

**University of California, Berkeley
Injury and Illness Prevention
Program**

Effective Date: Adopted October 1995; Revised August 2017

Department Name: Integrative Biology

Department Chair: Robert Dudley
Name

Department Safety Coordinator: Derek Apodaca
Name
510-642-2467
Phone Number

Computer Workstation Evaluator: Derek Apodaca
Name
510-642-2467
Phone Number

Safety Related Items:

Hall Outside 3040 VLSB

Location of minutes from Safety Committee Meeting (see Section II)

3072 VLSB

Blank 'Report of Unsafe Condition'– Pickup and Turn-in locations (see Section III)

CSS HR Partner, 664-9629

Person who assists injured employees with appropriate paperwork (see Section VI)

3072 & 3040 VLSB

Documents related to IIPP – safe, convenient record keeping location (see Section IX)

3072 VLSB

Location of Training Records for IIPP (see Section IX)

(Training Documentation Form can be found in Appendix A of this document.)

(Other safety forms are located in Appendix B.)

Safety Committee:

Note: The Department of Integrative Biology (IB)'s administrative functions and most of its faculty are located in the Valley Life Sciences Building (VLSB). Some of IB's faculty has Facilities outside of VLSB; VLSB houses all or part of several other departments as well.

This IIPP covers the Department of Integrative Biology in its various locations. Practical management of safety in VLSB, however, is best addressed by a building-wide safety committee, of which several members of the IB faculty and staff is members. IB's safety committee is integrated into the building committee and does not meet separately nor maintain separate minutes/records. This document and the actions of the committee defined herein do not fulfill the need of other departments housed in VLSB to have their own IIPP which deals with their department's specific health and safety issues not directly related to the building and its day to day operations.

Membership of the VLSB Safety Committee is listed below. The Committee meets quarterly.

The Safety Committee members are:

Chair's Name: Derek Apodaca 2-2467

MCB/VLSB Safety Officer & Facilities Manager

Diane Erwin 2-3567

UC Museum of Paleontology

Chris Conroy 2-3567

Museum of Vertebrate Zoology

Erol Kepkep 2-8747
Bio 1A Instructional

Margaret Jow 2-6129 or Fei Lin 2-4168
MCB Instructional

Pete Oboyski 2-3989
ESPM

Jill Marchant 2-3549
IB Instructional

Adam Doban 333-9523
VLSB Building Manager

George Brooks 2-2861
Integrative Biology

Sonia Nosratinia 2-6810
Integrative Biology

Buildings Occupied by this Department:

1. Valley Life Sciences Building
2. Haas Pavilion
3. Richmond Field Station
4. Jane Gray Research Greenhouse

**University of California, Berkeley
Injury and Illness Prevention Program**

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University of California, Berkeley Injury and Illness Prevention Program

I. INTRODUCTION AND PURPOSE

It is the policy of the University of California, Berkeley to maintain a safe and healthy work environment for each employee (including student and contract employees), and to comply with all applicable occupational health and safety regulations. This Injury and Illness Prevention Program (IIPP) is intended to establish a framework for identifying and correcting workplace hazards within the department, while addressing legal requirements for a formal, written IIPP.

II. RESPONSIBILITIES

Department Chair

The Department Head has primary authority and responsibility to ensure departmental implementation of the IIPP and to ensure the health and safety of the department's faculty, staff and students. This is accomplished by communicating the Berkeley campus's emphasis on health and safety, analyzing work procedures for hazard identification and correction, ensuring regular workplace inspections, providing health and safety training, and encouraging prompt employee reporting of health and safety concerns without fear of reprisal.

Department Safety Committee

The Department of Integrative Biology (IB)'s administrative functions and most of its faculty are located in the Valley Life Sciences Building (VLSB). Some of IB's faculty have facilities outside of VLSB; VLSB houses all or part of several other departments as well. This IIPP covers the Department of Integrative Biology in its various locations. Practical management of safety in VLSB, however, is best addressed by a building-wide safety committee, of which several members of the IB faculty and staffs are members. IB's safety committee is integrated into the building committee and does not meet separately nor maintain separate minutes/records. This document and the actions of the committee defined herein do not fulfill the need of other departments housed in VLSB to have their own IIPP which deals with their department's specific health and safety issues not directly related to the building and its day to day operations.

