

**College of Natural Resources
Injury and Illness Prevention Program**

University of California, Berkeley

Updated December 14, 2011

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**College of Natural Resources
Injury and Illness Prevention Program
University of California, Berkeley**

i. DEPARTMENT SPECIFIC CONTACTS AND OTHER INFORMATION

Effective Date: December 14, 2011

**Department Name: College of Natural Resources
Department Head: Keith Gilliss, Dean**

Department Safety Coordinator:

Dale Maddox *Phone Number (510) 642-6700 Fax Number (510) 643-2354*

Computer Workstation Evaluator:

Harvey Jackson *Phone Number (510) 643-2606 Fax Number (510) 643-2354*

Safety Related Items:

Paper copies of the Safety Committee Meeting minutes, IIPP documents and training records will be kept on file in 343 Hilgard.

Individuals can pick up copies of the Report of Unsafe Condition form from the gray storage drawer next to the fax machine in 106 Giannini Hall. Forms may be returned to the Facilities mailbox, located in the 130 Mulford Hall mailroom.

Roxanne Polk can assist supervisors with reporting work related injuries and assisting injured employees with paperwork. Roxanne is located in 210 Giannini Hall

The Safety Committee meets: Quarterly

The Safety Committee members are:

Chair's Name: Bob Buchanan
Section/Sub-unit: CNR Executive Associate Dean

Member Name: Carolyn Chee
Section/Sub-unit: ESPM and ARE Department Liaison

Member Name: Donna Hendrix
Section/Sub-unit: PMB Department Liaison

Member Name: Janna Conway
Section/Sub-unit: NST Department Coordinator

Member Name: Toby Dusette
Section/Sub-unit: ERG Department Coordinator

Member Name: Barbara Rotz
 Section/Sub-unit: Oxford Facilities Unit Manager

Member Name: Rob York
 Section/Sub-unit: CNR Forest Properties Manager

Member Name: Randy Gilstrap
 Section/Sub-unit: CNR Director, Research, and Extension

Member Name: Roxanne Polk
 Section/Sub-unit: CNR Human Resources

Member Name: Dale Maddox
 Section/Sub-unit: CNR Facilities Manager

Member Name: Tony Gamez
 Section/Sub-unit: CNR Facilities Specialist

Member Name: Harvey Jackson
 Section/Sub-unit: CNR Facilities Specialist

Member Name: Kip Will
 Section/Sub-unit: ESPM Associate Professor and Associate Director, Essig Museum

Buildings occupied by this department:

1. Building name or address: **Giannini Hall**
 Unit within your department: **CNR Dean's Office, Center for Weight and Health, CSRD, Community Forestry, Agricultural and Resource Economics, Environmental Science, Policy, and Management**
 Building Coordinator and phone no.: Dale Maddox (510) 642-6700
2. Building name or address: **Genetics & Plant Biology Building**
 Unit within your department: **Plant and Microbial Biology**
 Building Coordinator and phone no.: Harvey Jackson (510) 643-2606
3. Building name or address: **Hilgard Hall**
 Unit within your department: **Inductively Coupled Plasma Spectroscopy, Environmental Science, Policy, and Management**
 Building Coordinator and phone no.: Dale Maddox (510) 642-6700

