



UNIVERSITY OF CALIFORNIA, SAN DIEGO

INJURY AND ILLNESS PREVENTION PROGRAM (IIPP)

INTRODUCTION

In order to maintain a safe and healthful work environment at UCSD, the Office of Environment, Health and Safety (EH&S) has developed this overall **Injury and Illness Prevention Program** for all employees to follow. This document describes the goals, statutory authority, and the responsibilities of all employees and students under the Program. It addresses Compliance, Hazard Identification, Accident Investigation, Hazard Mitigation, Training, Hazard Communication, and Program Documentation. By making employee safety a high priority for every UCSD employee we can reduce injuries and illnesses, increase productivity, and promote a safer and healthier environment for all individuals at UCSD.

GOALS

Diligent implementation of this program will reap many benefits for UCSD. Most notably it will:

1. Protect the health and safety of employees. Decrease the potential risk of disease, illness, injury and harmful exposures to UCSD personnel.
2. Reduce workers' compensation claims and costs.
3. Improve efficiency by reducing the time spent replacing or reassigning injured employees, as well as reduce the need to find and train replacement employees.
4. Improve employee morale and efficiency as employees see that their safety is important to management.
5. Minimize the potential for penalties assessed by various enforcement agencies by maintaining compliance with health and safety codes.

STATUTORY AUTHORITY

California Labor Code Section 6401.7.
California Code of Regulations Title 8, Sections 1509 and 3203.

RESPONSIBILITY

The ultimate responsibility for establishing and maintaining effective environmental, health, and safety policies specific to campus facilities and operations rests with the Chancellor. General policies that govern the activities and responsibilities of the environment, health, and safety program are established under his final authority.

It is the responsibility of Deans, Directors, Department Chairs, Department Heads, Principal Investigators, managers, and supervisors to develop procedures that ensure effective compliance with the Injury and Illness Prevention Program (IIPP), as well as other university health and safety policies related to operations under their control.

Supervisors, including **managers** and **Principal Investigators**, are responsible for enforcement of this Program among the employees or students under their direction by carrying out the various duties outlined herein, setting acceptable safety policies and procedures for each employee to follow, and ensuring that employees receive the general safety training offered by EH&S (or equivalent). Each manager and supervisor must also ensure that appropriate job specific safety training is received, and that safety responsibilities are clearly outlined in the job descriptions which govern the employees under their direction. Supervising others also carries the responsibility for knowing how to safely accomplish the tasks assigned each employee, for purchasing appropriate personal protective equipment, and for evaluating employee compliance.

Immediate responsibility for workplace health and safety rests with each individual employee and/or student. **Employees** and **students** are responsible for following the established work procedures and safety guidelines in their area, as well as those identified in this Program and in the UCSD [General Chemical Safety Guidelines](#). Employees and students are also responsible for using the personal protective equipment issued to protect them from identified hazards, and for reporting any unsafe conditions to their supervisors.

Environment, Health & Safety is responsible for developing and managing this Injury and Illness Prevention Program. Additional responsibilities include providing consultation to the UCSD community on matters of health and safety; monitoring and advising personnel using radiation, carcinogens and other hazardous materials; interpreting external regulations and recommending appropriate compliance strategies.

COMPLIANCE

Compliance with this Injury and Illness Prevention Program will be achieved in the following manner:

1. Managers and supervisors will set positive examples for working safely and require that all staff under their direction work safely.
2. Managers and supervisors will use all disciplinary procedures available to them to ensure that employees follow established safety policies and procedures. Performance evaluations, verbal counseling, written warnings and other forms of disciplinary action are available.
3. Managers and supervisors will identify the resources necessary to provide a safe work environment for their employees and include them in budget requests.
4. Managers and supervisors will establish appropriate means of recognition for employees who demonstrate safe work practices.

5. Supervisors in the building maintenance divisions must also enforce the Code of Safe Practices sent as an addendum to this Program, and post a copy on their employee bulletin boards.

UCSD has developed this comprehensive Injury and Illness Prevention Program to enhance the health and safety of its faculty, staff, and students. Each department is responsible for implementing the Program as outlined in the following pages.

