



INJURY AND ILLNESS PREVENTION PROGRAM

UNIVERSITY OF CALIFORNIA, DAVIS

Department of Plant Biology

UC Davis

Department of Plant Biology

INJURY AND ILLNESS PREVENTION PROGRAM

This Injury and Illness Prevention Program has been prepared by the University of California, Davis,

Department: Department of Plant Biology

This written program is in accordance with UC Davis Policy ([Policy and Procedures Manual Section 290-15: Safety Management Program](#)) and California Code of Regulations Title 8, Section 3203 ([8CCR§3203: Injury and Illness Prevention Program](#)).

TABLE OF CONTENTS

Preface.....	4
Buildings Occupied by Department.....	4
I. Authorities and Responsible Parties	5
II. System of Communication	6
III. System for Assuring Employee Compliance with Safe Work Practices	7
IV. Hazard Identification, Evaluation and Inspection	8
V. Accident Investigation	10
VI. Hazard Correction.....	11
VII. Health and Safety Training	12
VIII. Recordkeeping and Documentation.....	13
IX. Resources	14
X. Completed Tasks	15

PREFACE

DEPARTMENT NAME: Department of Plant Biology

DEPARTMENT DIRECTOR: S.P. Dinesh-Kumar

DEPARTMENT ADDRESS: 1002 Green Hall

DEPARTMENT TELEPHONE NUMBER: (530) 752-0617

BUILDINGS OCCUPIED BY DEPARTMENT

1. Building: Green Hall
Unit(s): Main Office and Research Laboratories

Contact: Plant Biology Office

Phone: (530) 752-0617

2. Building: Science Laboratory Building
Unit(s): Teaching Laboratories

Contact: Plant Biology Office

Phone: (530) 752-0617

3. Building:
Unit(s):

Contact:

Phone:

4. Building:
Unit(s):

Contact:

Phone:

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 ([8CCR, Section 3203](#)) and is held by the following individuals:

1. Responsible Authority

Name: Savithramma P. Dinesh-Kumar

Title: Department Chair

Authority: Authority and responsibility for **ensuring** implementation of this IIPP

Signature:  Date: 1/23/2023
DocuSigned by:
E50700E206314E7...

2. Department Designated Authority

Name: Julie Pelletier

Title: Department Safety Coordinator

Authority: Given by Responsible Authority for implementation of this IIPP

Signature:  Date: 1/23/2023
DocuSigned by:
523562C1E62840B...

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

II. SYSTEM OF COMMUNICATION

1. Effective communications with employees have been established using the following methods.

Check all boxes that apply, list additional department methods in space provided.

<input checked="" type="checkbox"/>	Standard Operating Procedures Manual
<input checked="" type="checkbox"/>	Safety Data Sheets
<input type="checkbox"/>	Monthly departmental operations meetings
<input type="checkbox"/>	Internal media (department intranet)
<input checked="" type="checkbox"/>	EH&S Safety Nets
<input type="checkbox"/>	Training videos
<input checked="" type="checkbox"/>	Safety Newsletter
<input type="checkbox"/>	Handouts
<input checked="" type="checkbox"/>	Building Evacuation Plan
<input checked="" type="checkbox"/>	E-mail
<input checked="" type="checkbox"/>	Posters and warning labels
<input checked="" type="checkbox"/>	Job Safety Analysis
<input checked="" type="checkbox"/>	Departmental Website
<input type="checkbox"/>	Other (list):

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

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 (PPE). Conformance will be reinforced by discipline for non-compliance in accordance with University policy ([UC Davis Personnel Policies for Staff Members- Section 62, Corrective Action](#)).

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

1. Distribution of Policies
2. Training Programs
3. Safety Performance Evaluations

Performance evaluations at all levels must include an assessment of the individual's commitment to and performance of the accident prevention requirements of his/her position. The following are examples of factors considered when evaluating an employee's safety performance.

- 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.

Does your department use any additional methods for assuring employee compliance with safe work practices?

