INJURY AND ILLNESS PREVENTION PROGRAM

This Injury and Illness Prevention Program has been prepared by the University of California, VM: Surgery and Radiological Sciences 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).
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Department Information

Department Name: VM: Surgery and Radiological Sciences

Department Director: Dr. Eric Wisner

Address: 2112 Tupper Hall University of California, Davis 95616-8741

Telephone Number: (530) 752-5599

Buildings Occupied by Department

1. Building: Tupper Hall
   Unit(s): Lab / Work Areas
   Contact: Larry Neal
   Phone: (530) 752-9257 Office
          (530) 219-3543 Cell

2. Building: VetMed3A
   Unit(s): Lab / Work Areas
   Contact: Larry Neal
   Phone: (530) 752-9257 Office
          (530) 219-3543 Cell

3. Building: Center for Companion Animal Health
   Unit(s): Labs / Work Areas
   Contact: Larry Neal
   Phone: (530) 752-9257 Office
          (530) 219-3543 Cell

4. Building: Veterinary Medical Teaching Hospital VMII
   Unit(s): Labs / Work Areas
   Contact: Larry Neal
   Phone: (530) 752-9257 Office
I. Authorities and Responsible Parties

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

1. Name: **Dr. Eric Wisner**
   Title: Department Chairperson
   Authority: Direct authority and responsibility for implementing and maintaining this IIPP
   Signature: [Signature] Date: 11/06/14

2. Name: **Dinah Greenstreet**
   Title: Management Services Officer
   Authority: Direct authority and responsibility for ensuring implementation of this IIPP
   Signature: [Signature] Date: 10/29/14

3. Name: **Larry Neal**
   Title: SVM Safety Officer (Office of the Dean)
   Authority: Direct authority and responsibility for implementing and maintaining this IIPP
   Signature: [Signature] Date: 11/1/14

4. Name: **Rob Corcoran**
   Title: SVM Director Facilities/Safety Management
   Authority: Direct authority and responsibility for implementing and maintaining this IIPP
   Signature: [Signature] Date: 11/1/14
II. System of Communications

1. Effective communications with VM: Surgery and Radiological Sciences 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):

  [ ]
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2. Employees are encouraged to report any potential health and safety hazard that may exist in the workplace. **Hazard Alert Forms (Appendix A)** are available to employees for this purpose. Forms are to be placed in the Safety Coordinator’s departmental 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 individual employee work functions, potential health or injury hazards, and specifies appropriate safe practices, personal protective equipment, and tools/equipment. JSA’s have been completed for the following job categories:

A. Tupper Hall
   - Laboratory Staff, Administrative Staff, Teaching Faculty, Research Faculty
   - Project Scientist, Junior Specialist, Students

B. Vet Med 3A
   - Laboratory Staff, Administrative Staff, Teaching Faculty, Research Faculty
   - Project Scientist, Junior Specialist, Students

C. Center for Companion Animal Health  CCAH
   - Laboratory Staff, Administrative Staff, Teaching Faculty, Research Faculty
   - Project Scientist, Junior Specialist, Students

D. Veterinary Medical Teaching Hospital- VM II
   - Laboratory Staff, Administrative Staff, Teaching Faculty, Research Faculty
   - Project Scientist, Junior Specialist, Students

Template Job Safety Analyses are located in Appendix C. Completed Job Safety Analyses are located in the IIPP Addendum Binder.
2. Worksite Inspections

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

1) Location: **Tupper Hall**
   Frequency: Annual
   Responsible Person: Larry Neal/EHS
   Records Location: VetMed3B Rm. 1043

2) Location: **Vet Med 3A**
   Frequency: Annual
   Responsible Person: Larry Neal/EHS
   Records Location: VetMed3B Rm. 1043

3) Location: **Center for Companion Animal Health (CCAH)**
   Frequency: Annual
   Responsible Person: Larry Neal/EHS
   Records Location: VetMed3B Rm. 1043

4) Location: **Veterinary Medical Teaching Hospital**
   Frequency: Annual
   Responsible Person: Larry Neal/EHS
   Records Location: VetMed3B Rm. 1043

Template **Worksite Inspection Forms** are located in **Appendix D**. Completed Worksite Inspection Forms are located in the **IIPP Addendum Binder/Faculty**.
V. Accident Investigation

1. **VM: Surgery and Radiological Sciences** employees will immediately notify their supervisor when occupationally-related injuries and illnesses occur, or when employees first become aware of such problems.

2. **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.

   The *Accident Investigation Form (Appendix E)* shall be completed to record pertinent information and a copy retained to serve as proper documentation.

3. **Complete Employee’s Section:**  
   - **UCD Employer’s Report of Occupational Injury or Illness** and turn in to supervisor.
   - Supervisor completes their corresponding section and reports injury to your Department MSO by the next business day.
   - Your Department MSO will fax form to WC within 24 hours of injury.