I. HAZARD IDENTIFICATION

A health and safety inspection program is essential in order to reduce unsafe conditions that may expose faculty, staff, students and visitors to incidents that could result in personal injuries or property damage. **It is the responsibility of each department to ensure that appropriate, systematic safety inspections are conducted periodically.**

A. Scheduled Safety Inspections:

Upon initial implementation of this Program, inspections of all work areas will be conducted. All inspections will be documented using the attached forms (or equivalent) with appropriate abatement of any hazards detected when new substances or processes are discovered.

Thereafter, safety inspections will be conducted at the frequency described below:

1. Office environments - Annual inspections of all office areas will be conducted to detect and eliminate any hazardous conditions that may exist. The attached Office Safety Inspection form (or equivalent) will be used.
2. Shops, cafeterias, warehouses, stores, docks, etc. - Semi-annual inspections of all potentially hazardous areas will be conducted to detect and eliminate any hazardous conditions that may exist. The attached Facility Safety Inspection form (or equivalent) will be used.
3. Laboratories - Semi-annual inspections of all laboratories will be conducted to detect and eliminate any hazardous conditions that may exist. In addition, all guidelines in the [General Chemical Safety Guidelines](#) will be followed.
4. Medical clinics - Semi-annual inspections of all medical clinic areas will be conducted to detect and eliminate any hazardous conditions that may exist. The attached Medical Clinics Inspection form (or equivalent) will be used.

B. Unscheduled Safety Inspections:

1. Additional safety inspections will be conducted whenever new equipment or changes in procedures that present new hazards are introduced into the workplace.

2. Environment, Health & Safety will conduct periodic unscheduled safety inspections of all potentially hazardous areas to assist in the maintenance of a safe and healthful workplace.
3. Safety reviews will be conducted when occupational accidents occur to identify and correct hazards that may have contributed to the accident.
4. Environment, Health & Safety is available for consultation and assistance in conducting these various hazard assessments.

II. ACCIDENT INVESTIGATIONS

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.

Use the Accident Investigation form to record pertinent information and retain a copy to serve as proper documentation.

Serious occupational injuries, illnesses or exposures to hazardous substances, as defined by Cal/OSHA, must be reported to EH&S no later than eight hours after they become known to the supervisor. These include injuries that cause permanent disfigurement or require hospitalization for a period in excess of 24 hours. EH&S will contact Cal/OSHA, if necessary. An accident investigation will be conducted by EH&S in conjunction with a representative from the injured employee's department.

III. HAZARD MITIGATION

All hazards identified will be promptly investigated and alternate procedures implemented as indicated. The university recognizes that hazards range from imminent dangers to hazards of relatively low risk. Corrective actions or plans, including suitable timetables for completion, are the responsibility of the department. EH&S consultation is available to determine appropriate abatement actions. The attached Hazard Identification form can be used to document identified hazards and the resulting action taken to abate them.

For serious hazards that present an imminent danger to life or limb, immediate action will be taken to mitigate the hazard. The Department Chair/Head, EH&S, and all affected employees will be notified of the hazard. If the hazard cannot be immediately abated, all personnel will be removed from the affected area. Access to the area will be controlled until the safety of personnel can be assured.

If continued use of the area or equipment must be maintained, then affected personnel will be provided with the proper training, protective equipment, or other safeguards deemed necessary to protect them from the hazard.

Serious concealed dangers will be reported to Environment, Health & Safety at (858) 534-3660, in accordance with UCSD PPM 516-7.3. If the serious concealed danger cannot be abated within 15 days, then it will also be made known to all affected employees in writing.

Environment, Health & Safety is available for consultation and assistance on matters involving hazard mitigation, and for deciding what constitutes a "serious concealed danger." All external reporting requirements will be directed to EH&S.

IV. TRAINING

Effective dissemination of safety information lies at the very heart of a successful Injury and Illness Prevention Program. All employees must be trained in general safe work practices. In addition, specific instruction with respect to hazards unique to each employee's job assignment will be provided.

A. General Safe Work Practices:

At a minimum, all employees will be trained in the following:

1. Fire safety, evacuation and emergency procedures
2. Earthquake preparedness
3. Campus emergency management
4. Safe computer workstation use (if applicable)
5. Hazard communication and awareness
(use of Material Safety Data Sheets)

Attendance at one of the regularly scheduled general Injury & Illness Prevention Program or Laboratory Safety for Professionals/IIPP classes will meet this requirement.