YES ☒ NO

annual safety refresher training, annual safety inspections

IV. HAZARD IDENTIFICATION, EVALUATION AND INSPECTION

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

1. Job Safety Analysis:

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

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

- Laboratory personnel, please refer to the [Laboratory Hazard Assessment Tool](#)
- Non-Laboratory personnel, please refer to the [JSA/PPE Certification Forms](#)
(Example JSAs are located in Appendix B1 and Appendix B2 of this template)

2. Worksite Inspections

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

- 1) Location: Green Hall
Frequency: Annual
Responsible Person: Julie Pelletier
Records Location: Main Office and Online in Inspect
- 2) Location: Science Laboratory Building
Frequency: Annual
Responsible Person: Julie Pelletier
Records Location: Online in Inspect program at: <https://ehs.ucop.edu>
- 3) Location:
Frequency:
Responsible Person:
Records Location:

Worksite Inspections Continued

- 4) Location:
 Frequency:
 Responsible Person:
 Records Location:

Worksite Inspection Forms

- C1 - General Office (Available in Appendix C)
- C2 – [Laboratory](#)

V. ACCIDENT INVESTIGATION

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

Employees will immediately notify their supervisor when occupationally-related injuries and illnesses occur, or when employees first become aware of such problems.

1. **Supervisors** will investigate all accidents, injuries, occupational illnesses, and near-miss incidents to identify the causal factors or attendant hazards. Appropriate repairs or procedural changes will be implemented promptly to mitigate the hazards implicated in these events. Injury reporting procedures can be found at the Safety Services Website: [Injury Reporting](#).
2. The **Injury and Illness Investigation Form** (see Appendix D) shall be completed to record pertinent information and a copy retained to serve as documentation. It can be completed by either the supervisor or the Department Safety Coordinator.
3. Departments must notify EH&S immediately if there is any possibility an employee has been seriously injured. Please refer to EH&S SafetyNet 121 for further information.
 - **Immediately:** As soon as practically possible, but no longer than eight hours after the employer knows, or with diligent inquiry, would have known of the death of serious injury or illness
 - **Serious injury or illness:** Any injury or illness occurring in a place of employment, or in connection with employment, which required inpatient hospitalization for other than medical observation or diagnostic testing, or in which an employee suffers and amputation, the loss of an eye, or any serious degree of permanent disfigurement, but does not include any injury, illness, or death caused by an accident on a public street or highway, unless the accident occurred in a construction zone.

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 PPE and ensuring its availability.
- Barricading areas that have chemical spills or other hazards and reporting the hazardous conditions to appropriate parties.

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

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

Does your department have any additional Hazard Correction Procedures?

YES

NO ☒

VII. HEALTH AND SAFETY TRAINING

Health and safety training, covering both general work practices and job-specific hazard training is the responsibility of:

Savithramma P. Dinesh-Kumar

and immediate Supervisor(s) as applicable to the following criteria:

1. Supervisors are provided with training to become familiar with the safety and health hazards to which employees under their immediate direction and control may be exposed.
2. All new employees receive training prior to engaging in responsibilities that pose potential hazard(s).
3. All employees given new job assignments receive training on the hazards of their new responsibilities prior to actually assuming those responsibilities.
4. Training is provided whenever new substances, processes, procedures or equipment (which represent a new hazard) are introduced to the workplace.
5. Whenever the employer is made aware of a new or previously unrecognized hazard, training is provided.

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

VIII. RECORDKEEPING AND DOCUMENTATION

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

1002 Green Hall

The following documents will be maintained within the department's IIPP Binder or accessible online folder for at least the length of time indicated below:

1. Hazard Alert/Correction Forms (Appendix A form). Retain for three years.
2. Employee [Job Safety Analysis form](#) (Example JSA's in Appendix B).
3. Worksite Inspection Forms (Appendix C form). Retain for three years.
4. Injury and Illness Investigation Forms (see Appendix D). Retain for three years.
5. Employee Safety Training Attendance Records (Appendix E form). Retain for three years.

