

UCDAVIS

DEPARTMENT OF
HUMAN ECOLOGY

INJURY AND ILLNESS PREVENTION PROGRAM



UC DAVIS

DEPARTMENT OF HUMAN ECOLOGY

INJURY AND ILLNESS PREVENTION PROGRAM

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

DEPARTMENT OF HUMAN ECOLOGY

INJURY AND ILLNESS PREVENTION PROGRAM

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Department Information

Department Name: **DEPARTMENT OF HUMAN ECOLOGY**

Department Director: **Leigh Ann Simmons, Chair**

Address: **2323 Hart Hall, UCD, Davis Campus**

Telephone Number: **530-752-0511**

Buildings Occupied by Department

- 1. Building:** **Hart Hall**

Unit(s): Human Development and Family Studies; Community and Regional Development;
Cluster Five Business Unit

Contact: Ellen Barnes; Leigh Ann Simmons; Cynthia Crestmore; Claire Napawan
Phone: 541-218-7055; 530-752-0511; 530-752-5236; 530-554-9540

- 2. Building:** **Hunt Hall**

Unit(s): Landscape Architecture and Environmental Design

Contact: Ellen Barnes; Leigh Ann Simmons; Claire Napawan; Megan Lidd
Phone: 541-218-7055; 530-752-0511; 530-554-9540; 530-752-3907

- 3. Building:** **Center for Child and Family Studies**

Unit(s): Early Childhood Lab School; Human Development and Family Studies

Contact: Molly Logan-Jones; Ellen Barnes; Janet Thompson; Leigh Ann Simmons
Phone: 530-752-2888; 541-218-7055; 530-754-4000; 530-752-0511

- 4. Building:** **Sprocket Building**

Unit(s): Human Development and Family Studies/Community and Regional Development

Contact: Ellen Barnes; Leigh Ann Simmons; Cynthia Crestmore; Claire Napawan
Phone: 541-218-7055; 530-752-0511; 530-752-5236; 530-554-9540

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: **Leigh Ann Simmons**

Title: **Chair, Department of Human Ecology**

Authority: Authority and responsibility for ensuring implementation of this IIPP

Signature: _____

Date: _____

09-12-2019

2. Name: **Ellen Barnes**

Title: **Chief Administrative Officer, Cluster 5**

Authority: Department designated authority for implementation of this IIPP

Signature: _____

Date: _____

9/12/2019

3. Name: **N. Claire Napawan**

Title: **Vice Chair, Human Ecology**

Authority: Department designated authority for implementation of this IIPP

Signature: _____

Date: _____

Revised September 2019

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1. Name: **Leigh Ann Simmons**

Title: **Chair, Department of Human Ecology**

Authority: Authority and responsibility for ensuring implementation of this IIPP

Revised September 2019

Signature: _____ Date: _____

2. Name: **Ellen Barnes**

Title: **Chief Administrative Officer, Cluster 5**

Authority: Department designated authority for implementation of this IIPP

Signature: _____ Date: _____

3. Name: **N. Claire Napawan**

Title: **Vice Chair, Human Ecology**

Authority: Department designated authority for implementation of this IIPP

Signature: _____ Date: _____

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

Responsible/Designated Authority

Date

II. System of Communications

1. Effective communications with **Department of Human Ecology** employees have been established using the following methods:

<input checked="" type="checkbox"/>	Standard Operating Procedures Manual
<input checked="" type="checkbox"/>	Material Safety Data Sheets
<input type="checkbox"/>	Monthly departmental operations meetings
<input type="checkbox"/>	Internal media (department intranet)
<input type="checkbox"/>	EH&S Safety Nets
<input type="checkbox"/>	Training videos
<input 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 – Initial Hire
<input type="checkbox"/>	Job Safety Analysis – Annual Review
<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. 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.

