

# UC DAVIS

**ENGINEERING:  
ELECTRICAL and  
COMPUTER**

**INJURY AND ILLNESS  
PREVENTION PROGRAM**





## UC DAVIS

### **ENGINEERING: ELECTRICAL and COMPUTER**

### **INJURY AND ILLNESS PREVENTION PROGRAM**

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

ENGINEERING: ELECTRICAL and COMPUTER department in accordance with University Policy (UCD Policy

& Procedure Manual Section 290-15: Safety Management Program) and California Code of

Regulations Title 8, Section 3203 (8 CCR, Section 3203).

## **UC DAVIS**

### **ENGINEERING: ELECTRICAL and COMPUTER**

## **INJURY AND ILLNESS PREVENTION PROGRAM**

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# Department Information

Department Name: **ENGINEERING: ELECTRICAL and COMPUTER**

Department Director: **Saif Islam**

Address: **One Shields Ave Davis, CA 95616**

Telephone Number: **530-754-6732**

## Buildings Occupied by Department

- 1. Building:** Kemper Hall

**Unit(s):** administration, research, teaching, faculty and staff offices

**Contact:** Carole Bustamante

**Contact Phone:** 530-752-2455
- 2. Building:** Ghausi Hall

**Unit(s):** faculty offices, research

**Contact:** Carole Bustamante

**Contact Phone:** 530-752-2455
- 3. Building:** Academic Surge

**Unit(s):** research, staff offices

**Contact:** Carole Bustamante

**Contact Phone:** 530-752-2455
- 4. Building:** TB207

**Unit(s):** staff, grad student offices

**Contact:** Carole Bustamante

**Contact Phone:** 530-752-2455

**5. Building:** Spafford Building  
**Unit(s):** research  
**Contact:** Carole Bustamante  
**Contact Phone:** 530-752-2455

**6. Building:**  
**Unit(s):**  
**Contact:**  
**Contact Phone:**

**7. Building:**  
**Unit(s):**  
**Contact:**  
**Contact Phone:**

**8. Building:**  
**Unit(s):**  
**Contact:**  
**Contact Phone:**

**9. Building:**  
**Unit(s):**  
**Contact:**  
**Contact Phone:**

**10. Building:**  
**Unit(s):**

**Contact:**

**Contact Phone:**

**11. Building:**

**Unit(s):**

**Contact:**

**Contact Phone:**

**12. Building:**

**Unit(s):**

**Contact:**

**Contact Phone:**

**13. Building:**

**Unit(s):**

**Contact:**

**Contact Phone:**

**14. Building:**

**Unit(s):**

**Contact:**

**Contact Phone:**

**15. Building:**

**Unit(s):**

**Contact:**

**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 (8 CCR, Section 3203) and is held by the following individuals:

1. Name: **Saif Islam**

Title: **Department Chair**

Authority: Authority and responsibility for ensuring implementation of this IIPP

Signature:  Date: 4/2/2018

2. Name: **Lance Halsted**


Title: **Development Engineer / DSC**

Authority: Department designated authority for implementation of this IIPP

Signature:  Date: 4/2/2018

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

## Annual Review Documentation

| <u>Responsible/Designated Authority</u> | <u>Signature</u>  | <u>Date</u>     |
|---|---|-----------------|
| <u>Carole Bustamante</u>                |  | <u>4/5/2018</u> |
| <u>Saif Islam</u>                       | <u>on file in ECE office</u>  | <u>4/1/2019</u> |
| <u>Lance Halsted</u>                    | <u>on file in ECE office</u>  | <u>4/1/2019</u> |
| <u>Carole Bustamante</u>                | <u>on file in ECE office</u>  | <u>4/1/2019</u> |
| <u> </u>                                | <u> </u>  | <u> </u>        |
| <u> </u>                                | <u> </u>  | <u> </u>        |



## II. System of Communications

1. Effective communications with **ENGINEERING: ELECTRICAL and COMPUTER** employees have been established using the following methods:

Safety Data Sheets  
EH S Safety Nets  
Building Evacuation Plan  
E-mail  
Posters and warning labels  
Job Safety Analysis - Initial Hire

2. Employees are encouraged to report any potential health and safety hazard that may exist in the workplace. Hazard Alert/Correction Forms (Appendix A) are available to employees for this purpose. Forms are to be placed in the Safety Coordinator's departmental mail box. Employees have the option to remain anonymous when making a report.
3. Employees have been advised of adherence to safe work practices and the proper use of required personal protective equipment. Conformance will be reinforced by discipline for non-compliance in accordance with University policy (UC Davis Personnel Policies for Staff Members- Section 62, Corrective Action).