B. Specific Safe Work Practices:

In addition to this general training, **each employee will be instructed how to protect themselves from the hazards specific to their individual job duties.** At a minimum, this entails how to use workplace equipment, safe handling of hazardous materials, and use of personal protective equipment. Training must be completed before beginning to work on assigned equipment, **and whenever new hazards or changes in procedures are implemented.**

Managers are responsible for providing supervisors with the training necessary to familiarize themselves with the safety and health hazards their employees are exposed to.

It is the responsibility of each supervisor to know the hazards related to his/her employee's job tasks, and ensure they receive appropriate training.

1. Supervisors will ensure that all employees receive general and job-specific training prior to initial or new job assignments.

2. Supervisors will ensure that employees are trained whenever new substances, processes, procedures or equipment are introduced to the workplace that may create new hazards. Training must also be given when new or previously unrecognized hazards are brought to a supervisor's attention.

6. All training will be documented and kept in department files. The attached Employee Training Checklist form (or equivalent) can be used for this purpose.

V. COMMUNICATION

Effective two-way communication that involves employee input on matters of workplace safety is essential to maintaining an effective Injury and Illness Prevention Program. To foster better safety communication the following guidelines will be implemented:

The department will use an employee bulletin board for posting information on safety in a location accessible to all employees. If a fire exit corridor location is chosen, the bulletin board should be enclosed behind glass. Changes in protocol, safety bulletins, accident statistics, training announcements, and other safety information will be posted as they become available.

Managers and supervisors will provide time at periodic staff meetings (**building maintenance personnel must meet at least every 10 working days**) to discuss safety topics. Status reports will be given on safety inspections, hazard mitigation projects, and accident investigation results, as well as feedback to previous employee suggestions. Employees will be encouraged to participate and give suggestions without fear of reprisal. The attached Supervisor's Safety Meeting form (or equivalent) should be used to document attendance and topics covered.

The department will use Material Safety Data Sheets as one form of employer to employee communication. Additional communication methods include:

Posters	Meetings
Newsletters	Bulletins
General Chemical Safety Guidelines	Manuals
Operator Manuals	Warning Labels
Code of Safe Practices	
Standard Operating Procedures	

Employees are encouraged to bring to the University's attention any potential health or safety hazard that may exist in the work area. A mechanism for anonymous employee input, such as a suggestion box or mail station for safety suggestions, hazard identification, complaints, etc., which is accessible to all employees will be implemented. The attached Employee Safety Recommendation form (or equivalent)

can be used for this purpose. These forms may also be sent directly to EH&S for follow-up (Mail Code 0920).

Employees are advised that there are no reprisals for expressing a concern, comment, suggestion, or complaint about a safety matter, and that adherence to safe work practices and proper use of personal protective equipment are integral parts of workplace safety.

Supervisors will follow up all suggestions and investigate the concerns brought up through these communication methods, utilizing EH&S assistance if needed. Feedback to the employees is critical, and must be provided for effective two-way communication.

Compliance will be reinforced by appropriate comments on performance evaluations.

Non-compliance will be addressed by:

- An immediate discussion between the supervisor and the employee who is discovered working in an unsafe manner
- Appropriate disciplinary action up to dismissal

The department will pursue readily understandable health and safety communications for dissemination to all affected employees.

VI. DOCUMENTATION

Many standards and regulations of Cal/OSHA contain requirements for the maintenance and retention of records for occupational injuries and illnesses, medical surveillance, exposure monitoring, inspections, and other activities relevant to occupational health and safety. To comply with these regulations, as well as to demonstrate that the critical elements of this Injury and Illness Prevention Program are being implemented, **the following records will be kept on file in the department** for at least the length of time indicated below:

1. Copies of all IIPP Safety Inspection forms. Retain 5 years.
2. Copies of all Hazard Identification forms. Retain 5 years.
3. Copies of all Accident Investigation forms. Retain 5 years.
4. Copies of all Employee training documents. Retain for duration of each individual's employment. [Enrollment Central](#) provides access to an employee's training history, listing courses **registered for and completed via** Enrollment Central.
5. Copies of all safety postings and safety meeting agendas. Retain 5 years.
6. Copies of the Annual Accident Statistic Summaries. Retain 5 years.

7. Copies of employee exposure records, registered carcinogen records, or other required employee health and safety records. Retain 30 years or for the duration of each individual's employment if greater than 30 years.