4. Building name or address: **Koshland Hall**
Unit within your department: **Biological Imaging Facility, Plant and Microbial Biology**
Building Coordinator and phone no.: Harvey Jackson (510) 643-2606
5. Building name or address: **Life Science Addition**
Unit within your department: **Environmental Science, Policy, and Management**
Building Coordinator and phone no.: Barbara Duncan (510) 643-8121
6. Building name or address: **Morgan Hall**
Unit within your department: **Nutritional Science and Toxicology, Center for Weight and Health**
Building Coordinator and phone no.: Harvey Jackson (510) 643-2606
7. Building name or address: **Mulford Hall**
Unit within your department: **Office of Instruction, Center for Forestry, Geospatial Imaging and Informatics Facility, Fire Center, Environmental Science, Policy, and Management**
Building Coordinator and phone no.: Tony Gamez (510) 643-5252
8. Building name or address: **Oxford Tract/Gill Tract**
Unit within your department: **Oxford Facilities Unit, Environmental Science, Policy, and Management, Plant and Microbial Biology**
Building Coordinator and phone no.: Barbara Rotz 642-8189
9. Building name or address: **PGEC USDA Western Regional Labs**
Unit within your department: **Plant and Microbial Biology**
Building Coordinator and phone no.: Rebecca Hausman (510)-559-5913
10. Building name or address: **Valley Life Sciences Building**
Unit within your department: **Isotope Biogeochemistry Facility, Environmental Science, Policy, and Management, Nutritional Science & Toxicology**
Building Coordinator and phone no.: Joseph Yon (510) 643-9998
11. Building name or address: **Wellman Hall**
Unit within your department: **Environmental Science, Policy, and Management**
Building Coordinator and phone no.: Tony Gamez (510) 643-5252
12. Building name or address: **2180 Dwight Way, #C, Berkeley, CA**
Unit within your department: **Center for Weight and Health**
Building Coordinator and phone no.: Temika Green (510) 642-3589

13. Building name or address: **Richmond Field Station, 1301 South 46th Street
Richmond, CA 94804**
Unit within your department: **Center for Forestry, Environmental Science,
Policy, and Management**
Building Coordinator and phone no.: John Shelly (510) 665-3491

14. Building name or address: **Cooperative Extension County Office San Luis
Obispo County, 2156 Sierra Way, Suite C, San Luis Obispo, CA 93401**
Unit within your department: **Environmental Science, Policy, and Management**
Building Coordinator and phone no: Ingrid Shumann (805) 781-5940

15. Building name or address: **Cooperative Extension County Office Shasta
County Region 1, 1851 Hartnell Avenue, Redding, CA 96002-2217**
Unit within your department: **Center for Forestry**
Building Coordinator and phone no.: Larry Forero (530) 224-4900

16. Building name or address: **Sierra Foothills Research Station, 8270 Scott
Forbes, Browns Valley, CA 95918**
Unit within your department: **Environmental Science, Policy, and Management**
Building Coordinator and phone no. : Dustin Flavell, (530) 639-8812

17. Building name or address: **Hopland Research & Extension Center, 4070
University Road, Hopland, CA 95449**
Unit within your department: **Environmental Science, Policy, and Management**
Building Coordinator and phone no.: Robert Keiffer (707) 744-1424

18. Building name or address: **Serge Trailer 2C, Department of Earth Sciences,
University of California, Riverside, Riverside, CA 92521-0424**
Unit within your department: **Environmental Science, Policy, and Management**
Building Coordinator and phone no. Marilyn Kooser (951) 827-3440

19. Building name or address: **Center for Forestry, 4501 Blodgett Forest Road,
Georgetown, CA 95634**
Unit within your department: **Russell Research Station, Blodgett Forest,
Whittiker Forest**
Building Coordinator and phone no. Rob York (530) 333-4475

20. Building name or address: **51354 Old Corral Ranch Road, Oakhurst, CA
93644**
Unit within your department: **Sierra Nevada Adaptive Management Project**
Building Coordinator and phone no. Rick Sweitzer, (559) 642-4539

21. Building name or address: **Oxford Tract Natural Resources Laboratory and Oxford Tract Insectary Building**
 Unit within your department: **Environmental Science, Policy, and Management**
 Building Coordinator and phone no.: Harvey Jackson (510) 643-2606
22. Building name or address: **Oxford Tract North Greenhouse, Oxford Tract South Greenhouse, and Oxford Tract Insectary Greenhouse**
 Unit within your department: **Environmental Science, Policy, and Management, Plant and Microbial Biology**
 Building Coordinator and phone no.: Barbara Rotz (510) 642-8189
23. Building name or address: **Barrows Hall**
 Unit within your department: **Energy Resources Group**
 Building Coordinator and phone no.: Ruben Mejia (510) 643-9261

I. INTRODUCTION AND PURPOSE

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

II. RESPONSIBILITIES

Department Head

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

Department Safety Committee

The Safety Committee has the ongoing responsibility to maintain and update this IIPP, to assess departmental compliance with applicable regulations and campus policies, to evaluate reports of unsafe conditions, and to coordinate any necessary corrective actions. The Safety Committee meets at least quarterly and includes representatives from various sections or subunits of the department. Each employee has a designated representative on the committee. The Safety Committee membership may rotate periodically.