1. Adherence to defined safety practices.
 2. Use of provided safety equipment.
 3. Reporting unsafe acts, conditions, and equipment.
 4. Offering suggestions for solutions to safety problems.
 5. Planning work to include checking safety of equipment and procedures before starting.
 6. Early reporting of illness or injury that may arise as a result of the job.
 7. 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](#)

(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: Hunt Hall; Hart Hall, CCFS, Sprocket Hall
Frequency: **Periodically**
Responsible Person: Cynthia Crestmore
Records Location: Hunt Hall, Room 131

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

(Example Worksite Inspection Forms are located in Appendix C of this template (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.

Department of Human Ecology 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 the Cluster CAO 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:

2123 Social Sciences & Humanities Building

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. APPENDICES

a. Hazard Alert/Correction Form

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: _____

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

B. Job Safety Analyses

EMPLOYEE: ENTER EMPLOYEE NAME	JOB SAFETY ANALYSIS	DEPT: LOCATION ARE SS&H
JOB FUNCTION	POTENTIAL HEALTH OR INJURY HAZARDS	SAFE PRACTICE, APPAREL, OR EQUIPMENT
General office work.	<p>Backstrain, eyestrain, repetitive motion injury.</p> <p>Physical injuries due to slips, trips and falls, and falling objects.</p> <p>Electrical hazards.</p> <p>Physical injuries due to fires, earthquakes, bomb threats and workplace violence.</p>	<p>Ensure that workstations are ergonomically correct.</p> <p>Keep floors clear of debris and liquid spills. Do not stand on chairs of any kind, use proper foot stools or ladders. Do not store heavy objects overhead. Do not topload filing cabinets, fill bottom to top. Do not open more than one file drawer at a time. Brace tall bookcases and file cabinets to walls. Provide one-inch lip on shelves.</p> <p>Do not use extension cords in lieu of permanent wiring. Ensure that high wattage appliances do not overload circuits. Use GFIs in receptacles in potentially wet areas. Replace frayed or damaged electrical cords. Ensure all electrical cords are not damaged by being wedged against furniture or pinched in doors.</p> <p>Attend emergency action and fire prevention plan training including emergency escape drills. Attend Workplace Violence training offered by UC Davis Police Department.</p>
		SIGNATURE
		DATE PAGE OF

EMPLOYEE: ENTER EMPLOYEE NAME	JOB SAFETY ANALYSIS	DEPT: LOCATION JOB TYPE: ARE N. All DSA
JOB FUNCTION	POTENTIAL HEALTH OR INJURY HAZARDS	SAFE PRACTICE, APPAREL, OR EQUIPMENT
Inspection and auditing of 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 and face before eating and smoking. All personnel to receive on the job and classroom training including Chemical Laboratory Safety, Hazardous Waste Management and Minimization Training and other applicable courses during the first 6 months of employment.

Inspection and auditing of laboratories containing radiological materials.	Exposure to radiological agents via inhalation, contact, ingestion or injection.	Avoid all unnecessary exposures Adhere to radiological material handling procedures including limiting exposures through combination of minimizing time., maximizing distances and use of appropriate shielding. Proper selection and use of personal protective equipment including gloves, protective eyewear, lab coats, and in some instances respiratory protection. Implementation of proper personal hygiene habits, including washing hands and face before eating and smoking. Participation in radiological monitoring program including dosimetry. All personnel to receive on the job and classroom training including Radiation Safety and other applicable courses during the first 6 months of employment
Inspection and auditing of 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 and face before eating and smoking, Voluntary participation in Hepatitis B vaccination program. Proper adherence to biological waste handling procedures All personnel to attend EH&S Bloodborne Pathogen Program training during the first 6 months of employment Participation in Facilities- specific medical clearances as required.

SIGNATURE

DATE

J P O
A G F
E 3

EMPLOYEE: ENTER EMPLOYEE NAME	JOB SAFETY ANALYSIS	DEPT : AR E	LOCATION All	JOB TYPE DSA
JOB FUNCTION	POTENTIAL HEALTH OR INJURY HAZARDS	S A F E	P PRACTICE	APPAREL, OR EQUIPMENT
Inspection and auditing of 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
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.