IX. RESOURCES

1. UC Office of the President: [Management of Health, Safety and the Environment](#), 10/28/05
2. UC Davis Policy and Procedure Manual, [Section 290-15](#), Safety Management Program
3. California Code of Regulations Title 8, Section 3203, ([8CCR §3203](#)), Injury and Illness Prevention Program
4. Personnel Policies for Staff Members, Corrective Action, [UC PPSM 62](#)
5. UC Davis Environmental Health & Safety
[Safety Services Website](#)
[EH&S SafetyNets](#)
[Safety Data Sheets](#)
[Campus COVID-19 Prevention Plan](#)
6. Does your department have any additional resources?
YES ☒ NO

Department Health & Safety website: <http://www-plb.ucdavis.edu/safety/>



X. COMPLETED TASKS

All tasks are required to be addressed in order to submit this E-IIPP for approval:				
JSA Reviewed:	YES	x	NO	
Annual Worksite Inspection completed:	YES	x	NO	
IIPP Reviewed:	YES	x	NO	
Annual IIPP Training completed:	YES	x	NO	

Approve**Well done Julie!**

HAZARD ALERT / CORRECTION FORM

Alert Identification No. _____

Department: _____

I. Unsafe Condition or Hazard

Name: (optional) _____ Job: _____

Title: (optional) _____

Location of Hazard: _____

Building: _____ Floor: _____ Room: _____

Date and time the condition or hazard was observed: _____

Description of unsafe condition or hazard: _____

What changes would you recommend to correct the condition or hazard?

Employee Signature: (optional) _____

Date: _____

II. Management/Safety Committee Investigation

Name of person investigating unsafe condition or hazard: _____

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

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

Signature of Investigating Party: _____

Date: _____

HAZARD ALERT / CORRECTION REPORT

Alert Identification No. _____

Department: _____

This form should be used in conjunction with the "Hazard Alert Form" as appropriate, to track the correction of identified hazards.

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

Supervisor/Safety Coordinator Name: _____ Telephone: _____

Supervisor/Safety Coordinator Signature: _____ Date: _____

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

**IIPP–Appendix A
January 2022**

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

Job Safety Analysis (Part I)

- Instructions:**
1. Select assessment category.
 2. List tasks/activities: Develop a list of activities, tasks, equipment/tools (group similar tasks/activities).
 3. Identify and list potential hazards: for each task, activity or equipment/tools, list and describe the potential hazards.
 4. Identify and list controls: for each task, activity, equipment/tools, document controls (i.e. training, equipment, written procedures, PPE...).
 5. **If PPE is required, complete Part II- PPE Hazard Assessment and Certification.**
 6. Train affected employees on the final assessment and document the training.
- Repeat assessment when new hazards are identified or introduced into the workplace or at least every three (3) years.**
Laboratory workers must use the online [Laboratory Hazard Assessment Tool \(LHAT\)](#) for PPE hazard assessment.

I am reviewing (check the appropriate box)	<input type="checkbox"/> A worksite	Specify location:
	<input type="checkbox"/> A single employee's job description	Name of employee:
		Position title:
	<input checked="" type="checkbox"/> A job description for a class of employees	Position titles: Administrative personnel
		Location: Business Office
Hazard Evaluator		Signature/Date:

TASK/ACTIVITY	POTENTIAL HAZARD	CONTROL	PPE Required? Y/N
General office work	Back strain, eyestrain, repetitive motion injury. Physical injuries due to slips, trips and falls, and falling objects. Electrical hazards. Physical injuries due to fires, earthquakes, bomb threats and workplace violence.	Ensure that workstations are ergonomically correct. Keep floors clear of debris and liquid spills. Keep furniture, boxes, etc. from blocking doorways, halls and walking space. Do not stand on chairs of any kind, use proper foot stools or ladders. Do not store heavy objects overhead. Do not top load filing cabinets, fill bottom to top. Do not open more than one file drawer at a time. Brace tall bookcases and file cabinets to walls. Do not use extension cords in lieu of permanent wiring. Ensure that high wattage appliances do not overload circuits. Use GFCIs in receptacles in potentially wet areas. Replace frayed or damaged electrical cords. Ensure that electrical cords are not damaged by being wedged against furniture or pinched in doors. All personnel to receive annual training to the Emergency Action Plan (EAP) and Injury and Illness Prevention Plan (IIPP).	No
Operation of motor vehicles	Motor vehicle accidents involving personal injury, or property damage.	All drivers of University vehicles must possess a valid California drivers license and receive the Driver Safety Awareness Course offered by Fleet Services during the first 6 months of employment and renewed every three years. Hazardous materials may not be transported in personally owned vehicles.	No