4. **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 Safety Net #121 for OSHA notification instructions.

   The *SVM Reporting Instructions (Appendix F)* shall be completed to record pertinent information and a copy retained to serve as proper documentation.
VI. Hazard Correction

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

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

• Tagging unsafe equipment “Do Not Use Until Repaired,” and providing a list of alternatives for employees to use until the equipment is repaired.

• Stopping unsafe work practices and providing retraining on proper procedures before work resumes.

• Reinforcing and explaining the need for proper personal protective equipment and ensuring its availability.

• Barricading areas that have chemical spills or other hazards and reporting the hazardous conditions to appropriate parties.

Supervisors should use the Hazard Correction Report (Appendix B) 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 H.
VIII. Recordkeeping and Documentation

Documents related to the IIPP are maintained in the VM: Surgery and Radiological Sciences

Building ___ Tupper Hall ________ Room __2112__

The following documents will be maintained within the **IIPP Addendum Binder** for at least the length of time indicated below:

   Retain for three (3) years.

2. Employee Job Safety Analysis forms (Appendix C form)
   Retain for the duration of each individual’s employment.

3. Worksite Inspection Forms (Appendix D form).
   Retain for three (3) years.

4. Accident Investigation Forms (Appendix E form).
   Retain for three (3) years.

5. Hazard Correction Reports (Appendix B form).
   Retain for three (3) years.

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

   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


6. UC Davis Environmental Health & Safety
   
   - EH&S Website
   - EH&S SafetyNets
   - Material Safety Data Sheets

7. Academic Personnel Manual (such as APM 016, APM 150)
HAZARD ALERT FORM

Department: ____________________________

I. Unsafe Condition or Hazard

Name: (optional) ________________________  Job: ________________________
Title: (optional) ________________________
Location of Hazard: ________________________
Building: ________________________  Floor: ________________________  Room: ________________________
Date and time the condition or hazard was observed: ________________________
Description of unsafe condition or hazard: ______________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________
What changes would you recommend to correct the condition or hazard?
_______________________________________________________________________________________
_______________________________________________________________________________________
Employee Signature: (optional) ________________________
Date: ________________________

II. Management/Safety Committee Investigation

Name of person investigating unsafe condition or hazard: ________________________

Results of investigation (What was found? Was condition unsafe or a hazard?): (Attach additional sheets if necessary.)
_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________

Proposed action to be taken to correct hazard or unsafe condition: (Complete and attach a Hazard Correction Report, IIPP Appendix E)
_______________________________________________________________________________________
_______________________________________________________________________________________

Signature of Investigating Party: ________________________
Date: ________________________

IIPP-Appendix A  
Sept 2010ln  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 CORRECTION REPORT

Department: ________________________________

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

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

Supervisor/Safety Coordinator Name: ________________________________ Telephone: ________________

Supervisor/Safety Coordinator Signature: ________________________________ Date: ________________

<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</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Projected</td>
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<tr>
<td></td>
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<td></td>
<td>Actual</td>
</tr>
</tbody>
</table>

IIPP–Appendix E
Sept 2010

Completed copies of this form should be routed to the department Safety Coordinator and kept in department files for at least three years.
<table>
<thead>
<tr>
<th>JOB FUNCTION</th>
<th>POTENTIAL HEALTH OR INJURY HAZARDS</th>
<th>SAFE PRACTICE, APPAREL, OR EQUIPMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>General office work.</td>
<td>Backstrain, 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.</td>
<td>Ensure that workstations are ergonomically correct. 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. Do not use extension cords in lieu of permanent wiring. Ensure that high wattage appliances do not overload circuits. Use GFIs in receptacles in potentially wet areas. Replace frayed or damaged electrical cords. Ensure that electrical cords are not damaged by being wedged against furniture or pinched in doors. Attend emergency action and fire prevention plan training including emergency escape drills. Attend Workplace Violence training offered by UC Davis Police Department.</td>
</tr>
<tr>
<td>JOB FUNCTION</td>
<td>POTENTIAL HEALTH OR INJURY HAZARDS</td>
<td>SAFE PRACTICE, APPAREL, OR EQUIPMENT</td>
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</tr>
<tr>
<td>Working in office and 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>
</tr>
<tr>
<td>Working in 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 on the job and classroom training including Radiation Safety and other applicable courses during the first 6 months of employment.</td>
</tr>
<tr>
<td>Working in 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. Proper adherence to bloodborne 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&amp;S Bloodborne Pathogen Program training during the first 6 months of employment. Participation in Facilities- specific medical clearances as required.</td>
</tr>
<tr>
<td>JOB FUNCTION</td>
<td>POTENTIAL HEALTH OR INJURY HAZARDS</td>
<td>SAFE PRACTICE, APPAREL, OR EQUIPMENT</td>
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<tr>
<td>Working in laboratories, shops and spaces</td>
<td>Injury from physical hazards including high voltage, lasers and ultraviolet light, compressed</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>
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<tr>
<td>containing physical hazards.</td>
<td>gases and liquids, cryogenic materials, and specialized equipment as well as falling objects.</td>
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<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>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>
</tr>
<tr>
<td>General office work.</td>
<td>Backstrain, eyestrain, repetitive motion injury.</td>
<td>Ensure that workstations are ergonomically correct.</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. 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 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. Do not use extension cords in lieu of permanent wiring. Ensure that high wattage appliances do not overload circuits. Use GFIs in receptacles in potentially wet areas. Replace frayed or damaged electrical cords. Ensure that electrical cords are not damaged by being wedged against furniture or pinched in doors. Attend emergency action and fire prevention plan training including emergency escape drills. Attend Workplace Violence training offered by UC Davis Police Department.</td>
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<td></td>
<td>Electrical hazards.</td>
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<td>Physical injuries due to fires, earthquakes, bomb threats and workplace violence.</td>
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<tr>
<td>JOB FUNCTION</td>
<td>POTENTIAL HEALTH OR INJURY HAZARDS</td>
<td>SAFE PRACTICE, APPAREL, OR EQUIPMENT</td>
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<tr>
<td>Working Outdoors</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>
</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>
</tr>
<tr>
<td>Working in 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>
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SIGNATURE