The department will ensure that these records are kept in their files, and present them to Cal/OSHA or other regulatory agency representatives if requested. Review of these records will be conducted by EH&S during routine inspections to measure compliance with the Program.

A safe and healthy workplace must be the goal of everyone at UCSD, with responsibility shared by management and staff alike. If you have any questions regarding this Injury and Illness Prevention Program, please contact Environment, Health and Safety at (858) 534-3660, ehsweb@ucsd.edu.

Resources:

- [Injury & Illness Prevention Program Training](#)
- [IIPP Forms](#)
- [Enrollment Central](#) (for training history of programs completed via Enrollment Central)
- [Material Safety Data Sheets \(MSDS\)](#)
- [EH&S Safety Training Manager](#)

HAZARD IDENTIFICATION FORM

University of California, San Diego

Inspection Location _____ Department _____

Supervisor _____ Phone _____

Identification

Mitigation

Description of Hazard	Date Observed	Abatement Action Taken	Date Abated

UCSD ACCIDENT INVESTIGATION REPORT

In accordance with the UCSD Injury & Illness Prevention Program (IIPP), supervisors are responsible for investigating all injuries sustained by employees working under their direction.

Department _____ Investigation Date _____

Person Conducting Investigation/Phone _____

Date of Accident/Injury/Illness _____

Name of Injured Employee/Phone _____

Describe the Injury/Illness _____

Location of Incident _____

Describe what happened _____

Names/Phones of Witnesses _____

What Workplace Condition/Practice/Equipment contributed to the incident?

What Corrective Actions have been taken to Prevent Re-occurrence? _____

What Additional Actions are still needed to Prevent Re-occurrence? (consider training, personal protective equipment, and written procedures)

Person Responsible for Corrective Actions _____

Date Corrective Actions were implemented _____

Signature of Person Investigating this Incident _____

EMPLOYEE SAFETY RECOMMENDATION FORM

University of California, San Diego

Location _____ Department _____

Supervisor _____ Date _____

Identification of Safety or Health Hazard
Suggestion for Abatement of the Safety or Health Hazard
<i>Do Not Write Below This Line</i>
Date Complaint Investigated:
Investigated By:
Action Taken:
Date Action Was Reported to the Employee:
Comments:

SUPERVISOR'S SAFETY MEETING

University of California, San Diego

Department _____ Date _____

Division _____ Supervisor _____

Employees Present:
Safety Topics Discussed:
Supervisor's Signature
Comments

UCSD NEW LABORATORY WORKERS CHECKLIST, _____ lab

(PI name)

Complete this form for all lab personnel. See <http://blink.ucsd.edu/go/labchemtrain> for information on training requirements.

For all lab workers:

- Attend Lab Safety Principles/IIPP training, date: _____
- Discuss any hazardous lab procedures

Radioactive materials users:

- Attend Basic Radiation Safety Seminar, date: _____
- Submit a Radioisotope User Enrollment form

Biohazard users:

- Discuss biohazard issues
- Attend required biosafety classes:
Bloodborne Pathogens, Viral Vectors, BL3 Orientation, date(s) _____

Orientation to lab-specific safety procedures:

- Locations of:
 - o Fire extinguishers and pull stations
 - o Eye wash/douse showers
 - o First aid kits
 - o Hazardous materials spill kits
- Evacuation procedures, personnel lists, and gathering point
- Laboratory chemical storage locations
- Laboratory procedures for chemical safety information:
 - o MSDS access – www.ucmsds.com or other source
 - o Locations and type of written lab safety procedures, including any lab-required approvals
- Location and safe use procedures for engineering controls:
 - o Chemical fume hoods and biological safety cabinets
 - o Other engineering controls
- Laboratory procedures for personal protective equipment:
 - o Gloves
 - o Lab coats
 - o Eye protection
 - o Other
- Laboratory waste disposal practices, including locations and supplies

Area Safety Coordinator: _____

New worker: _____
 (print name) (signature) (date)

UCSD OFFICE SAFETY INSPECTION

University of California, San Diego

Location _____ Date _____ Phone _____

Supervisor _____ Department _____

Inspector _____ Job title _____

Administration and training

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

General safety

- Yes No N/A 7. Are exits, fire alarms, pullboxes, and sprinklers clearly marked and unobstructed?
- Yes No N/A 8. Are aisles and corridors unobstructed to allow unimpeded evacuations?
- Yes No N/A 9. Is a clearly identified, unobstructed, charged, currently inspected and tagged, wall-mounted fire extinguisher available within 75 feet of all work areas? For extinguisher service, contact PPS at (858) 534-0317.
- Yes No N/A 10. Are ergonomic issues being addressed for employees using computers?
- Yes No N/A 11. Is a fully stocked first-aid kit available? Is the location known to all employees in the area?
- Yes No N/A 12. Are cabinets, shelves, and furniture over five feet tall secured to prevent toppling during earthquakes?
- Yes No N/A 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 N/A 14. Is the office kept clean of trash and recyclable materials promptly removed?