Job Safety Analysis (Part I)

Training Record

Designated Trainer: (signature is required)

I have read and acknowledge the contents, requirements, and responsibilities outlined in this document:

Name	Signature	Date

Job Safety Analysis (Part I)

- Instructions:**
1. Select assessment category.
 2. List tasks/activities: Develop a list of activities, tasks, equipment/tools (group similar tasks/activities).
 3. Identify and list potential hazards: for each task, activity or equipment/tools, list and describe the potential hazards.
 4. Identify and list controls: for each task, activity, equipment/tools, document controls (i.e. training, equipment, written procedures, PPE...).
 5. **If PPE is required, complete Part II- PPE Hazard Assessment and Certification.**
 6. Train affected employees on the final assessment and document the training.
- Repeat assessment when new hazards are identified or introduced into the workplace or at least every three (3) years.**
Laboratory workers must use the online [Laboratory Hazard Assessment Tool \(LHAT\)](#) for PPE hazard assessment.

I am reviewing (check the appropriate box)	<input type="checkbox"/> A worksite	Specify location:
	<input type="checkbox"/> A single employee's job description	Name of employee:
		Position title:
	<input checked="" type="checkbox"/> A job description for a class of employees	Position titles: Health and Safety Specialists
		Location: Industrial Safety
Hazard Evaluator		Signature/Date:

TASK/ACTIVITY	POTENTIAL HAZARD	CONTROL	PPE Required? Y/N
Working in laboratories containing chemicals.	Exposure to chemicals via inhalation, contact, ingestion or injection.	Avoid all unnecessary exposures. Reduce exposures that cannot be avoided by minimizing exposure duration and concentration. Proper selection and use of personal protective equipment including gloves, protective eyewear, lab coats, and in some instances respiratory protection. Implementation of proper personal hygiene habits, including washing hands before eating. All personnel to receive on the job and classroom training including UC Lab Safety Fundamentals, Hazardous Waste Management and Minimization and other applicable courses. This will be completed during the first 6 months of employment and renewed every three years.	Lab coat, protective eyewear. Gloves and respiratory protection as needed
Working in laboratories containing radiological materials.	Exposure to radiological agents via inhalation, contact, ingestion or injection.	Avoid all unnecessary exposures. Reduce exposures that cannot be avoided by minimizing exposure duration and concentration. Proper selection and use of personal protective equipment including gloves, protective eyewear, lab coats, and in some instances respiratory protection. Implementation of proper personal hygiene habits, including washing hands and face before eating. All personnel to receive on the job and classroom training including UC Lab Safety Fundamentals, Hazardous Waste Management	Lab coat, protective eyewear. Gloves and respiratory protection as needed

Job Safety Analysis (Part I)