DATE

PAGE OF 3 3
# Worksite Inspection Form

## General Office Environment

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<tbody>
<tr>
<td>Location:</td>
<td>Date:</td>
<td>Inspector:</td>
<td>Phone:</td>
<td>Department:</td>
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## Administration and Training

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<tr>
<td><strong>1.</strong></td>
<td>Are all safety records maintained in a centralized file for easy access? Are they current?</td>
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<td><strong>2.</strong></td>
<td>Have all employees attended Injury &amp; Illness Prevention Program training? If not, what percentage has attended?</td>
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<td><strong>3.</strong></td>
<td>Does the department have a completed Emergency Action Plan? Are employees being trained on its contents?</td>
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<td><strong>4.</strong></td>
<td>Are chemical products used in the office being purchased in small quantities? Are Material Safety Data Sheets needed?</td>
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<td><strong>5.</strong></td>
<td>Are the Cal/OSHA information poster, Workers’ Compensation bulletin, annual accident summary posted?</td>
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<td><strong>6.</strong></td>
<td>Are annual workplace inspections performed and documented?</td>
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## General Safety

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<td><strong>7.</strong></td>
<td>Are exits, fire alarms, pullboxes clearly marked and unobstructed?</td>
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<td><strong>8.</strong></td>
<td>Are aisles and corridors unobstructed to allow unimpeded evacuations?</td>
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<td><strong>9.</strong></td>
<td>Is a clearly identified, unobstructed, charged, currently inspected and tagged, wall-mounted fire extinguisher available as required by the Fire Department?</td>
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<td><strong>10.</strong></td>
<td>Are ergonomic issues being addressed for employees using computers or at risk of repetitive motion injuries?</td>
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<td><strong>11.</strong></td>
<td>Is a fully stocked first-aid kit available? Is the location known to all employees in the area?</td>
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<td><strong>12.</strong></td>
<td>Are cabinets, shelves, and furniture over five feet tall secured to prevent toppling during earthquakes?</td>
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<td><strong>13.</strong></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>
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<td><strong>14.</strong></td>
<td>Is the office kept clean of trash and recyclables promptly removed?</td>
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## Electrical Safety

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<tbody>
<tr>
<td><strong>15.</strong></td>
<td>Are plugs, cords, electrical panels, and receptacles in good condition? No exposed conductors or broken insulation?</td>
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<td><strong>16.</strong></td>
<td>Are circuit breaker panels accessible and labeled?</td>
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</tr>
<tr>
<td><strong>17.</strong></td>
<td>Are surge protectors being used? If so, they must be equipped with an automatic circuit breaker, have cords no longer than 6 feet in length, and be plugged directly into a wall outlet.</td>
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<tr>
<td><strong>18.</strong></td>
<td>Is lighting adequate throughout the work environment?</td>
<td></td>
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<tr>
<td><strong>19.</strong></td>
<td>Are extension cords being used correctly? They must not run through walls, doors, ceiling, or present a trip hazard.</td>
<td></td>
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<tr>
<td><strong>20.</strong></td>
<td>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.</td>
<td></td>
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</tbody>
</table>

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IIPP-Appendix C-Office
Sept 2010

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.
INJURY / ACCIDENT / INCIDENT INVESTIGATION FORM

Name of Injured Person: ___________________________ Date of Injury: ________
Name of Supervisor: ___________________________ Telephone #: ____________
Department: ___________________________ Location of Injury: ___________________________

Brief Description of Injury / Accident:

Nature of Injury (describe all body parts affected):