### III. System for Assuring Employee Compliance with Safe Work Practices

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

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

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

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

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

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

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

### 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: **Kemper Hall Research Labs**  
 Frequency: **Annual**  
 Responsible Person: **Lance Halsted**  
 Records Location: **on-line (SIT)**
- 2) Location: **Ghausi Hall Research Labs**  
 Frequency: **Annual**  
 Responsible Person: **Lance Halsted**  
 Records Location: **on-line (SIT)**
- 3) Location: **Academic Surge Research Labs**  
 Frequency: **Annual**  
 Responsible Person: **Lance Halsted**  
 Records Location: **on-line (SIT)**
- 4) Location: **TB207 offices**  
 Frequency: **Annual**  
 Responsible Person: **Lance Halsted**  
 Records Location: **2064 Kemper**
- 5) Location: **Kemper Hall Offices**  
 Frequency: **Annual**  
 Responsible Person: **Lance Halsted**

Records Location: **2064 Kemper**

- 6) Location: **Spafford Research Lab**  
Frequency: **Annual**  
Responsible Person: **Lance Halsted**  
Records Location: **on-line (SIT)**
- 7) Location:  
Frequency:  
Responsible Person:  
Records Location:
- 8) Location:  
Frequency:  
Responsible Person:  
Records Location:
- 9) Location:  
Frequency:  
Responsible Person:  
Records Location:
- 10) Location:  
Frequency:  
Responsible Person:  
Records Location:
- 11) Location:  
Frequency:  
Responsible Person:  
Records Location:
- 12) Location:  
Frequency:  
Responsible Person:  
Records Location:
- 13) Location:  
Frequency:  
Responsible Person:  
Records Location:

14) Location:  
Frequency:  
Responsible Person:  
Records Location:

15) Location:  
Frequency:  
Responsible Person:  
Records Location:

Worksite Inspection Forms are located in Appendix C (C1 - General Office and C2 - Laboratory).

## V. Accident Investigation

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

**ENGINEERING: ELECTRICAL and COMPUTER employees** will immediately notify their supervisor when occupationally-related injuries and illnesses occur, or when employees first become aware of such problems.

1. **Supervisors** will investigate all accidents, injuries, occupational illnesses, and near-miss incidents to identify the causal factors or attendant hazards. Appropriate repairs or procedural changes will be implemented promptly to mitigate the hazards implicated in these events. Proper injury reporting procedures can be found at <http://safetyservices.ucdavis.edu/article/injury-reporting-procedure>.

The **Injury and Illness Investigation Form (Appendix D)** shall be completed to record pertinent information and a copy retained to serve as documentation. It can be completed by either the supervisor or the Department Safety Coordinator.

3. **Note:** Serious occupational injuries, illnesses, or exposures must be reported to Cal/OSHA by an EH&S representative **within eight hours** after they have become known to the supervisor. These include injuries/illnesses/exposures that cause permanent disfigurement or require hospitalization for a period in excess of 24 hours. Please refer to **EH&S SafetyNet #121** for OSHA notification instructions.

## VI. Hazard Correction

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

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

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

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

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

## **VII. Health and Safety Training**

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

### **2064 Kemper.**

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

1. Hazard Alert/Correction Forms (Appendix A form).  
Retain for three (3) years.
2. Employee Job Safety Analysis forms (Appendix B form)  
Retain for the duration of each individual's employment.
3. Worksite Inspection Forms (Appendix C form).  
Retain for three (3) years.
4. Injury and Illness Investigation Forms (Appendix D form).  
Retain for three (3) years.

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

1. Employee Safety Training Attendance Records (Appendix E form).  
Retain for three (3) years.

## **IX. Resources**

1. UC Office of the President: Management of Health, Safety and the Environment, 10/28/05
2. UC Davis Policy and Procedure Manual, Section 290-15, Safety Management Program
3. California Code of Regulations Title 8, Section 3203, (8CCR §3203), Injury and Illness Prevention Program
4. Personnel Policies for Staff Members, Corrective Action, UC PPSM 62
5. UC Davis Environmental Health & Safety
  - Safety Services Website
  - EH&S SafetyNets
  - Safety Data Sheets

## **X. Completed Tasks**

- ☒ JSAs reviewed
- ☒ Annual Worksite Inspections
- ☒ IIPP Reviewed
- ☒ Training Completed

**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, IIPP Appendix E) \_\_\_\_\_

Signature of Investigating Party: \_\_\_\_\_

Date: \_\_\_\_\_

**IIPP-Appendix A**  
**January 2016**

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 ALERT / CORRECTION REPORT

Alert Identification No. \_\_\_\_\_

Department: \_\_\_\_\_

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

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

Supervisor/Safety Coordinator Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Supervisor/Safety Coordinator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

| Description and<br>Location of Unsafe<br>Condition | Date<br>Discovered | Required Action and<br>Responsible Party | Completion Date |        |
|--|--------------------|--|-----------------|--------|
|  |                    |  | Projected       | Actual |
|  |                    |  |                 |        |
|  |                    |  |                 |        |
|  |                    |  |                 |        |
|  |                    |  |                 |        |
|  |                    |  |                 |        |