Membership of the VLSB Safety Committee is listed below. The Committee meets quarterly: March-June-September-December. The Safety Committee has the ongoing responsibility to maintain and update this IIPP, to assess departmental compliance with applicable regulations and campus policies, to evaluate reports of unsafe conditions, and to coordinate any necessary corrective actions.

The Safety Committee meets at least quarterly and includes representatives from various sections or subunits of the department. Each employee has a designated

representative on the committee. The Safety Committee membership may rotate periodically.

Unsafe conditions that cannot be immediately corrected by an employee or his/her supervisor should be reported to the Department Safety Coordinator or any Safety Committee member by filling out a "Report of Unsafe Condition or Hazard" form (IIPP Form 1).

Timely correction of workplace hazards will be tracked by the Safety Committee which will receive and review reports of unsafe conditions, workplace inspection reports, and injury reports.

Specifically, the Safety Committee will:

- Review the results of periodic, scheduled workplace inspections to identify any needed safety procedures or programs and to track specific corrective actions.
- Review supervisors' investigations of accidents and injuries to ensure that all causes have been identified and corrected.
- Where appropriate, submit suggestions to department management for the prevention of future incidents.
- Review alleged hazardous conditions brought to the attention of any committee member, determine necessary corrective actions, and assign responsible parties and correction deadlines.
- When determined necessary by the Committee, the Committee may conduct its own investigation of accidents and/or alleged hazards to assist in establishing corrective actions.
- Submit recommendations to assist department management in the evaluation of employee safety suggestions. The Safety Committee must prepare and make available to all department personnel written minutes of issues discussed at the meetings. The Committee meeting minutes must be documented on IIPP Form 2, "Safety Committee Meeting Documentation," or a similar form. These minutes must be posted or made available in a convenient location and must be maintained on file for at least one year. The Safety Committee can seek assistance in the remediation of a hazard from other departments, including the Office of Environment, Health & Safety (EH&S) for campus health, safety, radiation, and laser issues, University Health Services (UHS) for ergonomic and workers' compensation issues, or the University of California Police Department (UCPD) for personal security concerns. (See Section X).

Department Safety Coordinator

The Safety Coordinator is responsible for:

- Ensuring that the Safety Committee is aware of all accidents which have occurred, and all hazards which have been observed since the last meeting.
- Working with the Building Coordinator to address facility-related safety concerns
- Assisting in the coordination of required health and safety training.

- Serving as liaison with EH&S and other campus safety resources on issues the department cannot resolve.
- Maintaining copies of Safety Committee minutes and other safety-related records.

The Safety Coordinator may seek assistance from other members of the department as necessary to meet these responsibilities.

Supervisors

Supervisors play a key role in the implementation of the department's IIPP. Supervisors may be Management Services Officers, Senior Research Associates, Department Chairs, Principal Investigators, or others.

They are responsible for:

- Communicating to their staff and students the Berkeley campus's emphasis on health and safety.
- Ensuring periodic, documented inspection of workspaces under their authority.
- Promptly correcting identified hazards.
- Modeling and enforcing safe and healthful work practices.
- Providing appropriate safety training and personal protective equipment.
- Implementing measures to eliminate or control workplace hazards.
- Stopping any employee's work that poses an imminent hazard to either the employee or any other individual.
- Encouraging employees to report health and safety issues to the Safety Committee without fear of reprisal.

All Employees

It is the responsibility of all faculty and staff to comply with all applicable health and safety regulations, UC policies, and established work practices. This includes, but is not limited to:

- Observing health and safety-related signs, posters, warning signals and directions.
- Reviewing the building emergency plan and assembly area.
- Learning about the potential hazards of assigned tasks and work areas.
- Taking part in appropriate health and safety training.
- Following all safe operating procedures and precautions.
- Using proper personal protective equipment.
- Warning coworkers about defective equipment and other hazards.
- Reporting unsafe conditions immediately to a supervisor, and stopping work if an imminent hazard is presented.
- Participating in workplace safety inspections.

III. IDENTIFYING WORKPLACE HAZARDS

Regular, annual workplace safety inspections of all departmental administrative, shop and laboratories must be conducted. By law, the first of these inspections must take place when the department first adopts the IIPP. The inspections should be noted on IIPP forms or other documentation, and the department should maintain copies of this documentation. These regular inspections will be supplemented with additional inspections whenever new substances, processes, procedures, or equipment introduced into the workplace represent a new occupational safety and health hazard or whenever supervisors are made aware of a new or previously unrecognized hazard.