		and Minimization, Radiation Safety and other applicable courses. This will be completed during the first 6 months of employment and renewed every three years.	
Working in laboratories containing biological materials.	Exposure to biological agents via inhalation, contact, ingestion or injection.	Avoid unnecessary exposures. Proper selection and use of personal protective equipment including gloves, protective eyewear, lab coats, and in some instances respiratory protection. Proper adherence to bloodborne pathogen handling protocols. Implementation of proper personal hygiene habits, including washing hands before eating. Voluntary participation in Hepatitis B vaccination program. Proper adherence to biological waste handling procedures. All personnel to receive Bloodborne Pathogen Program training during the first 6 months of employment and renewed annually. Participation in Facilities- specific medical clearances as required.	Lab coat, protective eyewear. Gloves and respiratory protection as needed
Working in laboratories, shops and spaces containing physical hazards.	Injury from physical hazards including high voltage, lasers and ultraviolet light, compressed gases and liquids, cryogenic materials, and specialized equipment as well as falling objects.	Avoid unnecessary exposures. Proper selection and use of personal protective equipment including gloves, protective eyewear and specialized equipment. Employees are not to enter restricted areas unless accompanied by a properly trained individual familiar with the hazards of the area. Employees are not to operate specialized equipment without proper training and documentation. Watch for overhead hazards and wear head protection if needed. Personnel auditing or routinely entering areas where lasers are used will receive laser safety training within 6 months of employment and renewed every three years.	Lab coat, protective eyewear. Gloves, respiratory protection, protective headwear, and specialized equipment as needed
Working in laboratories and animal housing facilities containing animals.	Exposure to animals and animal allergies via inhalation and contact.	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	Lab coat, protective eyewear. Gloves and respiratory protection as needed

Job Safety Analysis (Part I)

		<p>and use protocols.</p> <p>Implementation of proper personal hygiene habits, including washing hands before eating. Participation in the occupational health program for animal workers. All personnel to receive the IACUC Animal Care and Use 101 training during the first 6 months of employment and renewed every three years.</p> <p>Participation in Facilities-specific medical clearances as required.</p>	
Handling and moving heavy items and equipment.	Ergonomic hazards including heavy lifting, repetitive motions, awkward motions, crushing or pinching injuries, etc.	<p>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, and 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. Personnel to receive Back Safety and Injury Prevention training prior to being assigned job task involving handling and moving heavy items/equipment.</p>	Hand and foot protection as needed
Exposure to noise hazards.	Hearing loss due to noise exposure.	<p>Voluntarily participate in the Hearing Conservation Program. Use hearing protection as required. All personnel to receive Hearing Conservation training within 6 months of employment and renewed annually.</p>	Hearing protection (ear plugs and muffs, etc.)
General office work.	Back strain, eyestrain, repetitive motion injury. Physical injuries due to slips, trips and falls, and falling objects. Electrical hazards. Physical injuries due to fires, earthquakes, bomb threats and workplace violence.	<p>Ensure that workstations are ergonomically correct. Keep floors clear of debris and liquid spills. Keep furniture, boxes, etc. from blocking doorways, halls and walking space. Do not stand on chairs of any kind, use proper foot stools or ladders. Do not store heavy objects overhead. Do not top load filing cabinets, fill bottom to top. Do not open more than one file drawer at a time. Brace tall bookcases and file cabinets to walls. Do not use extension cords in lieu of permanent wiring. Ensure that high wattage appliances do not overload circuits. Use GFCIs in receptacles in</p>	No

Job Safety Analysis (Part I)

		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. All personnel to receive annual training to the Emergency Action Plan (EAP) and Injury and Illness Prevention Plan (IIPP).	
Operation of motor vehicles.	Motor vehicle accidents involving personal injury, or property damage.	All drivers of University vehicles must possess a valid California drivers license and receive the Driver Safety Awareness Course offered by Fleet Services during the first 6 months of employment and renewed every three years. Hazardous materials may not be transported in personally owned vehicles.	No



Job Safety Analysis (Part I)

Training Record

Designated Trainer: (signature is required)

I have read and acknowledge the contents, requirements, and responsibilities outlined in this document:

Name	Signature	Date

WORKSITE INSPECTION FORM**General Office Environment**

Location: _____ Date: _____

Inspector: _____ Phone: _____

Department: _____

Administration and Training

Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>	1.	Are all safety records maintained in a centralized file for easy access? Are training records current?
Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>	2.	Have all employees attended Injury & Illness Prevention Program training? Has the training been documented?
Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>	3.	Does the department have a completed Emergency Action Plan? Are employees trained on its contents and training documented?
Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>	4.	Are chemical products used in the office being purchased in small quantities? Are Safety Data Sheets available/accessible?
Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>	5.	Are mandatory employment notices and posters posted: https://www.hr.ucdavis.edu/supervisors/posters-required-by-law ?
Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>	6.	Are annual workplace inspections performed and documented?