Was Training Provided? Yes ☐ No ☐ NA ☐
Were established procedures followed? Yes ☐ No ☐ NA ☐
Were tools or equipment adequate for task? Yes ☐ No ☐ NA ☐
Were environmental conditions a factor in the incident? Yes ☐ No ☐ NA ☐

Elaborate on Responses:

Proposed Corrective Action:

Supervisor: ___________________________ Date of Report: ____________
Signature: ___________________________

SVM IIPP- 2010 Completed copies of this form should be routed to the department Safety Coordinator and kept in department files for at least three years.
Laboratory Safety Survey

UCD SCHOOL OF VETERINARY MEDICINE

SVM Lab Audit (Annual)
2014-2015 Audit

Date: [Name]
Inspector: [Name]

Principle Investigator: [Name]
Lab Manager / Tech: [Name]
Department: [Name]
Building: [Name]
Room Number: [Name]

Health and Safety Management / Training Records

1. Is the UC Davis Chemical and Laboratory Safety Manual present? [Y/N/N/A]
2. Are workers trained in chemical safety, physical hazards, and laboratory safety? [Y/N/N/A]
3. Do laboratory workers have access to and familiarity with the use of (Material) Safety Data Sheets (MSDS/SDS)? [Y/N/N/A]
4. Have workers using biohazards, toxins, and campus-regulated carcinogens been given documented special training? [Y/N/N/A]
5. Are workers instructed in laboratory emergency action/fire prevention plan procedures (exits, locations and use of fire extinguishers, how to get medical help, injury reporting)? [Y/N/N/A]
6. Have workers been trained on how to respond in the event of a chemical spill? Are spill procedures posted? Are chemical spill kits present? [Y/N/N/A]
7. Are there complete training records and documentation? [Y/N/N/A]
8. Have all hazards identified by previous safety audits been abated? (Action records must be retained.) [Y/N/N/A]
9. Are periodic laboratory safety inspections (at least annually) performed by laboratory workers? (PI must retain records.) [Y/N/N/A]

General Safety

10. Are rooms and cabinets containing campus-regulated carcinogens, biohazards, and radioactive materials labeled? [Y/N/N/A]
11. Are work areas clean and uncluttered? [Y/N/N/A]
12. Do employees know the location of the first aid kit and is it accessible? [Y/N/N/A]
13. Is equipment taller than 5 feet adequately secured to prevent tipping during an earthquake? [Y/N/N/A]
14. Do shelves have lips, wires, or other restraints to prevent items from falling during an earthquake? [Y/N/N/A]
15. Are food and beverages prohibited in the lab and kept out of the laboratory refrigerators or cabinets? [Y/N/N/A]
16. Are fire extinguishers accessible and charged? (If not, call UC Davis Fire Department.) [Y/N/N/A]
17. Are sinks labeled “Industrial Water - Do Not Drink”? (If not, contact EH&S.) [Y/N/N/A]
18. Are protective gloves available and worn for laboratory procedures where skin contact with chemicals may occur? [Y/N/N/A]
19. Are safety spectacles or other eye protection available and worn in the laboratory? Is other protective clothing (lab coats, aprons, etc.) or respiratory protection available and worn in the laboratory? [Y/N/N/A]

Laboratory Equipment:

20. Have chemical fume hoods been tested within the past year as indicated by Facilities Services test labels on the hoods? [Y/N/N/A]
21. Is storage in hoods kept to a minimum and is it placed so it does not impede proper airflow? [Y/N/N/A]
22. Does the fume hood draw air (test with a tissue on hood edge) and is a flow indicator installed and working? Is there an audible alarm and/or visual alarm present and operational? [Y/N/N/A]
23. Is the laboratory ventilation negative with respect to corridors and offices? [Y/N/N/A]
Laboratory Equipment (cont'd)

24. Are rotating or moveable parts and belts guarded with screens having less than 1/4” opening? Can lab coats, sleeves, barriers, get caught or tangled in these parts?

25. Are refrigerators/freezers used for storage of flammables non-sparking (laboratory safe) and properly labeled?

26. Are non-spark-proof refrigerators (household-type) labeled as “Unsafe for Flammable Storage”?

27. Are all gas cylinders chained to an immovable object to prevent tipping or falling?

28. Are valves of gas cylinders capped when not in use?

Hazardous Materials:


30. Are campus-regulated carcinogens handled safely to reduce employee exposure? (All uses of campus-regulated chemical carcinogens must be authorized by EH&S. Call if authorization is needed.) Carcinogens listed?

31. Are chemicals separated by hazard class and stored to prevent spills (acids, bases, oxidizers, flammables, etc)? Is secondary containment utilized?

32. Are chemicals inventoried (chemical name, quantity on hand, amount used per year)?

33. Are chemical waste containers properly segregated, sealed with tight-fitting caps, and stored with EH&S Hazardous Waste labels attached to the containers?