Generally, supervisors are responsible for identification and correction of hazards that their staff and/or students face and should ensure that work areas they exercise control over are inspected at least annually. Supervisors should check for safe work practices with each visit to the workplace and should provide immediate verbal feedback where hazards are observed.

The "Report of Unsafe Condition" should be filled out when a referral is made to the Safety Committee as a result of a condition discovered during an inspection for which the responsible supervisor could not determine an immediate remedy. The "Report of Unsafe Condition" form can also be obtained by any employee, filled out and turned in anonymously.

IV. COMMUNICATING WORKPLACE HAZARDS

Supervisors are responsible for communicating with all workers about safety and health issues in a form readily understandable by all workers. All department personnel are encouraged to communicate safety concerns to their supervisor without fear of reprisal. The Safety Committee is another resource for communication regarding health and safety issues for department employees. Each employee has a representative on the committee that will inform him or her of hazard corrections and committee activities. Additionally, Safety Committee minutes and other safety-related items are posted or made available at a convenient location. Employees will also be informed about safety matters by e-mail, voice mail, distribution of written memoranda, or by articles in the internal Departmental newsletter (if applicable). Occasionally, the Safety Committee may also sponsor seminars or speakers or coordinate other means to communicate with employees regarding health and safety matters.

Supervisors are responsible for ensuring that employees are supplied access to hazard information pertinent to their work assignments. Information concerning the health and safety hazards of tasks performed by department staff is available from a number of sources. These sources include, but are not limited to, Material Safety Data Sheets (MSDSs, see below), equipment operating manuals, the Department Safety Coordinator, EH&S, campus libraries, container labels and work area postings.

Safety Data Sheets (Formerly Material Safety Data Sheets)

Safety Data Sheets (SDSs) provide information on the potential hazards of products or chemicals. The primary source for SDSs in the Department is the UCB web-based library of safety data sheets, found at <http://www.ucmsds.com/?X>

SDSs are also available by accessing the EH&S web page (<http://www.ehs.berkeley.edu>) and search for "SDS."

For further information, contact EH&S for a fact sheet explaining how to use SDSs. Videos and training on how to read and understand the information presented on an SDS are also available from EH&S.

Equipment Operating Manuals

All equipment is to be operated in accordance with the manufacturer's instructions, as specified in the equipment's operating manual. Copies of operating manuals should be kept with each piece of equipment in the department. Persons who are unfamiliar with the operation of a piece of equipment and its potential hazards must at least read the operating manual before using the equipment. Training should also be sought from an experienced operator or supervisor.

V. CORRECTING WORKPLACE HAZARDS

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 item 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 a supervisor or Building Coordinator.

Supervisors should use the "Hazard Correction Report" (IIPP Form 4) to document corrective actions, including projected and actual completion dates. If necessary, supervisors can seek assistance in developing appropriate corrective actions by submitting a "Report of Unsafe Condition" to the Safety Committee. If the Safety

Committee requires assistance from other campus resources such as EH&S, PP-CS, or UCPD, these resources should be contacted immediately.

If an imminent hazard exists, work in the area should 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 be removed from the area except those qualified and necessary to correct the condition. These qualified individuals will be equipped with necessary safeguards before addressing the situation.

VI. INVESTIGATING INJURIES AND ILLNESSES

Injury Reporting

Employees who are injured at work must report the injury immediately to their supervisor. Students who are not employees who are injured or involved in an accident should report the incident to their instructor. In either case, if immediate medical treatment beyond first aid is needed, call 911. The injured party will be taken to the appropriate hospital or medical center. If non-emergency medical treatment for work related injuries or illnesses is needed, call the Tang Center's Occupational Health Clinic (2-6891) or Urgent Care Clinic (2-3188).

The supervisor of the injured employee must work with designated department personnel: (Derek Apodaca 2-2467, CSS HR Partner 510-664-9347) to ensure that the "Employer's Report of Occupational Injury or Illness" and a "Workers' Compensation Claim Form" are completed properly and submitted to the Workers' Compensation Office (Tang Center, Suite 2100).