**IIPP-Appendix A**  
**January 2016**

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

**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 they current?                            |
| Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> | 2. | Have all employees attended Injury & Illness Prevention Program training? If not, what percentage has attended? _____ |
| Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> | 3. | Does the department have a completed Emergency Action Plan? Are employees being trained on its contents?              |
| 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 Material Safety Data Sheets needed? |
| Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> | 5. | Are the Cal/OSHA information poster, Workers' Compensation bulletin, annual accident summary posted?                  |
| 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 the Fire Department? |
| 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.                                |

## University of California, Davis Laboratory Self-Inspection Checklist

Principal Investigator/Laboratory Supervisor: \_\_\_\_\_

Laboratories Reviewed: \_\_\_\_\_

Date: \_\_\_\_\_

Reviewer: \_\_\_\_\_

Revised 1/2015

|   |     |    |     |
|---|-----|----|-----|
| <b>I. SAFETY PROGRAM ADMINISTRATION</b>   |     |    |     |
| <b>A. Chemical Hygiene Plan</b>   | Yes | No | N/A |
| 1. Does the laboratory have access to the campus-wide Chemical Hygiene Plan and all of the required elements?   |     |    |     |
| 2. Are there any operations that require prior approval before beginning (e.g., Radiation Safety, Bio-safety committee)?  |     |    |     |
| <b>B. Illness and Injury Prevention Plan</b>  | Yes | No | N/A |
| 1. Does laboratory have access to Department IIPP and has it been reviewed in past year?  |     |    |     |
| 2. Is there documentation that all laboratory personnel have trained on IIPP?   |     |    |     |
| <b>C. Standard Operating Procedures (SOP's)</b>   | Yes | No | N/A |
| 1. Are there written SOP's covering the laboratory processes and hazardous chemicals referenced in Title 8 ( <i>i.e.</i> , acutely toxic substances, reproductive toxins, and regulated carcinogens)? |     |    |     |
| 2. Are there exemptions to the written SOPs and are these documented?   |     |    |     |
| 3. Training of laboratory personnel documented.   |     |    |     |
| 4. Required specialized training complete and documented.   |     |    |     |
| 5. Training is current with Chemical Hygiene Plan.  |     |    |     |
| 6. Training is complete on Hazardous waste management.  |     |    |     |
| 7. Training is complete on Blood borne Pathogen requirements.   |     |    |     |
| <b>II. HAZARDOUS MATERIALS</b>  | Yes | No | N/A |
| 1. Laboratory doors are labeled with emergency contact notification names & numbers, hazards present & necessary precautions.   |     |    |     |
| 2. Labels are clean and intact on all chemical containers.  |     |    |     |
| 3. Chemical containers are clearly identified with contents and hazards.  |     |    |     |
| 4. Containers with non-hazardous substances ( <i>i.e.</i> , water) clearly labeled to avoid confusion.  |     |    |     |
| <b>A. Chemical Controls</b>   | Yes | No | N/A |

Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

|  |     |    |     |
|--|-----|----|-----|
| 1. Chemicals are not stored on laboratory benches in excessive quantities.   |     |    |     |
| 2. Expired or chemicals not used (for more than one year) are disposed of as hazardous waste.  |     |    |     |
| 3. Secondary containment is provided for strong acids and strong bases.  |     |    |     |
| 4. Incompatible chemicals are segregated and stored with compatible hazard classes.  |     |    |     |
| 5. All chemical containers are closed, except when actively adding or removing materials from them ( <i>i.e.</i> , no open funnels left in container). |     |    |     |
| 6. Containers of peroxide-forming chemicals are dated upon receipt and disposed of as hazardous waste within one year of receipt.                      |     |    |     |
| 7. Safety Data Sheets (SDS) and laboratory chemical inventory are up-to-date and readily available.  |     |    |     |
| 8. Chemicals (liquids) are stored below eye level and not directly on the floor, unless in secondary containment.                                      |     |    |     |
| 9. Dedicated chemical storage (cabinets, refrigerators, freezers) clearly labeled with contents and hazard warnings.                                   |     |    |     |
| <b>B. Flammable &amp; Combustible Liquids</b>  | Yes | No | N/A |
| 1. Flammable liquids stored in 1-gallon or smaller containers or kept in 2-gallon or smaller safety cans.  |     |    |     |
| 2. Flammable liquids (including flammable liquid waste) stored outside of a storage cabinet does not exceed 10 gallons.                                |     |    |     |
| 3. If more than 10 gallons of flammable liquids are present does the laboratory have an approved flammable storage cabinet?                            |     |    |     |
| 4. Flammable liquids, stored in flammable storage cabinets limited to 60 gallons per fire rated area.  |     |    |     |
| 5. Flammable liquids requiring reduced temperature stored in flammable-rated refrigerator/freezer.   |     |    |     |
| <b>C. Particularly Hazardous Substances</b>  | Yes | No | N/A |
| 1. Have all particularly hazardous substances been identified?   |     |    |     |
| 2. Designated area(s) for acutely toxic materials, reproductive toxins and/or carcinogens clearly marked.  |     |    |     |
| 3. Are all users adequately trained? Documentation available?  |     |    |     |
| 4. All necessary PPE (personal protective equipment) available and used as needed.   |     |    |     |
| <b>D. Radioactive Materials</b>  | Yes | No | N/A |
| 1. Stock materials of radioactive materials are secured against unauthorized removal?  |     |    |     |
| 2. Do personnel wear lab coats and gloves when handling radioactive materials? If assigned dosimeters, are they wearing them?                          |     |    |     |

Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



|   |     |    |     |
|---|-----|----|-----|
| 3. Are all radioactive materials registered with the EH&S Health Physics Program?   |     |    |     |
| 4. Radioactive Waste – Properly labeled, segregated, and shielded?  |     |    |     |
| <b>III. CHEMICAL WASTE</b>  |     |    |     |
| <b>A. Storage</b>   | Yes | No | N/A |
| 1. Are chemical waste containers properly segregated, sealed with tight-fitting caps and stored with EH&S Hazardous Waste Labels attached?          |     |    |     |
| 2. All hazardous chemical waste is arranged to be picked up by EH&S — not drain disposed or evaporated.   |     |    |     |
| 3. Hazardous chemical waste has been accumulating for less than 270 days. Extremely hazardous waste has been accumulating less than 90 days.        |     |    |     |
| 4. All hazardous chemical waste is secondary contained.   |     |    |     |
| 5. Training for personnel handling hazardous waste is documented?   |     |    |     |
| 6. EH&S is called for waste pick up when containers are full (90% capacity or full line) or have reached their accumulation date threshold.         |     |    |     |
| 7. Waste containers sturdy, compatible with the waste, routinely checked for leaks and kept closed when not actively being filled.                  |     |    |     |
| <b>B. Labeling</b>  | Yes | No | N/A |
| 1. All hazardous waste containers have the proper labels with contents and accumulation start date.   |     |    |     |
| 2. The hazardous waste accumulation area is clean with waste containers clearly marked.   |     |    |     |
| <b>IV. BIOHAZARDOUS WASTE</b>   |     |    |     |
| <b>A. Storage</b>   | Yes | No | N/A |
| 1. Solid bio hazardous waste is bagged in red polyethylene bags as per the Medical Waste Management Plan.   |     |    |     |
| 2. Bio hazardous liquid waste is managed per the Medical Waste Management Plan.   |     |    |     |
| 3. Sharps stored in puncture-proof containers and labeled appropriately, not past fill line.  |     |    |     |
| <b>B. Labeling</b>  | Yes | No | N/A |
| 1. Secondary containers for laboratory medical waste storage or transport labeled with the international biohazard symbol and the word "Biohazard." |     |    |     |
| <b>V. PERSONAL HEALTH AND SAFETY</b>  |     |    |     |
| <b>A. Food and Drink</b>  | Yes | No | N/A |
| 1. Sinks labeled "Industrial Water – Do Not Drink".   |     |    |     |
| 2. Food and drink is not permitted in laboratories.   |     |    |     |
| 3. Food and drink is stored only in refrigerators/freezers dedicated and labeled "for food only".   |     |    |     |

 Notes: \_\_\_\_\_
   
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|  |     |    |     |
|--|-----|----|-----|
| <b>B. Standard Practices</b>   | Yes | No | N/A |
| 1. Employees wash areas of exposed skin prior to leaving the laboratory.   |     |    |     |
| 2. Sink is available and hands washed after removing gloves and before leaving laboratory.   |     |    |     |
| 3. Cosmetic applications, taking medication, touching eyes, nose or mouth avoided in laboratory.   |     |    |     |
| <b>VI. HEALTH AND SAFETY EQUIPMENT</b>   |     |    |     |
| <b>A. Safety Showers and Eye Washes</b>  | Yes | No | N/A |
| 1. Approved safety showers and eye washes provided within 10 seconds travel time from the work area for immediate use, with no barriers ( <i>i.e.</i> doors) for use or storage of corrosives. |     |    |     |
| 2. All eyewashes and showers have unobstructed access.   |     |    |     |
| 3. Units inspected and activated monthly. Annually certification by Facilities Management for proper functioning.  |     |    |     |
| 4. Sign indicating location of safety shower and eye wash unobstructed.  |     |    |     |
| <b>B. Personal Protective Equipment</b>  | Yes | No | N/A |
| 1. Has the correct PPE been selected based on a hazard assessment or SDS recommendation?   |     |    |     |
| 2. PPE required for laboratory work: ( ) Lab Coats, ( ) Safety glasses with side shields/goggles, ( ) Hearing protection, ( ) Face Shield, ( ) Proper foot-wear, ( ) Gloves, ( ) Aprons        |     |    |     |
| 3. All necessary equipment is available, in good condition, and properly used.   |     |    |     |
| <b>C. Laboratory Fume Hoods</b>  | Yes | No | N/A |
| 1. Storage inside of hood is kept to a minimum.  |     |    |     |
| 2. Equipment in use does not interfere with proper functioning of the hood.  |     |    |     |
| 3. All work is done at least 6 inches inside hood.   |     |    |     |
| 4. Front sash is lowered when hood is not in use.  |     |    |     |
| 5. Certified annually by Facilities Management, semi-annually for Title 8 §5209 "listed" Carcinogens.  |     |    |     |
| 6. Hood has continuous flow monitor.   |     |    |     |
| 7. The back ventilation slot is not obstructed.  |     |    |     |
| 8. Drains are protected from hazardous materials entering.   |     |    |     |
| <b>D. Biological Safety Cabinet</b>  | Yes | No | N/A |
| 1. Certified within the last year.   |     |    |     |
| 2. Proper type of hood for work being conducted.   |     |    |     |
| 3. Equipment is properly labeled for the hazard present (radiation, UV,), Manufacturer approved for hazard.  |     |    |     |
| 4. Hood ducted per manufacturer and ASHRAE requirements and meets the bio-safety specifications.   |     |    |     |