34. Are all chemical hazardous wastes disposed by EH&S?

35. Is a plumbed emergency shower/eyewash available within 10 seconds of all areas where chemicals or biologicals may splash onto an employee’s body?

36. Is a plumbed emergency eyewash available within the laboratory for all chemical, biological splashes or mechanical hazards such as grinding?

37. Are ether and other peroxide forming chemicals dated? (Call EH&S for disposal of outdated chemicals.) Refrigerated?

38. Are sharps stored in puncture-proof containers and labeled appropriately (medical or hazardous waste)?

Fire and Electrical Safety:

39. Are fire doors unobstructed and easily closed?

40. If more than 10 gallons of flammables are stored, is an approved flammable storage cabinet used? Is the flammable cabinet self-closing?

41. Are flammable liquids stored in 1-gallon or less containers or kept in 2-gallon or less safety cans?

42. Are flammable liquids, stored in flammable storage cabinets, limited to 60 gallons per fire rated area?

43. Are plugs, cords, and receptacles in good condition (no splices or frayed cords)?

44. Is all equipment properly grounded? (three prong plugs in good condition)

45. Are extension cords used only for temporary operations ONLY? (not to be used in place of permanent wiring, running through walls, ceilings, doors.)

46. Are all electrical boxes, panels, receptacles, and fittings covered to protect against electrical shock?

47. Are control switches, circuit breakers, electrical panels, and emergency power cabinets free of obstructions? (No cardboard boxes, carts, waste cans etc.)

48. Are circuit breakers labeled to indicate what equipment is served by each?

49. Have all outlet adapters been removed? (Install additional outlets or use fused power strips if current demand is within the strip’s rating).
**FUME HOOD**  
**VELOCITY**  
**DATE**

**Comments:**

---

**Biosafety Cabinet(s):**  
Date Last Certified:  
UCD Number:  

---

**Types of regulated carcinogens:**

---

**Types and quantity of compressed gases:**

---

**Gallons of flammable liquids:**

- Inside Flam Cab:  
- Open Lab Area:  

---

**Types of personal protective equipment:**

- Nitrile Gloves  
- Lab Coats/Barrier Safety Glasses  
- Booties  
- Gowns  
- Respirators  
- N95 Face Shields  
- Chem Gloves  
- Aprons  
- Barrier Sleeves

---

**Chemical Inventory System:**

<table>
<thead>
<tr>
<th>Chemical Inventory System</th>
<th>(CIS)</th>
<th>(CUPA)</th>
<th>(CUA)</th>
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<tbody>
<tr>
<td>Account Number</td>
<td></td>
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<td>Completed Date</td>
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**Authorizations:**

<table>
<thead>
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<th>Docs</th>
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<tr>
<td>CUA</td>
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</tbody>
</table>

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**Docs**

- TRAINING
- MWMP
- CHEMHYG
- ATD-L
- IIPP/EAP

---

**Training:**  
- All  
- PI  
- MWMP  
- BioHzDsp

---

**49CFR**  
**IIPP/EAP**

---

**Copied:**

---

**RUA**  
**BUA**  
**CUA**

---

**ExpDate**  
**Date:**

---

**Page 3**  
**Lab Audit 9/14 In**
NOTES:

RESPIRATOR USE/FITTING
APPROPRIATE PPE FOR WORK TASKS
BIOHAZARD HANDLING/WASTE DISP
HAZARD NOTIFICATIONS BAY ENVIRON

CORRECTION NOTES:
LABORATORY DOCUMENTATION NEEDED

LAB DOCUMENTS PRESENT/UPDATED  (ALL PERSONNEL TRAINED ON DOCUMENTS)

COPY DEPT. INJURY ILLNESS PREVENTION PLAN WITH LOCATION OF MAIN DOC STATED
COPY DEPT. EMERGENCY ACTION PLAN WITH LOCATION OF MAIN DOC STATED
CHEMICAL HYGIENE PLAN REFLECTING ANNUAL UPDATE
HAZARD COMMUNICATION FORM REFLECTING ANNUAL UPDATE (T8CCR5191)
MEDICAL WASTE MANAGEMENT PLAN REFLECTING ANNUAL UPDATE
SVM BIOWASTE HANDLING AND DISPOSAL CLASS (SVM SPECIFIC CLASS)
SVM USDOT HAZ MATERIAL TRAINING (TRANS OF REG MED WASTE) (SVM SPECIFIC CLASS)
SMALL ANIMAL INFECTIOUS DISEASE CONTROL PLAN
LARGE ANIMAL INFECTIOUS DISEASE CONTROL PLAN
BLOOD BORNE PATHOGEN PLAN REFLECTING ANNUAL UPDATE
AEROSAL TRANSMISSIBLE DISEASE CONTROL PLAN REFLECTING ANNUAL UPDATE
RECOGNIZED CHEMICAL CARCINOGEN FORM (RCC) (TRAINING BINDER/POSTED ALSO)
COPY OF LABORATORY SAFETY MANUAL
CHEMICAL INVENTORY SYSTEM (CIS) REFLECTING ANNUAL UPDATE (Oct-Jan)
CUPA AUDIT REFLECTING ANNUAL UPDATE (Oct-Jan)
CUA AUDIT REFLECTING ANNUAL UPDATE (Oct-Jan)