If the injured employee saw a physician, the supervisor should obtain a medical release form before allowing the employee to return to work. The health care provider may stipulate work tasks that must be avoided or work conditions that must be altered before the employee resumes his or her full duties.

Injury Investigation

The employee's supervisor or student's instructor is responsible for performing an investigation to determine and correct the cause(s) of the incident. Specific procedure that can be used to investigate workplace accidents and hazardous substance exposures include:

- Interviewing injured personnel and witnesses.
- Examining the injured employee's workstation for causative factors.
- Reviewing established procedures to ensure they are adequate and were followed.
- Reviewing training records of affected employees.
- Determining all contributing causes to the accident.

- Taking corrective actions to prevent the accident/exposure from reoccurring.
- Recording all findings and actions taken.

The supervisor's findings and corrective actions should be documented and presented to the Safety Committee using the "Occupational Accident, Injury or Illness Investigation Report". If the supervisor is unable to determine the cause(s) and appropriate corrective actions, other resources should be sought. Available resources include the department's Safety Committee, EH&S, and other campus safety organizations (see Section X).

The Safety Committee will review each accident or injury report to ensure that the investigation was thorough and that all corrective actions are completed. Investigations and/or corrective actions that are found to be incomplete will be routed back to the supervisor for further follow-up, with specific recommendations noted by the committee. The Department Safety Coordinator (Joseph Yon, 3-9998) will bring corrective actions that are not implemented in a reasonable period of time to the attention of the Department chair.

VII. EMPLOYEE HEALTH AND SAFETY TRAINING

Employee safety training is provided at no cost to the employee and is conducted during the employee's normal working hours on University time. Safety training may be presented by a knowledgeable supervisor, other department personnel, or by representatives from other relevant campus departments. Regardless of the instructor, all safety training should be documented using the "Safety Training Form" or an equivalent record that includes all the information required on the form.

Initial IIPP Training

When the IIPP is first implemented, all department personnel will be trained on the structure of the IIPP/Safety Training Form (Appendix A), including individual responsibilities under the program, and the availability of the written program. Training will also be provided on how to report unsafe conditions, how to access the Safety Committee, and where to obtain information on workplace safety and health issues.

Personnel hired after the initial training session will be oriented on this material as soon as possible by the Safety Coordinator or appropriate supervisor. These individual training sessions should be documented using "Employee Safety Training Form," or the equivalent.

Training on Specific Hazards

Supervisors are required to be trained on the hazards to which the employees under their immediate control may be exposed. This training aids a supervisor in understanding and enforcing proper protective measures.

All supervisors must ensure that the personnel they supervise receive appropriate training on the specific hazards of work they perform, and the proper precautions for protection against those hazards. Training is particularly important for new employees and whenever a new hazard is introduced into the workplace. Such hazards may include new equipment, hazardous materials, or procedures. Health and Safety training is also required when employees are given new job assignments on which they have not previously been trained and whenever a supervisor is made aware of a new or previously unrecognized hazard.

Specific topics which may be appropriate to department personnel include, but are not limited to, the following:

- Fire prevention techniques and fire extinguisher use.
- Obtaining emergency medical assistance and first aid.
- Disaster preparedness and response, including building evacuation procedures.
- Health and safety for computer users.
- Back care, body mechanics, and proper lifting techniques.
- Hazard communication, including training on SDSs, chemical hazards and container labeling.
- Proper housekeeping.
- Chemical spill reporting procedures.

Safety Videos/Fact Sheets

Workplace safety videos and Fact Sheets are available for viewed (or borrow) and can be obtained by contacting EH&S. Videos and fact sheets are available on a wide range of topics, including hazard communication, chemical safety, and various physical hazards. You can read Fact Sheets and access some videos on-line via the EH&S web site at <http://ehs.berkeley.edu> by searching on "Videos" or "Fact Sheets".

VIII. ENSURING COMPLIANCE

All department personnel have the responsibility for complying with safe and healthful work practices, including applicable regulations, campus policy, and departmental safety procedures. Overall performance in maintenance of a safe and healthy work environment should be recognized by the supervisor and noted in performance evaluations. Employees will not be discriminated against for work-related injuries, and injuries will not be included in performance evaluations, unless the injuries were a result of an unsafe act on the part of the employee.