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

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

- Review the results of periodic, scheduled workplace inspections to identify any needed safety procedures or programs and to track specific corrective actions.
- Review supervisors' investigations of accidents and injuries to ensure that all causes have been identified and corrected.
- Where appropriate, submit suggestions to department management for the prevention of future incidents.
- Review alleged hazardous conditions brought to the attention of any committee member, determine necessary corrective actions, and assign responsible parties and correction deadlines.
- When determined necessary by the Committee, the Committee may conduct its own investigation of accidents and/or alleged hazards to assist in establishing corrective actions.
- Submit recommendations to assist department management in the evaluation of employee safety suggestions.

The Safety Committee must prepare and make available to all department personnel written minutes of issues discussed at the meetings. The Committee meeting minutes must be documented on IIPP Form 2, "Safety Committee Meeting Documentation," or a similar form. These minutes must be posted or made available in a convenient location and must be maintained on file for at least one year.

The Safety Committee can seek assistance in the remediation of a hazard from other departments, including the Office of Environment, Health & Safety (EH&S) for campus health, safety, radiation, and laser issues, University Health Services (UHS) for ergonomic and workers' compensation issues, or the University of California Police Department (UCPD) for personal security concerns.(see Section X).

Department Safety Coordinator

The Safety Coordinator is responsible for:

- Ensuring that the Safety Committee is aware of all accidents which have occurred, and all hazards which have been observed since the last meeting.
- Working with the Building Coordinator to address facility-related safety concerns.
- Assisting in the coordination of required health and safety training.
- Serving as liaison with EH&S and other campus safety resources on issues the department cannot resolve.
- Maintaining copies of Safety Committee minutes and other safety-related records.
- The Safety Coordinator may seek assistance from other members of the department as necessary to meet these responsibilities.

Supervisors

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

- Communicating to their staff and students the Berkeley campus's emphasis on health and safety.
- Ensuring periodic, documented inspection of workspaces under their authority.
- Promptly correcting identified hazards.
- Modeling and enforcing safe and healthful work practices.
- Providing appropriate safety training and personal protective equipment.
- Implementing measures to eliminate or control workplace hazards.
- Stopping any employee's work that poses an imminent hazard to either the employee or any other individual.

- Encouraging employees to report health and safety issues to the Safety Committee without fear of reprisal.

All Employees

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

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

III. IDENTIFYING WORKPLACE HAZARDS

Regular, annual workplace safety inspections of all departmental administrative space, shop and laboratories must be conducted. By law, the first of these inspections must take place when the department first adopts the IIPP. The inspections should be noted on IIPP Form 3 or other documentation, and the department should maintain copies of this documentation. These regular inspections will be supplemented with additional inspections whenever new substances, processes, procedures, or equipment introduced into the workplace represent a new occupational safety and health hazard or whenever supervisors are made aware of a new or previously unrecognized hazard.

Generally, supervisors are responsible for identification and correction of hazards that their staff and/or students face and should ensure that work areas they exercise control

over are inspected at least annually. Supervisors should check for safe work practices with each visit to the workplace and should provide immediate verbal feedback where hazards are observed.

The "Report of Unsafe Condition" Form 1 should be filled out when a referral is made to the Safety Committee as a result of a condition discovered during an inspection for which the responsible supervisor could not determine an immediate remedy. The "Report of Unsafe Condition" form can also be obtained by any employee, filled out and turned in anonymously. Individuals can pick up copies of the Report of Unsafe Condition forms from the gray storage drawer next to the fax machine in 106 Giannini Hall, or use the form located in the appendix of this document. Forms may be returned to the Facilities mailbox, located in the 130 Mulford Hall mailroom or sent via fax (643-2354).

IV. COMMUNICATING WORKPLACE HAZARDS

Supervisors are responsible for communicating with all workers about safety and health issues in a form readily understandable by all workers. All department personnel are encouraged to communicate safety concerns to their supervisor without fear of reprisal.