Electrical safety

- Yes No N/A 15. Are plugs, cords, electrical panels, and receptacles in good condition? No exposed conductors or broken insulation?
- Yes No N/A 16. Are circuit breaker panels accessible and labeled?
- Yes No N/A 17. Are fused power strips being used in lieu of receptacle adapters? Are additional outlets needed in some areas?
- Yes No N/A 18. Is lighting adequate throughout the work environment?
- Yes No N/A 19. Are extension cords being used correctly? They must not run through walls, doors, ceiling, or prevent a trip hazard running across aisles. Extension cords are for temporary use only.
- Yes No N/A 20. Are portable electric heaters being used? If so, use a fused power strip if necessary, and locate the heater away from combustible materials.
- Yes No N/A 21. Is the paper cutter guard in place?

SHOPS & STUDIO SAFETY INSPECTION CHECKLIST

DEPARTMENT: _____ DATE: _____
 LOCATION/SHOP: _____ BLDG/RM NO: _____
 SUPERVISOR: _____ PHONE/E-MAIL: _____
 INSPECTOR: _____ JOB TITLE: _____

WALKING/WORKING SURFACES:

	<u>YES</u>	<u>NO</u>	<u>N/A</u>
- Floors clean and dry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Storage of materials/equipment not protruding and/or cluttered	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Trip hazards (electrical cords, debris) not present	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Rags/trash disposed of daily	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Stairs safe (secure rails, treads)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Ladders safe (safety feet, inspected, tight rungs)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Scaffolding- >5' have top/mid rails, toe-board, mud sills, wheels locked	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Guard rails installed around floor openings, lofts and catwalks to prevent falls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ELECTRICAL:

- All disconnects/breakers labeled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- 36" minimum access clearance around circuit breaker panels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Energized/live parts of equipment are secured/not exposed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Circuits grounded/Ground pins on plugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Electrical cords inspected (not frayed, damaged, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Extension cords not used in place of fixed wiring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Plug/Multi tap adapters use banned	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Explosion proof equipment used where needed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- CPR training for required workers (Electrical Trades)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Inspection program for power tools/extension cords	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- GFCI's in use in wet areas (bathrooms, near sinks)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Open slots in circuit breakers panels secured	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Covers in place on receptacles, boxes, switches	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Electrical hand tools grounded or double insulated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Electrical cords across walkways protected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Equipment approved, UL/FM listed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Lockout/Tag Out program in place where required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

FIRE SAFETY:

- All fire exits clearly marked/unobstructed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Fire extinguishers visually inspected monthly/maintained annually	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Appropriate fire extinguishers charged/mounted within 75' of all work stations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Spray Painting operations inside approved spray paint booths	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Solvents >10-1 gallon containers stored in approved flammable lockers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Aisles (minimum 44" pathway)/Building exit corridors clear/unobstructed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SHOPS & STUDIO SAFETY INSPECTION CHECKLIST