Standard progressive disciplinary measures in accordance with the applicable personnel policy or labor contract will result when employees fail to comply with applicable regulations, campus policy, and/or departmental safety procedures. Faculty members will be disciplined for unsafe practices in accordance with the Faculty Code of Conduct. Students not employed by the University will be disciplined for unsafe practices in accordance with the Student Code of Conduct. All personnel will be given instruction and an opportunity to correct unsafe behavior. Repeated failure to comply or

willful and intentional noncompliance may result in disciplinary measures up to and including termination.

IX. RECORD KEEPING

Documents related to the IIPP are maintained in 3040 and 3072 VLSB for record keeping. Documents that should be kept on file include:

- Records of scheduled and periodic workplace inspections, including the persons conducting the inspection, any identified unsafe conditions or work practices, and corrective actions (or equivalent).
- Employee safety training records, including the names of all attendees and instructors, the training date, and material covered (or equivalent).
- Reports of Unsafe Conditions or Hazards and Hazard Corrections
- Safety Committee Meeting Documentation
- Accident, Injury or Illness Investigation Reports

X. CAMPUS SAFETY RESOURCES

A number of University programs and service organizations have been established to address injury and illness prevention and to maintain and promote a safe and healthful work environment for the campus community. A list is provided below, please use the Campus Telephone Directory for up-to-date telephone numbers.

Chancellor's Office - For information on campus policies.
642-2331

Office of Emergency Preparedness - For information on disaster preparedness.
642-9036
<http://public-safety.berkeley.edu/oepweb/>

Office of Environment, Health & Safety - For information on various safety topics, including hazard evaluations and employee training.
642-3073
<http://www.ehs.berkeley.edu>

Office of Risk Management - For safety issues that may generate lawsuits against the University.
642-5141

Office of the Academic Ombudsperson - Assistance for academic appointees in dealing with supervisory issues.
642-4226

Office of the Ombudsperson for Staff - Assistance for staff employees in dealing with supervisory issues.
642-7823
<http://stfombuds.berkeley.edu/>

Office of Human Resources - For information on personnel policies and labor contracts.

642-9046

<http://hrweb.berkeley.edu/hrhome.htm>

Physical Plant - Campus Services - For installation and repair of facility safety equipment.

642-1032

Police Department (UCPD) - For information on personal security at the workplace.

642-6760

For emergencies, use 911 from a campus phone and 510-642-3333 from a cell phone.

<http://police.berkeley.edu/>

School of Optometry: Vision Care Services - For assistance with safety eyewear.

643-2020

Student Life Advising Services - Assistance for student employees.

642-7224

University Health Services - For assistance on various topics, including psychological counseling, medical evaluations and treatment, ergonomic issues, worksite wellness, and Workers' Compensation programs.

642-2000

<http://www.uhs.berkeley.edu>

Appendix A: Training Documentation

Law requires training on this Injury and Illness Prevention Program (IIPP) for all current and new employees, including faculty, staff and student employees. This training can be provided by allowing each employee to read the IIPP on their own, with the Department Safety Coordinator and EH&S available to answer any questions.

Completion of this training must be documented by having each employee sign the training record below. This record must be maintained, along with the written IIPP in the department for a minimum of one year, and must be made available to Cal/OSHA inspectors



Name: _____

RECORD OF EMPLOYEE TRAINING & PERSONAL EMERGENCY CONTACTS

PERSONAL EMERGENCY CONTACTS:

- (1) Local area: name & relationship: _____
day-time phone: _____
- (2) Out-of-area: name & relationship: _____
(optional) day-time phone: _____

TRAINING:

Initial safety training is required for all new personnel, and must be overseen by the designated Safety Officer. All items in the checklist below should be included in the training. ***BOTH THE EMPLOYEE AND THE SAFETY OFFICER MUST SIGN THIS FORM TO CERTIFY THAT THE TRAINING HAS BEEN COMPLETED.***

REQUIRED TRAINING FOR ALL NEW EMPLOYEES:

- Required reading of the [VLSB Injury and Illness Prevention Program](#) and the [Building Emergency Plan](#) which contain emergency response procedures, emergency notification procedures, general safety information, and emergency phone numbers. More information can be found at: <http://bds.berkeley.edu/facilities/primer>
- Location of emergency exits and nearest fire extinguisher and fire alarm;
- Location of the emergency meeting site for your specific lab/office;
- Who to contact within the lab/office in an emergency
- Who to contact in the building in an emergency
- Notification of any potential occupational hazards in the work area
- Notification of employee's rights to ask questions and report safety hazards without fear of reprisal.