The Safety Committee is another resource for communication regarding health and safety issues for department employees. Each employee will be informed of hazard corrections and committee activities. Additionally, Safety Committee minutes and other safety-related items are located in 106 Giannini Hall. Employees will also be informed about safety matters by e-mail, voice mail, distribution of written memoranda, or by articles in the internal Departmental newsletter. Occasionally, the Safety Committee may also sponsor seminars or speakers or coordinate other means to communicate with employees regarding health and safety matters.

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

Material Safety Data Sheets

Material Safety Data Sheets (MSDSs) provide information on the potential hazards of products or chemicals. Hard copies of MSDSs for the chemicals used in the department are available to all employees in a convenient location. If an MSDS is found to be

missing, a new one can be obtained by faxing a written request to the manufacturer. A copy of this request should be kept until the MSDS arrives.

MSDSs are also available over the Internet from a variety of sources. They can be obtained by accessing the EH&S web page (<http://www.ehs.berkeley.edu>) and clicking on "MSDS." For further information, contact EH&S for a fact sheet explaining how to use MSDSs. Videos and training on how to read and understand the information presented on an MSDS are also available from EH&S.

Equipment Operating Manuals

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

V. CORRECTING WORKPLACE HAZARDS

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

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

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

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

submitting a "Report of Unsafe Condition" to the Safety Committee. If the Safety Committee requires assistance from other campus resources such as EH&S, PP-CS, or UCPD, these resources should be contacted immediately.

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

VI. INVESTIGATING INJURIES AND ILLNESSES

Injury Reporting

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

The supervisor of the injured employee must work with the Human Resources staff to ensure that the "Employer's Report of Occupational Injury or Illness" is completed properly and submitted to CNR Human Resources, 210 Giannini Hall. HR will coordinate with the Workers' Compensation Office (Tang Center, Suite 2100).

HUMAN RESOURCES STAFF:

Roxanne Polk
210 Giannini Hall, Mail code 3100
642-8723, rpolk@berkeley.edu

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

Injury Investigation

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

- Interviewing injured personnel and witnesses.
- Examining the injured employee's workstation for causative factors.
- Reviewing established procedures to ensure they are adequate and were followed.
- Reviewing training records of affected employees.
- Determining all contributing causes to the accident.
- Taking corrective actions to prevent the accident/exposure from reoccurring.
- Recording all findings and actions taken.

The supervisor's findings and corrective actions should be documented and presented to the Safety Committee using the "Occupational Accident, Injury or Illness Investigation Report" (IIPP Form 5). If the supervisor is unable to determine the cause(s) and appropriate corrective actions, other resources should be sought. Available resources include the department's Safety Committee, EH&S, and other campus safety organizations (see Section X).

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

VII. EMPLOYEE HEALTH AND SAFETY TRAINING

Employee safety training is provided at no cost to the employee and is conducted during the employee's normal working hours on University time. Safety training may be presented by a knowledgeable supervisor, other department personnel, or by representatives from other relevant campus departments. Regardless of the instructor, all safety training should be documented using the "Safety Training Attendance Record" (IIPP Form 6) or an equivalent record that includes all the information required on IIPP Form 6.

Initial IIPP Training

When the IIPP is first implemented, all department personnel will be trained on the structure of the IIPP (Appendix A), including individual responsibilities under the program, and the availability of the written program. Training will also be provided on

how to report unsafe conditions, how to access the Safety Committee, and where to obtain information on workplace safety and health issues.

Personnel hired after the initial training session will be oriented on this material as soon as possible by the Safety Coordinator or appropriate supervisor. These individual training sessions should be documented using IIPP Form 7, "New Employee Safety Training Record," or the equivalent.

Training on Specific Hazards

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

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

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

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

Safety Videos

A list of workplace safety videos that are available for borrowing can be obtained by contacting EH&S. Videos are available on a wide range of topics, including hazard communication, chemical safety, and various physical hazards. You can read descriptions of the videos and order them on-line via the EH&S web site at <http://ehs.berkeley.edu> by clicking on “Videos” under the “Publications” heading. Videos should be used to supplement, not replace, face-to-face safety instruction, so that trainees have an opportunity to ask questions of a knowledgeable instructor.