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| <b>E. Compressed Gas Cylinders</b>  | Yes | No | N/A |
|---|-----|----|-----|
| 1. Cylinders stored in well protected, well vented and dry locations away from combustible materials.   |     |    |     |
| 2. Flammable gases stored away from oxidizers.  |     |    |     |
| 3. Cylinders are secured to a rigid structural component of the building with non-flammable restraints located 1/3 and 2/3 (preferred) or 1/2 the height of the cylinder. |     |    |     |
| 4. Protective caps in place while cylinders are in storage and full/empty tags attached.  |     |    |     |
| 5. Proper regulators are being used and closed when cylinders are not in use.   |     |    |     |
| <b>F. Housekeeping &amp; Miscellaneous Laboratory Safety</b>  | Yes | No | N/A |
| 1. Bench tops clean, organized and environs maintained to eliminate harmful exposures or unsafe conditions.   |     |    |     |
| 2. Supplies stored at minimum of 24 inches from ceiling and off the floor.  |     |    |     |
| 3. Vacuum lines equipped with traps designed specifically to accumulate/filter the hazardous materials being evacuated.   |     |    |     |
| 4. All moving machinery (i.e., vacuum pumps) belts adequately protected by a rigid belt guard or housing.   |     |    |     |
| 5. All sharps disposed properly.  |     |    |     |
| 6. The condition of the broken glass box is adequate and placed out of the way.   |     |    |     |
| 7. Ceiling tiles present and in good condition.   |     |    |     |
| 8. Refrigerators/freezers labeled according to use.   |     |    |     |
| <b>G. Electrical Safety</b>   | Yes | No | N/A |
| 1. High voltage equipment (>600V) labeled, grounded and insulated.  |     |    |     |
| 2. No equipment has damaged or frayed cords.  |     |    |     |
| 3. Extension cords are not connected together.  |     |    |     |
| 4. Power strips used only if they are equipped with circuit breakers.   |     |    |     |
| 5. All equipment is grounded via 3-prong plugs.   |     |    |     |
| 6. Damaged equipment tagged out to prevent use.   |     |    |     |
| <b>H. General Safety</b>  | Yes | No | N/A |
| 1. Cabinets and bookshelves are secured.  |     |    |     |
| 2. Overhead storage is minimized and restrained from falling (i.e., shelf lips, rails).   |     |    |     |
| 3. Heavy equipment is secured or braced from falling.   |     |    |     |

| <b>I. Respiratory Protection</b>                              | Yes | No | N/A |
|---|-----|----|-----|
| 1. Use of respiratory protection conforms to UC Davis Policy. |     |    |     |
| 2. Respirators are inspected monthly and before use.          |     |    |     |