ADDITIONAL TRAINING REQUIRED FOR LAB PERSONNEL:

- Employee must complete mandatory EH&S sponsored Lab Safety On-Line Training.

See [UC Learning Center](#) and go to "UC Laboratory Safety Fundamentals, EHS 101"

attach certificate of completion with Safety Training Form. If you are not a UC Berkeley employee/student or have trouble accessing the course, please follow the Problem Solver here: <http://www.ehs.berkeley.edu/sites/default/files/lines-of-services/training/AccessProblemSolver/story.html>

- Employee must complete mandatory EH&S spill-response training and renew annually.

again at the [UC Learning Center](#) and search for ‘Hazardous Materials Spill Response Training’ and also complete “Hazardous Waste Program” training.

- Employee must complete your Laboratory Hazard Assessment Training (LHAT). Once you have been added to your Lab Roster you will have access to this training through EH&S website found here: <http://ehs.berkeley.edu/working-labs>. This training is required to get your Personal Protective Equipment.
- Read and sign the Chemical Hygiene Plan for the lab (a posted copy is required in each lab); and the online component here: <http://www.ehs.berkeley.edu/chemical-safety/chemical-hygiene-plan>
- Location of spill clean-up supplies and training in clean-up procedures;
- Location of emergency eye-wash;
- Information regarding drain disposal policy;
- Location of Material Safety Data Sheets and safety information.
<http://www.ehs.berkeley.edu/hazardous-materials/safety-data-sheets-formerly-msds>
- Procedures for solid waste disposal (e.g., chemicals, biohazards, radioactive, glass);
- Information concerning hazards of any chemicals to which the employee may be exposed;
- Information regarding availability of protective equipment (e.g., lab coats, gloves, safety glasses) and safety equipment (e.g., fume hoods, safety cabinets, etc.);
- Demonstration of safe lab procedures if hazardous operations are required as part of job;
- Reviewed EH&S required training matrix and enrolled in relevant classes:
<http://rac.berkeley.edu/training.html>
- Read and sign all relevant laboratory Standard Operating Procedures.
- Shop safety training (*check only if applicable*)

Employee Signature: _____ Date: _____

Safety Officer Signature: _____ Date: _____

Safety Officer Name : Derek Apodaca Title: BDS Safety Officer

Form Must Be Completed Before After Hours Access Will Be Issued

Appendix B: IIPP Forms

- Hazard Report/Correction Form
- Safety Committee Meeting Documentation
- Occupational Accident, Injury or Illness Investigation Report

REPORT OF UNSAFE CONDITION OR HAZARD

Department: _____

I. Unsafe Condition or Hazard

Name: (optional) _____ Job: _____

Title: _____

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, attach to this form)

Signature of Investigating Party: _____

Date: _____

Injury & Illness Prevention Program

SAFETY COMMITTEE ATTENDANCE RECORD

VLSB/MCB

Topics of Meeting:

PRESENTORS(s):

Location: Date: Time: Length:

Chairperson: Derek Apodaca

We maintain records regarding our Safety Committee activities. Please assist us to document your attendance. Thank you.

Name (*Please Print*)

Signature

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EMPLOYER'S REPORT OF INCIDENT
 (for reporting work-related injuries/illnesses)

Incidents must be reported within 24 hours of knowledge Fax completed form to: Disability Management Services (510) 642-6505	Note: EH&S (510-642-3073) must be notified immediately if any of the following occurs: worker fatality, inpatient hospitalization, loss of any body part (e.g., fingertip), or possible permanent disfigurement
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EMPLOYEE INFORMATION		
Employee's Name (Last Name, First Name):	Employee's Work Phone #: ()	Employee ID # (9 digits): 01
Job Title:	Department Name:	Department Code:
Supervisor's Name:	Supervisor's Work Phone #: ()	Supervisor's E-mail Address:

EMPLOYMENT INFORMATION		
Employment Status (Check applicable status at time of injury): <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time % time <input type="checkbox"/> Limited From: To:	Employee usually works: 0.00 hrs/day, 0 days/week = 0.00 total hrs/week	Does Employee go on Furlough? <input type="checkbox"/> No <input type="checkbox"/> Yes, Dates of Furlough (mm/dd/yy): From: To:
Gross Wages/Salary: \$ per <input type="checkbox"/> month <input type="checkbox"/> hour <input type="checkbox"/> annual	Shift Differential? <input type="checkbox"/> No <input type="checkbox"/> Yes, \$ per hour	Does the employee receive a meal allowance? <input type="checkbox"/> No <input type="checkbox"/> Yes, \$ per meal (how many) per day
Paid full wages for date of incident or last day worked? <input type="checkbox"/> Yes <input type="checkbox"/> No Number of hours of accrued leave (<i>sick leave, etc.</i>) used to pay full wages on this date: hours	Unable to work for at least one full day after date of incident? <input type="checkbox"/> Yes <input type="checkbox"/> No	If off work, date last worked (mm/dd/yy): Date returned to work (mm/dd/yy):
Salary being continued? <input type="checkbox"/> Yes <input type="checkbox"/> No		

INCIDENT INFORMATION				
Date of Incident:	Time of Incident: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	Time Began Work: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	Time Stopped Work: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	Date Employee Reported Incident:
Location of Incident (<i>street, building, room</i>):				

What was the employee doing just before the incident occurred? *Describe activity, tools, equipment, materials, etc.*

What happened? *Describe in detail how the incident occurred:*

What part(s) of the body were affected and how:

What object or substance directly harmed the employee:

Were there witnesses to this incident? Unknown No Yes – If yes, witness name(s) and phone number:

<p>Was there equipment involved in this incident? <input type="checkbox"/> Yes <input type="checkbox"/> No If “yes” what was the equipment?</p>	<p>Did equipment malfunction cause the incident? <input type="checkbox"/> Yes <input type="checkbox"/> No If “yes” remove equipment from use, tag it for identification, secure it, and notify EH&S (510-642-3073)</p>
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1. Contributing Conditions	2. Contributing Behaviors	3. Preventive Actions
<input type="checkbox"/> Duties or tasks not clear <input type="checkbox"/> Equipment or tool defect/failure <input type="checkbox"/> Equipment or tool unavailable <input type="checkbox"/> Ergonomic factors <input type="checkbox"/> Lighting/temperature/ventilation <input type="checkbox"/> Procedure lacking or unclear <input type="checkbox"/> Training lacking or incomplete <input type="checkbox"/> Work area set-up/arrangement <input type="checkbox"/> Work area clutter <input type="checkbox"/> Unrecognized hazard: _____ <input type="checkbox"/> Other: _____	<input type="checkbox"/> Assistive device not used <input type="checkbox"/> Failure to get assistance <input type="checkbox"/> Improper tool/equipment used <input type="checkbox"/> Inattention to task <input type="checkbox"/> Lack of communication <input type="checkbox"/> Procedure not followed <input type="checkbox"/> Protective equipment not worn <input type="checkbox"/> Rushing or hurried <input type="checkbox"/> Safety features of devices bypassed <input type="checkbox"/> Unbalanced/poor body position/motion <input type="checkbox"/> Other: _____	<p style="text-align: center;">Supervisor will:</p> <input type="checkbox"/> Develop/revise safety procedures <input type="checkbox"/> Maintain good housekeeping <input type="checkbox"/> Maintain tools/equipment <input type="checkbox"/> Post safety signs <input type="checkbox"/> Perform job hazard analysis <input type="checkbox"/> Perform task safety analysis <input type="checkbox"/> Provide protective equipment <input type="checkbox"/> Remove equipment from use <input type="checkbox"/> Schedule safety training <input type="checkbox"/> Other: See next line below

List any other actions that will be taken or control measures that will be put in place to prevent recurrence:

MEDICAL CARE

Where was the employee referred for medical care?

Occupational Health Clinic (Tang Ctr) Urgent Care (Tang Ctr) Emergency Room Unknown Other:

Note: Completing this form is <u>not</u> an admission of University liability	Department Representative Who Completed This Form:	Date:
	E-Mail Address:	Phone Number:
	Campus Mail Address:	Mail Code:

If you have any questions, please contact Disability Management Services at (510) 643-7921.