VIII. ENSURING COMPLIANCE

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

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

IX. RECORD KEEPING

The Department Safety Coordinator maintains documents related to the IIPP. Documents that should be kept on file include:

- Reports of Unsafe Conditions or Hazards (IIPP Form 1).
- Safety Committee Meeting Documentation (IIPP Form 2).
- Records of scheduled and periodic workplace inspections, including the persons conducting the inspection, any identified unsafe conditions or work practices, and corrective actions (IIPP Form 3 or equivalent).
- Hazard Correction Reports (IIPP Form 4).
- Accident, Injury or Illness Investigation Reports (IIPP Form 5).

- Employee safety training records, including the names of all attendees and instructors, the training date, and material covered (IIPP Forms 6 and 7 or equivalent).

(IIPP Forms can be found in Appendix A of this document.)

X. CAMPUS SAFETY RESOURCES

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

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

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

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

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

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

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

Office of Human Resources - For information on personnel policies and labor contracts.
642-9046
<http://hrweb.berkeley.edu/hrhome.htm>

Physical Plant - Campus Services - For installation and repair of facility safety equipment. 642-1032

Police Department (UCPD) - For information on personal security at the workplace.
642-6760
<http://public-safety.berkeley.edu/police>

School of Optometry: Vision Care Services - For assistance with safety eyewear.
643-2020

Student Life Advising Services - Assistance for student employees. 642-7224

University Health Services - For assistance on various topics, including psychological counseling, medical evaluations and treatment, ergonomic issues, worksite wellness, and Workers' Compensation programs. <http://www.uhs.berkeley.edu> 642-2000

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

XI. FURTHER REQUIRED TRAINING

LIFTING TRAINING REQUIREMENT:

If your job includes lifting you are required to review the materials at:

<http://www.uhs.berkeley.edu/facstaff/ergonomics/lifting/index.shtml>

as part of your IIPP training. Your electronic signature verifies that you have taken this step.

LADDER USE TRAINING REQUIREMENT:

Environment, Health and Safety Information for the Berkeley Campus
No. 66

FACT Sheet

Ladder Safety

The use of ladders presents some significant workplace hazards. According to Cal/OSHA statistics, 13 people in California died in 2000 from falls from ladders. Unsafe ladder use, such as using the wrong kind of ladder or upsetting the ladder's balance by leaning too far from its center of gravity, has resulted in injuries to University employees.

Following is an overview of the Cal/OSHA requirements and safe practices in ladder use. Supervisors should review and enforce these safe practices with their employees who use ladders in their work. Certain construction-related ladders such as job-built ladders, ladder stands (mobile work platforms), or trellis ladders are not covered in this Fact Sheet.

Kinds of ladders

A ladder should have a mark indicating its type and size. Additionally, a mark indicating the ladder's compliance with ANSI A14 should be visible. Call EH&S to evaluate the ladder if the markings are not visible.

Extension Ladder An extension ladder is a non-self-supporting portable ladder, adjustable in length. It consists of two or more sections that travel in guides or brackets, which are arranged to permit length adjustment. An extension ladder's size is designated by the sum of the lengths of the sections measured along the side rails. It cannot exceed 44 feet.

Sectional Ladder A sectional ladder is a non-self-supporting portable ladder, adjustable or non-adjustable in length. It consists of two or more sections of ladder that may be combined to function as a single ladder. The overall length of the assembled sections designates its size.

Single Ladder A single ladder is a non-self-supporting portable ladder, similar to an extension ladder, non-adjustable in length, that consists of only one section. Its size is designated by the overall length of the side rail and cannot exceed 30 feet.

Step Ladders A stepladder is a self-supporting portable ladder, nonadjustable in length, having flat steps and a hinged back. It is measured along the front edge of the side rails.

Basic principles for safe use of *all* ladders

Basic principles for safe use of *stepladders*

Housekeeping

Fall protection for use with ladders

Type I— Industrial stepladder, 3 to 20 feet long for heavy-duty work, commonly used by contractors, utility companies, or industrial companies.