<u>MACHINE GUARDING:</u>	<u>YES</u>	<u>NO</u>	<u>N/A</u>
- Barrier guards on moving machinery parts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Rotating shafts guarded	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Point-of-operation (POO) & Pinch points guarded	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Fan blades adequately guarded (< 1/2" opening)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Fixed machinery anchored to prevent movement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Anti-restart on woodworking machinery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Push-sticks provided	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Lower portion of blades guarded	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Belts/pulleys enclosed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Bench grinders (1/8" tool rest, 1/4" tongue guard maximum clearances)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Band saw blades guarded above guide rollers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Jointer guards installed with auto return	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Radial arm saw blade guard/head auto return doesn't extend past end of table	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Safety zones around shop equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Table saw-blade guard, splitter, anti-kickback	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Abrasive wheels given "ring-test"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Shop equipment have lockable disconnect	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Lockout/Tag-out used for equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Foot treadles guarded	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- On/Off switch accessible w/o reaching across Point of Operations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Gas welding torches equipped with flashback arrestors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Arc welders properly grounded	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Air tanks >1.5 cubic ft (11.2 gal) capacity inspected/issued permit by Cal/OSHA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Compressed air nozzles have relief ports to safely vent when orifice is blocked	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
 <u>HAZARDOUS MATERIALS:</u>			
- Approved flammable lockers in use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Maximum storage: Flammables 60 gal., combustible 120 gal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Compatible storage of hazardous materials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Manufacturer's label affixed/not defaced	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Dispensing/secondary containers labeled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Material Safety Data Sheet (MSDS) available & accessible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Hazardous Waste properly disposed of	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Training provided (site specific)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Only 1-day supply of flammable material outside locker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- "No Smoking" signs posted & observed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Hazardous Materials Inventory List available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- New/Initial hazardous materials purchases approved by EH&S	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Ventilation equipment available & used when required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Proper storage/containment/separation of acids	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Dispensing containers bonded to prevent static electricity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SHOPS & STUDIO SAFETY INSPECTION CHECKLIST

<u>GENERAL SAFETY/ADMINISTRATION/TRAINING:</u>	<u>YES</u>	<u>NO</u>	<u>N/A</u>
- Eyewash/Deluge Showers available where required (flushed/checked weekly)	[]	[]	[]
- Personal protective equipment used and stored properly	[]	[]	[]
- Required literature posted (Cal-OSHA, WC, Annual Injury & Illness Summary)	[]	[]	[]
- Compressed gas cylinders secured/capped	[]	[]	[]
- Oxygen and Acetylene cylinder storage (minimum 20' separation)	[]	[]	[]
- Inspection performed of weight handling equipment (overhead cranes, hoists)	[]	[]	[]
- Welding curtains used	[]	[]	[]
- Soda/Vending machines anchored to prevent tip-over	[]	[]	[]
- Space heaters have auto-tip-over switch	[]	[]	[]
- Good personal hygiene practices maintained	[]	[]	[]
- Smoking in designated areas only (>20' from entrances, buildings, etc.)	[]	[]	[]
- Approved first aid kit available and its location known to all employees	[]	[]	[]
- Unstable shelving secured to prevent tipping over	[]	[]	[]
- Employees practice safe manual lifting procedures	[]	[]	[]
- Hand trucks/carts available for moving heavy items	[]	[]	[]
- Shop specific safety training conducted/documented as required	[]	[]	[]
- Specialized safety training (lockout, confined spaces, respirators, etc.) current	[]	[]	[]
- Supervisors planning occupational safety and health into high risk jobs	[]	[]	[]
- Mandatory training current/documented (IIPP, HAZCOM, EAP)	[]	[]	[]

OTHER FINDINGS (Attach additional page(s) as necessary):

COMMENTS:

UCSD MEDICAL CENTER FACILITIES INSPECTION REPORT

Safety Coordinator: _____ Manager/Supervisor: _____

Dept: _____ Area: _____ Mail Code: _____ Extension: _____

Signature				Date	
YES	NO	N/A	CONTACT*		ADMINISTRATIVE
A1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3	Do you have a UCSD Medical Center Safety Manual?
A2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3	Does your manual include a Departmental Safety Plan?
A3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3	Does your Departmental Safety Plan include an Emergency Preparedness section?
A4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3	Are Safety Training classes specific to your department's Safety and Emergency Prep. Plan being conducted and documented (records of dates, subject matter, participants)? (Does not include Safety Fair Attendance, but is in addition to Safety Fair Attendance.)
A5	→	→	→	3	When did the Medical Center Safety Office last review your Department Safety Plan? Indicate the date: ___/___/___*

< **If the plan has not been reviewed within the last 3 years, please contact the Safety Office immediately to schedule an appointment to review your plan (so your department will be in compliance with JCAHO standards and regulatory agencies).*