BIOLOGICAL USE AUTHORIZATION
RADIOLOGICAL USE AUTHORIZATION
CHEMICAL USE AUTHORIZATION
ANIMAL USE PROTOCOLS AUC 101 TRAINING ON-LINE
UC LABORATORY SAFETY FUNDAMENTALS COURSE (ALL LAB PERSONNEL)
LAB HAZARD ASSESSMENT TOOL (LHAT) (COMPLETED/REVIEWED BY ALL LAB PERSONNEL)
GLOBALLY HARMONIZED SYSTEM (ALL PERSONNEL http://safetyservices.ucdavis.edu/tr/lmsL/Hzcom
EMERGENCY EVACUATION MAP (FROM LAB TO EXITS IN BUILDING)
LAB/SERVICE STANDARD OPERATING PROCEDURES (SOP, PROTOCOLS/PROCEDURES)
APPROPRIATE LAB OPERATION SAFETY NETS
CONTROLLED SUBSTANCES LOG STORAGE AREA
EMERGENCY CONTACT DOCUMENTATION (TRAINING BINDER/POSTED ALSO)
SAFETY NET #13 CHEMICAL SPILLS (POSTED IN EVERY ROOM USED AND WITH KIT)
SAFETY NET #127 BIOLOGICAL SPILLS (POSTED IN EVERY ROOM USED AND WITH KIT)
LAB HAZARD POSTINGS IN LAB (Carcinogen, Biohazard, Radioactive, Repro Toxin Zoonoses etc.)

BIOSAFETY CABINET TRAINING ONLY TAKEN ONCE ON-LINE EHS
FUME HOOD SAFETY TRAINING ONLY TAKEN ONCE ON-LINE EHS
HAZARD NOTICE ON DOOR TO LABORATORY (CURRENT INFO)

DEPARTMENT ______________________  BUILDING ______________________

PI ______________________  ROOM NUMBER ______________________
EMERGENCY- UCD CAMPUS

AMBULANCE: 911
FIRE – Hazardous Spills: 911
   From a Cellphone  530-752-1234

POLICE: 911
   From a Cellphone  530-752-1230

FACILITIES: 752-1655

HEALTH CARE:

□ OCCUPATIONAL HEALTH SERVICES: 752-6051
   Cowell Hall (Old Student Health Building)

□ STUDENT HEALTH SERVICES: 752-2300
   La Rue Ave – across from the ARC

□ AFTER HOURS URGENT CARE: 756-6440
   Sutter Davis Hospital
   2000 Sutter Place, Davis
   (5PM – 8AM M-F) (24 hours on Weekends)

SAFETY:

SVM Safety Officer (Larry Neal): (530) 219-3543
SVM Director Facilities/Safety (Rob Corcoran) (530) 574-6553
Environmental Health & Safety: (530) 752-1493
Workers Compensation: (530) 752-7243
Cal/OSHA (916) 263-2800

PI/Lab/Unit Supervisor: _____________________________________
Name Phone#
SVM Injury Reporting

WORKERS’ COMPENSATION INJURY REPORTING:

Work-related injuries or illnesses must be immediately reported to supervisor and this protocol must be followed.

For Medical Emergency: Call 9-1-1 or go to Sutter ER

1. Supervisor (or next responsible person) is to accompany the employee to ER-Make sure your employees let you know of extended hospitalization and Return to Work restrictions.
2. During normal business hours contact EH&S at 530-752-1493. Outside of normal business hours call the UC Police/Fire Dispatch Center at 530-752-1230 who will in-turn contact an EH&S representative. For instructions on Reporting Work-related Fatalities and Serious Injuries or Illnesses refer to Safetynet #121.
3. Complete Employee’s Section: UCD Employer’s Report of Occupational Injury or Illness and turn in to supervisor.
4. Supervisor completes their corresponding section and reports injury to your Department MSO by the next business day.
5. Your Department MSO will fax form to WC within 24 hours of injury.

Non-emergency, during regular work hours Mon-Fri (8am – 5pm):

1) Call Occupational Health Services at 530-752-6051 to schedule an appointment for the employee
2) The clinic is located in the Cowell Building. Map.
3) Complete the employee’s: UCD Employer’s Report of Occupational Injury or Illness, employee brings to the clinic.
4) Supervisor completes their corresponding section and turn in to your Department MSO by the next business day.
5) Your Department MSO will fax form to WC within 48 hours of injury.