Type II—Commercial stepladder, 3 to 12 feet long for medium duty operations, such as painting, office repairs, or light industrial use.

Type III—Household step ladder, 3 to 6 feet long for light duties, such as

light household use. These ladders are not permitted for use by University employees.

- Inspect the ladder for broken or defective parts prior to each use.
 - Face the ladder while climbing and descending.
 - Do not stand on the top three rungs of ladders (except for stepladders, see below).
 - Remove damaged or defective ladders from use.
 - Do not place ladders where they can be accidentally struck or displaced.
 - Tie, block, or otherwise secure portable ladders while in use.
 - Do not splice ladders together.
 - Do not use metal ladders for electrical work or near live electrical parts.
 - Mark portable metal ladders with the words — CAUTION — DO NOT USE AROUND ELECTRICAL EQUIPMENT.
 - If working off the ladder, use an appropriate fall protection system as described in the EH&S Fact Sheet, “Fall Protection Equipment and Inspection.”
 - Most wooden ladders on campus have been discarded, but those still in use may not be painted with any color other than clear. Opaque paint could hide cracks.
 - Do not step on the top of the ladder (top cap) or on the step below the top cap.
 - Do not place planks on the top cap.
 - Do not use the X-bracing on the rear section of a stepladder for climbing.
 - Make sure that the stepladder is properly set up and that the spreader is locked in place before use.
 - Do not use the stepladder as a lean-to ladder.
- Clear debris and equipment that could cause a slip, trip, or fall from working areas around the ladder. Prevent equipment and supplies from falling on other people.

If working from a ladder is necessary and the worker will be more than 7 1/2 feet above the floor level, some form of fall protection has to be set up before starting the work and must be used during the work. Engineering controls, such as scaffolding with appropriate railings, should be considered before using ladders, but if they are unavailable, the employee should use fall protection devices.

For further explanations of fall protection devices, see the EH&S Fact Sheet, “Fall Protection Equipment and Inspection.”

Appendix A – IIPP Forms

Form 1	Report of Unsafe Condition or Hazard
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Injury & Illness Prevention Program

REPORT OF UNSAFE CONDITION OR HAZARD

Department: _____

I. Unsafe Condition or Hazard

Name: (optional) _____ Job: _____

Title: _____

Location of Hazard: _____

Building: _____ Floor: _____ Room: _____

Date and time the condition or hazard was observed:

Description of unsafe condition or hazard: _____

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

Employee Signature: (optional) _____

Date: _____

II. Management/Safety Committee Investigation

Name of person investigating unsafe condition or hazard:

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

Proposed action to be taken to correct hazard or unsafe condition: (Complete and attach a Hazard Correction Report, IIPP Form 4)

Signature of Investigating Party: _____

Date: _____

**IIPP - Form 1
Rev. 10/02/01**

Completed copies of this form should be routed to the appropriate supervisor and department Safety Committee, and must be maintained in department files for at least one year.

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SAFETY COMMITTEE MEETING DOCUMENTATION

NOTE: This form, meeting minutes, or a similar record must be completed for each Safety Committee meeting held.

Department: _____ Meeting Date: _____ Meeting Chair: _____ Title: _____ Other Attendees: _____ <p style="text-align: center;">Attach any additional supporting documentation to this form.</p>

Issue Discussed: _____

Required Actions and Schedule: _____

Responsible Party: _____

Issue Discussed: _____

Required Actions and Schedule: _____

Responsible Party: _____

Issue Discussed: _____

Required Actions and Schedule: _____

Responsible Party: _____

Issue Discussed: _____

Required Actions and Schedule: _____

Responsible Party: _____

IIPP - Form 2 Completed copies of this form must be maintained in Department files for at least one year. **Rev. 10/02/01**

University of California, Berkeley
GENERAL SELF-INSPECTION FORM
for Administrative Areas

This self-inspection form should be used to document safety inspections in large office suites, areas with multiple cubicles, copy rooms, coffee rooms, and other common work areas. It should not be used for individual offices, nor for non-administrative areas such as shops, laboratories, and areas containing any hazardous materials. (See www.ehs.berkeley.edu for Office, Shop, and Laboratory forms.)