	YES	NO	N/A	CONTACT*	
					LIFE SAFETY
B1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5	Are fire alarm pull boxes clearly identifiable and unobstructed?
B2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5	Are exit signs visible and illuminated?
B3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5	Are fire hose stations and extinguishers clearly identifiable and unobstructed?
B4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5	Are extinguishers tagged with current monthly inspections?
B5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5	Are fire escapes and exit doors kept clear and adequately marked?
B6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5	Do the self-closing devices and door latches on fire doors work freely and do doors open from both sides? (Door stops, mechanical and otherwise, are not permitted.)
B7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5	Are oxygen shut-off valves clearly marked and access unobstructed?
B8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5	Are stairwells, passages and corridors clear and unobstructed?
B9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5	Are the self-closing devices on trash and linen chute doors working properly? (Doors should not be tied open in any way.)
B10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7	Are hospital smoking regulations enforced?
B11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8	Do all phones have emergency dialing instruction stickers?
	YES	NO	N/A	CONTACT*	ELECTRICAL/MECHANICAL
C1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	Is defective equipment taken out of service and reported immediately to Clinical Engineering?
C2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	Does departmental equipment require operator training or in-service?
C3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	Are there electrical "cheater" adapters in your workplace? (A "cheater" is a device that converts a 3-prong plug to a 2-prong outlet.)

C4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	Does equipment or power cords have visible signs of mechanical damage?
	YES	NO	N/A	CONTACT*	ELECTRICAL/MECHANICAL (Continued)
C5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	Are there electrical power plugs in patient care areas of the hospitals and clinics that are not hospital-grade plugs? (A hospital-grade plug is indicated by a green dot on the pin face of the power plug.)
C6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	Is there equipment in the workplace that has injured staff or patients that has not been removed from service?
C7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5	Are there sufficient electrical outlets so that extension cords are not being used?
C8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5	Are circuit breakers accessible and clearly identified?
C9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	Is the policy prohibiting the use of personal/private equipment enforced?
C10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	Is rolling equipment working correctly and properly stored?
C11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9	Are flashlights available for emergency use?
C12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9	Are fresh batteries available for emergency flashlights?
	YES	NO	N/A	CONTACT*	HAZARDOUS MATERIALS
D1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3	Are hazardous chemicals inventoried? Date inventory last updated & mailed to Safety Office: ___/___/___
D2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3	Are hazardous chemicals, including cleaning agents, properly stored, labeled and dated?
D3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3	Is personal protective equipment (gloves, gowns, goggles) available for staff?
D4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3	Are gas cylinders properly stored (caps on, chained in a proper stand)?
D5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3	Are there appropriate sharp's containers in your area?
D6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3	Are there complaints of chemical over-exposure (headache, rash, nausea, etc.)?
D7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3	Have employees received documented training on chemical handling (i.e., selection, usage, storage, spill response, and disposal?)
D8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3	Do all employees know where the MSDSs are kept and how to read them?
	YES	NO	N/A	CONTACT*	GENERAL
E1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5	Are all light fixtures working properly?
E2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5	Is lighting adequate for the tasks performed?
E3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5	Are floors free of debris and in good repair (no slip/trip hazards)?
E4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5	Are shelves, cabinets, and lockers adequately secured to prevent injury in the event of an earthquake?
E5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3 1,5,7	Are employees familiar with your department's specific emergency procedures for: --- Fire --- Utility & Equipment Failures --- Medical --- Security
E6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3	Do unsafe conditions or work practices exist which were not covered by this questionnaire?

Comments: _____

*It is the responsibility of the department/division to see that corrective action is take to resolve issues discovered during the Facility Inspection. If you need assistance in resolving these issues you should contact the department(s) indicated:

- | | | | | | | | |
|-------------------------------------|------------------|-----------|---------|--------------------------|-----------------|-----------|---------|
| 1 Clinical Engineering | Thornton x76412, | Hillcrest | x 35894 | 5 Facilities Engineering | Thornton x76400 | Hillcrest | x 36454 |
| 2 Emergency Preparedness & Response | | | x 33678 | 6 Respiratory Therapy | Thornton x76690 | Hillcrest | x 36360 |
| 3 Environment, Health & Safety | | | x 77166 | 7 Security | Thornton x76420 | Hillcrest | x 33762 |
| 4 Facilities Planning & Management | | | x 36330 | 8 Telecommunications | Thornton x76400 | Hillcrest | x 36444 |
| | | | | 9 Storehouse | Thornton x76472 | Hillcrest | x 36670 |

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RETURN COMPLETED FORM TO: Safety Office, 7852
(retain one copy of completed form in your Department Safety Manual)