Non-emergency, outside of normal business hours (Evenings and Weekends):

1) If medical treatment is necessary, go to Sutter Health Davis or the closest medical treatment facility.
2) Complete Employee’s Section: UCD Employer’s Report of Occupational Injury or Illness and turn in to supervisor.
3) Supervisor completes their corresponding section and reports injury to your Department MSO by the next business day.
4) Your Department MSO will fax form to WC within 24 hours of injury.

For Workers' Compensation Related Questions:

Kim Sieg (campus): klsieg@ucdavis.edu, (530) 752-7243, FAX (530) 752-3439
**UCD Employer’s Report of Occupational Injury or Illness**

Universitiy 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 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 ( )  Volunteer ( )  Student-Employee ( )**

**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:**

**Other Injured?**

- [ ] Yes  
- [ ] No

**Who witnessed this injury?**

**Location where injury or illness occurred:**

**What equipment, materials or chemicals caused the injury/illness?**

**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:**

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

**Employee Statement:**

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

**Employee’s Investigating & Statement (Employer completes):**

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

**SECTION:**

- [ ] 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

- [ ] 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)

**Employee**

- [ ] Ventilation issues
- [ ] Ergonomic factors
- [ ] 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’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
Directions for Completing the Employer’s Report of Occupational Injury and Illness
Fax: 530-752-3439
Phone for Assistance: 530-752-7243

Completion of this form and conducting an accident investigation are required by state law and University policy. fines can be levied against the University if occupational injuries are not investigated and reported in a timely manner.

This form can be initiated by Occupational Health Services, the department, or by the injured worker.

Form Initiated by Occupational Health Services (OHS):

1. You will know the form was initiated by OHS if you receive it either in the mail or by fax from the Workers' Compensation Department (WC). Therefore, WC has the initial information needed to start the reporting process.

2. You must now complete the accident investigation. It must be completed within 72 hours from your receipt of the form and returned to WC.

3. Accident investigations are an important part of your Safety Program. They provide the feedback to tell you if your Injury and Illness Prevention Plan (IIPP) addresses your work hazards and they will help you to understand how to reduce injuries.

4. The accident investigation process should include at a minimum the supervisor and the injured worker. Safety managers, department managers, other supervisors, safety representatives, and union representatives can also be helpful in completing the investigation.

Complete the investigation using the new form:

- Employer’s Statement: Briefly describe the event(s) that lead to the injury or illness. Be factual in your documentation, and do not express personal opinions or make generalized statements such as “act of God” or “horses can act crazy.”

- Initial Cause: Select the best cause(s) of the accident. There may be more than one cause. If none match, check “other” and explain.

- Contributing Factors and Activities: There is always more than one contributing factor or activity. Select all that apply, and verify that your assessment is correct. For example, if you select “Lack of training”, look at your training documentation, review your IIPP to see if the training addressed this particular work practice, and determine why training was not done. You may need to attach additional pages to document your complete investigation and assessment.

- Preventive Actions: Determine what action should be taken to assure that your department has done all that it can do to alleviate this type of injury from
occurring in the future. Assign the required items to the appropriate parties and document the date they will be completed. Be sure to communicate and enlist the help of the person who will be responsible to do the work.

- Signatures: Sign the form and date it based on the day you completed the investigation. Forward the form to your manager or department head. They should sign, date, and return the form to WC either by mail or by fax.

Form Given to Supervisor/Manager or Notification of Injury Given to Supervisor/Manager by an Injured Employee,

1. Complete the form as soon as there is notification that an injury or illness occurred. It is recommended, but not mandatory, that the employee complete the form. However, the supervisor/manager must still report the injury or illness. (If the employee refuses to complete the form and the supervisor/manager has knowledge of an injury or illness, they must complete the form and report the injury/illness to WC. The supervisor/manager should note the employee’s refusal to complete the form).

2. The employee completes the Employee Data and Employee Statement sections of the form. It should be completed in its entirety. In their own words, the employee should state how the illness or injury occurred, where they received medical treatment, and then sign and date the form.

3. The supervisor/manager should fax or copy and mail the form with the two completed sections (Employee Data and Statement) to WC within 24 hours of notification of injury.

4. The accident investigation must occur within 72 hours. Continue with the investigation as outlined in the previous section, item #3.

Need Help?

See examples on how to complete an accident investigation and/or call any of the following in Workers’ Compensation:

Kim Sieg - (530) 752-7243
LaWanna Wade - (530) 752-9218
Eric Kvigne - (530) 752-1247
Robert Wachter - (530) 754-4605
DEPARTMENTAL IIPP ANNUAL TRAINING FORM  
LABORATORY/OFFICE SATELLITE DOCUMENT

INJURY AND ILLNESS PREVENTION PROGRAM

This training form is designed to satisfy annual review and update requirements for the departmental Injury and Illness Prevention Program (IIPP) and the Emergency Action Plan (EAP) administrative documentation. Each and every employee is required to review/sign the above departmental documents upon first hiring and annually thereafter located in the departmental office of which they are assigned. This form serves as an extension of the signature page(s) of the IIPP/EAP documents and can only be utilized by an employee that has read, reviewed and signed the original/actual documents located in your departmental office. If you have not done so, please rotate through your departmental office, read and sign the actual documents before utilizing this form.

