety Awareness Course offered by Fleet Services and possess a valid California drivers license. Hazardous materials may not be transported in personally owned vehicles.</td>
<td></td>
</tr>
<tr>
<td>Inspection and auditing of laboratories and animal housing facilities containing animals</td>
<td>Exposure to animals and animal allergies via inhalation and contact</td>
<td>Avoid unnecessary exposures. Proper selection and use of personal protective equipment including gloves, protective eyewear, lab coats, and in some instances respiratory protection. Proper adherence to animal care and use protocols. Implementation of proper personal hygiene habits, including washing hands and face before eating and smoking. Participation in the occupational health program for animal workers. All personnel to attend the IACUC Animal Care and Use 101 training during the first 6 months of employment. Participation in Facilities-specific medical clearances as required.</td>
<td></td>
</tr>
</tbody>
</table>
C. Worksite Inspection Form

**WORKSITE INSPECTION FORM**

**General Office Environment**

| Location: ______________________________ | Date: ______________________________ |
| Inspector: ____________________________ | Phone: ____________________________ |
| Department: __________________________ |                             |

### Administration and Training

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

### General Safety

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

Revised September 2019
|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| 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. |   |

### D. Injury and Illness Investigation Form

**Employee's Report of Occupational Injury or Illness**

University policy requires that industrial injuries/illnesses 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) 752-2432 to Workers Compensation. Omission of information could result in a delay of benefits.

**Employee Must Complete These Sections:**

- **Employee Name:**
- **Employee's UCDavis ID #**
- **Address:**
- **City/State/Cp:**
- **Sex:**
- **Male**
- **Date of Birth:**
- **Department/Location:**
- **Employee's Work Phone:**
- **Playbill Title/C: T:**
- **Date of Hire:**
- **Annual Gross Salary:**
- **Supervisor's Name:**
- **Supervisor's Work Phone:**
- **Employee(s) Volunteered:**
- **Student/Employee(s):**
- **Hours per day:**
- **Days per week:**
- **Total weekly hours:**

**Specific Injury/Illness/Exposure:**

- **Location where injury/illness occurred:**
- **Employee(s) affected:**
- **Date of Injury/illness:**

**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**
- **UC Davis Hospital ER**
- **private physician**
- **UC Davis Medical Center**
- **First Aid, no medical care needed**

**Employee signature:**

**Today's Date:**

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

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

**What was the injury/illness or exposure?**

**Contributing Factors and Activities**

- **Equipment**
- **Equipment failure**
- **Equipment unavailability**
- **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**

**Verification issues**

- **Ergonomic factors**
- **Employee physically not able to do work**
- **Employee fatigue**
- **Unbalanced or poor posture or motion**
- **Unavailable equipment or material**
- **Incompleteness of procedure for task**
- **Other unsafe practices**

**Assistance**

- **Difficulty in performing task without help**
- **Failure of supervisor or equipment**
- **Lack of equipment or materials**

**Animal (explain below)**

**Other (explain below)**

**Use additional pages as needed**

**Supervisor's or Manager's Signature:**

**Date:**

**Department Head's Signature:**

**Date:**

*Note: Completing this form is not an admission of university liability.*

**IIPP Appendix D Office January 2016**

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.

Revised September 2019
## E. Safety Training Attendance Record

**SAFETY TRAINING ATTENDANCE RECORD**

- **Training Topic:** __________________________  Date: __________
  
  *(attach a copy of the training session curriculum)*

- **Instructor:** __________________________  **Training Aids:** __________________________

- **Location:** __________________________  **Time:** __________________________

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

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