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|---|-----|----|-----|
| 3. The user has been fit tested by the Occupational Health Services.  |     |    |     |
| 4. Cartridges are changed on designated schedule and are the appropriate cartridge for the hazard.  |     |    |     |
| <b>J. Laser Safety</b>  | Yes | No | N/A |
| 1. Does the laboratory use any Class 3b or 4 lasers?  |     |    |     |
| 2. Are the lasers registered with EH&S Health Physics Program?  |     |    |     |
| 3. Are the Standard Precautions for lasers prominently posted for each laser?   |     |    |     |
| 4. Are appropriate warning signs and labels posted?   |     |    |     |
| 5. Does the laboratory entrance have a warning light or lighted sign showing when the laser is in use?  |     |    |     |
| 6. Have all workers attended the EH&S Laser Safety course?  |     |    |     |
| 7. Does the laboratory have appropriate laser eyewear?  |     |    |     |
| <b>K. Non-Ionizing Radiation (NIR) Source</b>   | Yes | No | N/A |
| 1. Have proper warning signs been posted?   |     |    |     |
| <b>L. Emergency Planning &amp; Procedures</b>   | Yes | No | N/A |
| 1. Emergency Response Guide and evacuation map visibly posted and current.  |     |    |     |
| 2. Chemical spill kit/cleanup materials available.  |     |    |     |
| 3. Training in spill clean-up procedures provided and documented.   |     |    |     |
| 4. First aid materials kept in adequate supply (in a sanitary and usable condition) and made readily available.   |     |    |     |
| <b>M. Fire Prevention</b>   | Yes | No | N/A |
| 1. Appropriate fire extinguisher mounted, unobstructed, available within 75 feet, in working order and inspected within the last year. A fire extinguisher should be available in a room containing flammable and/or combustible liquids. |     |    |     |
| 2. Fire extinguisher sign is clearly visible.   |     |    |     |
| 3. 18-inch vertical clearance maintained from sprinkler head ( <i>i.e.</i> , over shelving).  |     |    |     |
| 4. Are all laboratory doors kept closed? Closure devices in place?  |     |    |     |
| 5. Storage of combustible material is minimized.  |     |    |     |
| <b>N. Exits</b>   | Yes | No | N/A |
| 1. Exits and aisles are clear and free of obstructions in case of emergency.  |     |    |     |
| 2. Exit signs clearly visible.  |     |    |     |

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# IIPP – Appendix D

## January 2016

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

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

Complete the electronic [Employer's First Report](#) as soon as practicable.