TABLE OF CONTENTS (IIPP) Summary

Preface  Department Information
Dept Name, Chairperson, Dept. Address and phone number, Buildings Occupied by Department

I. Authorities and Responsible Parties
Safety Officer, Safety Manager, Department Chair

II. System of Communications
Understands methods of communication between the department and employees.

III. System for Assuring Employee Compliance with Safe Work Practices
Understands employee advised of adherence to safe work practices and proper use of PPE. Employee understands conformance will be reinforced by discipline for non-compliance (UCD Procedure 62)

IV. Hazard Identification, Evaluation, and Inspection
Employee has done a Job Safety Analysis and will update changes to that JSA as they occur. Worksite inspections are done annually by either SVM Safety Officer or employee supervisor or both. To be retained in departmental IIPP binder.

V. Accident Investigation
Understands that department will notify supervisor when occupationally-related injury and illnesses occur. Supervisors to investigate all accidents, injuries, illnesses to identify causal factors and implement repairs/procedural changes to mitigate those hazards. Accident Investigation Form available in department IIPP document appendix.

VI. Hazard Correction
Employee understands hazards discovered through inspections, normal operations etc. must be corrected by the supervisor as quickly as possible. Correction of unsafe hazards or hazard conditions by supervisor can be accomplished by specific procedures. Employee aware of those procedures. A Hazard Correction Report is available in departmental IIPP document appendix.

VII. Health and Safety Training
Employee understands health and safety training for both general work practices and job-specific hazard training is the responsibility of the Principal Investigator and immediate Supervisor. Employee has read and understands the 5 training criteria listed in the department IIPP. Annual documented training is required by all personnel in the workplace.

VIII. Recordkeeping and Documentation
Employee understands that the original documents related to the IIPP and EAP are located and maintained in the departmental Office. All associated forms, job safety analysis, worksite inspections etc. are located in the appendix of the IIPP.

Location of Departmental IIPP and EAP - Building ___________ Room ___________ Area ___________

SVM DEPARTMENT ___________

I have read and understand all information in the departmental IIPP and EAP original documents and my signature is on file. I understand this form is only a summary form of the original documentation and the original documents take priority/precedence over this form.

Signature ___________ Printed Name ___________ Date ___________

Depart / Building / Rm/Lab # ________________ Supervisor/Trainer ________________
This training form is designed to satisfy annual review and update requirements for the departmental Injury and Illness Prevention Program (IIPP) and the Emergency Action Plan (EAP) administrative documentation. Each and every employee is required to review/sign the above departmental documents **upon first hiring and annually thereafter** located in the departmental office of which they are assigned. This form serves as an extension of the signature page(s) of the IIPP/EAP documents and can only be utilized by an employee that has read, reviewed and signed the original/actual documents located in your departmental office. If you have not done so, please rotate through your departmental office, read and sign the actual documents before utilizing this form.

**TABLE OF CONTENTS (EAP) Summary**

- Emergency Contact Phone Numbers
- General Safety Information  Websites
- Purpose of EAP
- Communication
- Emergency Coordinators
- Fire or Smoke
- Power Failure
- Earthquake
- Flooding
- Fumes and Toxic Spills
- Bomb Threats and Threatening Phone Calls
- Riots and Disruptive Activity
- Injuries
- Evacuations
- Animal Evacuations
- On-going Emergencies
- Handicapped Individuals
- Civil Response
- Individual, Family, Home and Community Planning
- Evacuation Building Assembly Area Maps

An actual copy of the departmental EAP should be kept in the laboratory/office for review and departmental updates along with these forms for annual training purposes and information gathering. The information contained in the EAP document cannot be summarized onto a one page document. For this reason, please retain a copy of the EAP for your department in your safety binder. All employees need to review this document **annually** for changes and updates.

**Location of Departmental IIPP and EAP**

<table>
<thead>
<tr>
<th>SVM</th>
<th>DEPARTMENT</th>
<th>Building</th>
<th>Room</th>
<th>Area</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

A copy of the Departmental EAP (Emergency Action Plan) is located at/in the workplace safety binder.

Supervisors Initials

I have read and understand all information in the departmental IIPP and EAP original documents and my signature is on file. I understand this form is only a summary form of the original documentation and the original documents take priority/precedence over this form.

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01/10ln
**All Employees need to have annual documented training**

I have read and reviewed this Injury and Illness Prevention Program and am aware and understand its provisions and content.

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Training Topic: Injury and Illness Prevention Program

Instructor/Trainer: ____________________________ | Date

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