General Safety

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

Electrical Safety

Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>	15.	Are plugs, cords, electrical panels, and receptacles in good condition? No exposed conductors or broken insulation?
Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>	16.	Are circuit breaker panels accessible and labeled?
Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>	17.	Are surge protectors being used? If so, they must be equipped with an automatic circuit breaker, have cords no longer than 15 feet in length, and be plugged directly into a wall outlet.
Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>	18.	Is lighting adequate throughout the work environment?
Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>	19.	Are extension cords being used correctly? They must not run through walls, doors, ceiling, or present a trip hazard.
Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>	20.	Are portable electric heaters being used? If so, they must be UL listed, plugged directly into a wall outlet, and located away from combustible materials.

IIPP – Appendix D

Please access the [Injury Reporting Procedure](http://safetyservices.ucdavis.edu/article/injury-reporting-procedure) page on the Safety Services website.

<http://safetyservices.ucdavis.edu/article/injury-reporting-procedure>

Complete the electronic **Employer's First Report** as soon as practicable.

SAFETY TRAINING ATTENDANCE RECORD

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

Instructor: _____ Training Aids: _____

Location: _____ Time: _____

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

No.	Print Name	Signature/Date
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____
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27.	_____	_____
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29.	_____	_____
30.	_____	_____

Job Safety Analysis (Part I)

- Instructions:**
1. Select assessment category.
 2. List tasks/activities: Develop a list of activities, tasks, equipment/tools (group similar tasks/activities).
 3. Identify and list potential hazards: for each task, activity or equipment/tools, list and describe the potential hazards.
 4. Identify and list controls: for each task, activity, equipment/tools, document controls (i.e. training, equipment, written procedures, PPE...).
 5. **If PPE is required, complete Part II- PPE Hazard Assessment and Certification.**
 6. Train affected employees on the final assessment and document the training.
- Repeat assessment when new hazards are identified or introduced into the workplace or at least every three (3) years.**
Laboratory workers must use the online [Laboratory Hazard Assessment Tool \(LHAT\)](#) for PPE hazard assessment.

I am reviewing (check the appropriate box)	<input checked="" type="checkbox"/> A worksite	Specify location: 1002 Green Hall (department office)	
	<input type="checkbox"/> A single employee's job description	Name of employee:	
		Position title:	
	<input type="checkbox"/> A job description for a class of employees	Position titles: Administrative Personnel	
		Location: Business Office	
Hazard Evaluator		Signature/Date:	

TASK/ACTIVITY	POTENTIAL HAZARD	CONTROL	PPE Required? Y/N
Handling and moving heavy items and equipment.	Ergonomic hazards including heavy lifting, repetitive motions, awkward motions, crushing or pinching injuries etc.	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.	N
General office work	Back strain, eyestrain, repetitive motion injury. Physical injuries due to slips, trips and falls, and falling objects. Electrical hazards. Physical injuries due to fires, earthquakes, bomb threats and workplace violence.	Ensure that workstations are ergonomically correct. Keep floors clear of debris and liquid spills. Keep furniture, boxes, etc. from blocking doorways, halls and walking space. Do not stand on chairs of any kind, use proper foot stools or ladders. Do not store heavy objects overhead. Do not top load filing cabinets, fill bottom to top. Do not open more than one file drawer at a time. Brace tall bookcases and file cabinets to walls. Provide one-inch lip on shelves. Do not use extension cords in lieu of permanent wiring. Ensure that high wattage appliances do not overload circuits. Use GFCIs in receptacles in potentially wet areas. Replace frayed or damaged electrical cords. Ensure that electrical cords are not damaged by being wedged against furniture or pinched in doors. Attend emergency action and fire prevention plan training including emergency escape drills.	N



Job Safety Analysis (Part I)

Training Record

Designated Trainer:

I have read and acknowledge the contents, requirements, and responsibilities outlined in this document:

Name	Signature	Date
Anastasia Hermle	<i>Anastasia Hermle</i>	1/23/23