| UCD Employer's Report of Occupational Injury or Illness  |   |   |   |               |                                     |  |                    |  |   |   |   |  |  |  |
|--|---|---|---|---------------|-------------------------------------|--|--------------------|--|---|---|---|--|--|--|
| UNIVERSITY 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.  |   |   |   |               |                                     |  |                    |  |   |   |   |  |  |  |
| <b>EMPLOYEE MUST COMPLETE THESE SECTIONS:</b>  |   |   |   |               |                                     |  |                    |  |   |   |   |  |  |  |
| EMPLOYEE DATA  | Employee Name:  |   | Employee's UC Davis ID #:   |               |                                     |  |                    |  |   |   |   |  |  |  |
|  | Address:  |   | Home Phone: ( )   |               |                                     |  |                    |  |   |   |   |  |  |  |
|  | City/State/Zip:   | Sex: <input type="checkbox"/> Female <input type="checkbox"/> 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  |   |   |               |                                     |  |                    |  |   |   |   |  |  |  |
|  | Specific Injury/Illness/Exposure: Body Part(s) affected: Date of Injury/Illness:  |   |   |               |                                     |  |                    |  |   |   |   |  |  |  |
| INJURY STATEMENT   | Location where injury or illness occurred:  |   | Others Injured? <input type="checkbox"/> Yes <input type="checkbox"/> No  |               |                                     |  |                    |  |   |   |   |  |  |  |
|  | What equipment, materials or chemicals caused the injury/illness? :   |   | Who witnessed this injury?  |               |                                     |  |                    |  |   |   |   |  |  |  |
|  | Explain in detail how the injury occurred. Include specific activities/tasks performed at the time.   |   |   |               |                                     |  |                    |  |   |   |   |  |  |  |
|  | Medical Treatment provided by:<br><input type="checkbox"/> Employee Health Services <input type="checkbox"/> Sutter Davis Hospital ER <input type="checkbox"/> Other: (Provide Name & Phone #)<br><input type="checkbox"/> Private Physician <input type="checkbox"/> UC Davis Medical Center<br><input type="checkbox"/> First Aid, no medical care needed.  |   |   |               |                                     |  |                    |  |   |   |   |  |  |  |
|  | Employee Signature:   |   | Today's Date:   |               |                                     |  |                    |  |   |   |   |  |  |  |
| <b>EMPLOYER'S INVESTIGATION AND STATEMENT (EMPLOYER COMPLETES):</b>  |   |   |   |               |                                     |  |                    |  |   |   |   |  |  |  |
| EMPLOYER   | After the investigation, explain in detail how the injury/illness occurred and the specific activity being performed:   |   |   |               |                                     |  |                    |  |   |   |   |  |  |  |
|  | What was the injury, illness or exposure?   |   |   |               |                                     |  |                    |  |   |   |   |  |  |  |
| <table border="1"> <thead> <tr> <th>INITIAL CAUSE</th> <th colspan="2">CONTRIBUTING FACTORS AND ACTIVITIES</th> <th>PREVENTIVE ACTIONS</th> </tr> </thead> <tbody> <tr> <td> <input type="checkbox"/> Struck by or against object (Indicate)<br/><br/> <input type="checkbox"/> Caught in/under/ between<br/> <input type="checkbox"/> Fall / Slip / Trip<br/> <input type="checkbox"/> Material handling or lifting<br/> <input type="checkbox"/> Repetitive motion<br/> <input type="checkbox"/> Chemical exposure<br/> <input type="checkbox"/> Body fluid exposure:<br/>             Needle stick<br/>             Sharps<br/> <input type="checkbox"/> Animal bite<br/> <input type="checkbox"/> Other, Explain </td> <td> <b>Equipment</b><br/> <input type="checkbox"/> Equipment failure<br/> <input type="checkbox"/> Equipment unavailable<br/> <input type="checkbox"/> Improper equipment or material used for job<br/> <b>Personal protective equipment</b><br/> <input type="checkbox"/> Not worn<br/> <input type="checkbox"/> Not readily available<br/> <input type="checkbox"/> Not adequate for the task<br/> <input type="checkbox"/> Personal protective equipment failure<br/> <b>Training/Experience</b><br/> <input type="checkbox"/> Lack of training<br/> <input type="checkbox"/> Safety training provided, not followed<br/> <input type="checkbox"/> New task for employee or lack of experience<br/> <b>Work Area</b><br/> <input type="checkbox"/> Work area set up improperly<br/> <input type="checkbox"/> Inadequate lighting or noise issues<br/> <input type="checkbox"/> Housekeeping issues<br/> <input type="checkbox"/> Environmental factors (rain, wind, temp, etc) </td> <td> <input type="checkbox"/> Ventilation issues<br/> <input type="checkbox"/> Ergonomic factors<br/> <b>Employee</b><br/> <input type="checkbox"/> Physically not able to do work<br/> <input type="checkbox"/> Employee fatigue<br/> <input type="checkbox"/> Unbalanced or poor position or motion<br/> <input type="checkbox"/> Incorrect procedures used for task<br/> <input type="checkbox"/> Other unsafe practice<br/> <b>Assistance</b><br/> <input type="checkbox"/> Difficult to perform task without help<br/> <input type="checkbox"/> Safety features or devices not readily available<br/> <input type="checkbox"/> Assistive devices not used<br/> <input type="checkbox"/> Lack of policy/procedure<br/> <input type="checkbox"/> Animal (explain below)<br/> <input type="checkbox"/> Other (explain) </td> <td> <b>SUPERVISOR WILL:</b><br/> <input type="checkbox"/> Develop/revise safety procedures and update IIPP or Chem. Hyg. Plan<br/> <input type="checkbox"/> Request ergonomic evaluation<br/> <input type="checkbox"/> Order new equipment<br/> <input type="checkbox"/> Order new personal protective equipment<br/> <input type="checkbox"/> Remove equipment from use and repair/replace<br/> <input type="checkbox"/> Schedule preventive maintenance<br/> <input type="checkbox"/> Will retrain employee before task is re-assigned<br/> <input type="checkbox"/> Perform on-site review of work activity, update job safety analysis.<br/> <input type="checkbox"/> Reconfigure work area<br/> <input type="checkbox"/> Communicate corrective actions to others in job category.<br/> <input type="checkbox"/> Other </td> </tr> <tr> <td colspan="3">           Preventive actions will be completed by: Name _____<br/>           Expected date of completion _____ </td> </tr> </tbody> </table> |   |   |   | INITIAL CAUSE | CONTRIBUTING FACTORS AND ACTIVITIES |  | PREVENTIVE ACTIONS | <input type="checkbox"/> Struck by or against object (Indicate)<br><br><input type="checkbox"/> Caught in/under/ between<br><input type="checkbox"/> Fall / Slip / Trip<br><input type="checkbox"/> Material handling or lifting<br><input type="checkbox"/> Repetitive motion<br><input type="checkbox"/> Chemical exposure<br><input type="checkbox"/> Body fluid exposure:<br>Needle stick<br>Sharps<br><input type="checkbox"/> Animal bite<br><input type="checkbox"/> Other, Explain | <b>Equipment</b><br><input type="checkbox"/> Equipment failure<br><input type="checkbox"/> Equipment unavailable<br><input type="checkbox"/> Improper equipment or material used for job<br><b>Personal protective equipment</b><br><input type="checkbox"/> Not worn<br><input type="checkbox"/> Not readily available<br><input type="checkbox"/> Not adequate for the task<br><input type="checkbox"/> Personal protective equipment failure<br><b>Training/Experience</b><br><input type="checkbox"/> Lack of training<br><input type="checkbox"/> Safety training provided, not followed<br><input type="checkbox"/> New task for employee or lack of experience<br><b>Work Area</b><br><input type="checkbox"/> Work area set up improperly<br><input type="checkbox"/> Inadequate lighting or noise issues<br><input type="checkbox"/> Housekeeping issues<br><input type="checkbox"/> Environmental factors (rain, wind, temp, etc) | <input type="checkbox"/> Ventilation issues<br><input type="checkbox"/> Ergonomic factors<br><b>Employee</b><br><input type="checkbox"/> Physically not able to do work<br><input type="checkbox"/> Employee fatigue<br><input type="checkbox"/> Unbalanced or poor position or motion<br><input type="checkbox"/> Incorrect procedures used for task<br><input type="checkbox"/> Other unsafe practice<br><b>Assistance</b><br><input type="checkbox"/> Difficult to perform task without help<br><input type="checkbox"/> Safety features or devices not readily available<br><input type="checkbox"/> Assistive devices not used<br><input type="checkbox"/> Lack of policy/procedure<br><input type="checkbox"/> Animal (explain below)<br><input type="checkbox"/> Other (explain) | <b>SUPERVISOR WILL:</b><br><input type="checkbox"/> Develop/revise safety procedures and update IIPP or Chem. 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| INITIAL CAUSE  | CONTRIBUTING FACTORS AND ACTIVITIES   |   | PREVENTIVE ACTIONS  |               |                                     |  |                    |  |   |   |   |  |  |  |
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| Preventive actions will be completed by: Name _____<br>Expected date of completion _____   |   |   |   |               |                                     |  |                    |  |   |   |   |  |  |  |
| 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 BR: WCH/JMB