<p>General office work.</p>	<p>Backstrain, eyestrain, repetitive motion injury.</p> <p>Physical injuries due to slips, trips and falls, and falling objects.</p> <p>Electrical hazards.</p> <p>Physical injuries due to fires, earthquakes, bomb threats and workplace violence.</p>	<p>Ensure that workstations are ergonomically correct.*</p> <p>Keep floors clear of debris and liquid spills. Keep furniture, boxes, etc, from blocking doorways, halls and walking space. Do not stand on chairs of any kind, use proper foot stools or ladders Do not store heavy objects overhead Do not topload filing cabinets, fill bottom to top. Do not open more than one file drawer at a time. Brace tall bookcases and file cabinets to walls. Provide one-inch lip on shelves.</p> <p>Do not use extension cords in lieu of permanent wiring Ensure that high wattage appliances do not overload circuits. Use GFIs in receptacles in potentially wet areas. Replace frayed or damaged electrical cords. Ensure that electrical cords are not damaged by being wedged against furniture or pinched in doors.</p> <p>Attend emergency action and fire prevention plan training including emergency escape drills. Attend Workplace Violence training offered by UC Davis Police Department</p>
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SIGNATURE _____

DATE _____ 2 0
F 3

PAGE _____

EMPLOYEE: ENTER EMPLOYEE NAME	JOB SAFETY ANALYSIS	DEPT: ARE LOCATIO N JOB TYPE DSA
JOB FUNCTION	POTENTIAL HEALTH OR INJURY HAZARDS	SAFE PRACTICE, APPAREL, OR EQUIPMENT
Campus Landfill Inspections	Injury from heavy equipment, tripping hazards, stepping on sharp objects, potentially infectious materials .	Wear hard hat, safety boots and high visibility safety vest. Watch footing and stay clear of heavy equipment operations Do not touch waste or debris without hand protection.
Operation of Motor vehicles	Motor vehicle accidents involving personal injury, or property damage	All drivers of University vehicles must attend the Driver Safety Awareness Course offered by Fleet Services and possess a valid California drivers license Hazardous materials may not be transported in personally owned vehicles.
Inspection and auditing of 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 and use protocols. Implementation of proper personal hygiene habits, including washing hands and face before eating and smoking Participation in the occupational health program for animal workers. All personnel to attend the IACUC Animal Care and Use 101 training during the first 6 months of employment Participation in Facilities- specific medical clearances as required.
SIGNATURE _____		
DATE _____ PA GE 2 0 F 3		

C. Worksite Inspection Form

WORKSITE INSPECTION FORM General Office Environment

Location: _____ Date: _____
 Inspector: _____ Phone: _____
 Department: _____

Administration and Training

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

General Safety

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

Electrical Safety

Yes • No • NA •	15.	Are plugs, cords, electrical panels, and receptacles in good condition? No exposed conductors or broken insulation?
Yes • No • NA •	16.	Are circuit breaker panels accessible and labeled?
Yes • No • NA •	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 • No • NA •	18.	Is lighting adequate throughout the work environment?
Yes • No • NA •	19.	Are extension cords being used correctly? They must not run through walls, doors, ceiling, or present a trip hazard.
Yes • No • NA •	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 C1-Office
January 2016

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

D. Injury and Illness Investigation Form

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

IIPP-Appendix D
January 2016

7/2011 ER: WC/HMJ/B

E. Safety Training Attendance Record

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.	_____	_____
6.	_____	_____
7.	_____	_____
8.	_____	_____
9.	_____	_____
10.	_____	_____
11.	_____	_____
12.	_____	_____
13.	_____	_____
14.	_____	_____
15.	_____	_____
16.	_____	_____
17.	_____	_____
18.	_____	_____
19.	_____	_____
20.	_____	_____
21.	_____	_____
21.	_____	_____
22.	_____	_____
23.	_____	_____
24.	_____	_____
25.	_____	_____
26.	_____	_____
27.	_____	_____
28.	_____	_____
29.	_____	_____
30.	_____	_____

**IIPP-Appendix
E
January 2016**

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