# 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 |
|-----|------------|----------------|
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| EFFECTIVE:<br>2018                             | JOB SAFETY ANALYSIS<br>IIPP-Appendix B  | DEPARTMENT<br>ELECTRICAL AND COMPUTER ENGINEERING   | JOB TYPE<br>OFFICE & COMPUTER WORK |
|--|---|---|------------------------------------|
| JOB FUNCTION                                   | POTENTIAL HEALTH OR INJURY<br>HAZARD(S)   | RISK ASSESSMENT, SAFE WORK PRACTICES, PPE AND ENGINEERING CONTROLS  |                                    |
| General office work.                           | <ol style="list-style-type: none"> <li>1. Back strain, eyestrain, repetitive motion injury.</li> <li>2. Physical injuries due to slips, trips and falls, and falling objects.</li> <li>3. Electrical hazards.</li> <li>4. Physical injuries due to fires, earthquakes, bomb threats and workplace violence.</li> <li>5. Ergonomic hazards including heavy lifting, repetitive motions, awkward motions, crushing or pinching injuries, etc.</li> <li>6. Motor vehicle accidents involving personal injury, or property damage.</li> </ol> | <ol style="list-style-type: none"> <li>1. Ensure that workstations are ergonomically correct. Refer to EH&amp;S SafetyNet #'s 17, 41, 46 and 96. For more in-depth questions or concerns, the Chief Administrative Officer will provide a referral to the campus ergonomist (<a href="mailto:ergoteam@ucdavis.edu">ergoteam@ucdavis.edu</a>).</li> <li>2. Keep floors clear of debris and liquid spills. If a spill can't be cleaned immediately, use the "wet floor" sign to warn others of the potential hazard. Keep furniture boxes, etc. from blocking doorways, halls and walking space. Do not stand on chairs of any kind; use proper footstools or ladders. Do not store heavy objects overhead. Do not top-load filing cabinets, fill from bottom to top. Do not open more than one file drawer at a time. Brace tall bookcases and tall file cabinets to walls. Refer to EH&amp;S SafetyNet # 46 and 83. Training and enforcement are under the direction of the Chief Administrative Officer.</li> <li>3. Do not use extension cords in lieu of permanent wiring. Ensure that high wattage appliances do not overload circuits. Replace frayed or damaged electrical cords. Ensure that electrical cords are not wedged against furniture or pinched by doors. Refer to EH&amp;S SafetyNet #'s 20 and 109. Training and enforcement are under the direction of the Chief Administrative Officer.</li> <li>4. Attend emergency action and fire prevention plan training including emergency escape drills. Attend Workplace Violence training offered by UC Davis Police Department. Refer to EH&amp;S SafetyNet # 83. Training and enforcement are under the direction of the Chief Admin Officer.</li> <li>5. 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, employ proper lifting techniques at all times. Wear proper hand and foot protection to protect against crushing or pinching injuries. Refer to EH&amp;S SafetyNet #'s 29, 41 and 46. Training and enforcement are under the direction of the Chief Admin Officer.</li> <li>6. Add drivers of University vehicles must attend the Driver Safety Awareness Course offered by Fleet Services and possess a valid California driver's license. Hazardous materials may not be transported in personally owned vehicles.</li> </ol> |                                    |
| Handling and moving heavy items and equipment. |   |   |                                    |
| Operation of motor vehicles                    |   |   |                                    |

Received and read by \_\_\_\_\_

Signed \_\_\_\_\_

Date \_\_\_\_\_

Print name \_\_\_\_\_