The university is required to perform and document self-inspections of all campus workspaces annually as part of Cal/OSHA's requirement for an effective Injury and Illness Prevention Program (IIPP). Each department must inspect its administrative workspaces annually using this GENERAL/ADMINISTRATIVE SELF-INSPECTION FORM or an equivalent. This form can assist you in identifying and correcting many unsafe practices and conditions. The unsafe practices and conditions identified on this form are prohibited by state laws or campus policies, or are generally considered to be unsafe workplace practices.

After completing the self-inspection form, share the results with your supervisor and Department Safety Committee. Correct identified deficiencies as soon as possible and document correction on the form by entering the "Date Completed." If you need assistance correcting conditions, or if you have any questions or concerns about safety in the workplace, contact your Department Safety Coordinator or the Office of Environment, Health & Safety (EH&S) at 642-3073. Keep the original self-inspection form on file in your department, so that it will be available should Cal/OSHA or campus oversight committees request it. EH&S will periodically check that your department has performed and documented general (administrative area) self-inspections.

This form was designed to help ensure compliance with Cal/OSHA regulations that require documented periodic inspections of all work areas as part of an effective IIPP. However, completion of this form and correction of any findings noted herein does not ensure that Cal/OSHA will not issue citations.

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5. Are fire alarm pull boxes clearly identifiable and unobstructed?

Yes (Satisfactory) No (Needs Correction) Date Corrected: _____
 N/A

Corrective Action: Clear area of obstructions.

6. Are fire hose stations and/or portable extinguishers clearly identifiable and unobstructed?

Yes (Satisfactory) No (Needs Correction) Date Corrected: _____
 N/A

Corrective Action: Label fire-fighting equipment and clear area of obstructions.

7. Are fire extinguishers tagged with inspections at least annually?

Yes (Satisfactory) No (Needs Correction) Date Corrected: _____
 N/A

Corrective Action: Contact your Building Coordinator to arrange for a fire extinguisher inspection by PP-CS. Ensure that the extinguisher is properly tagged after the inspection.

8. Do self-closing devices and door latches on fire-rated doors (doors that open into corridors or stairwells) work properly? (Doorstops are not permitted.)

Yes (Satisfactory) No (Needs Correction) Date Corrected: _____
 N/A

Corrective Action: Contact your Department Safety Coordinator to arrange for door repairs.

9. Are there at least 18 inches (47 cm) of vertical clearance maintained between all stored items and any ceiling equipped with fire sprinklers?

Yes (Satisfactory) No (Needs Correction) Date Corrected: _____
 N/A

Corrective Action: Remove stored items that do not meet the above criteria.

10. Are electrical panels accessible and circuit breakers clearly identified?

Yes (Satisfactory) No (Needs Correction) Date Corrected: _____
 N/A

Corrective Action: Label circuit breakers as to their function, and clear area in front of electrical panels by 36 inches.

11. Are aisles, exits, and adjoining hallways maintained free of obstructions so that the area can be easily evacuated or accessed in case of an emergency?

Yes (Satisfactory) No (Needs Correction) Date Corrected: _____
 N/A

Corrective Action: Remove obstructions from aisles, exits, and adjoining hallways. Contact your Department Safety Coordinator if help is needed cleaning adjoining hallways.

12. Has all electrical equipment that is required to be grounded (e.g., copiers and computers) been grounded? (Ensure that the grounding pin has not been removed and that 3-pin to 2-pin adapters are not used.)

Yes (Satisfactory) No (Needs Correction) Date Corrected: _____
 N/A

Corrective Action: Contact your supervisor or Department Safety Coordinator to arrange for installation of appropriate outlets and plugs.

13. Are extension cords in good condition (e.g., no breaks or exposed wiring), used only as temporary wiring (less than 30 days), and not connected in series?

Yes (Satisfactory) No (Needs Correction) Date Corrected: _____
 N/A

Corrective Action: Do not connect extension cords in series. Dispose of or repair all electrical cords that are not in good condition, and replace those in use more than 30 days with permanent wiring.

14. Has all broken, unguarded, or otherwise dangerous equipment and furniture been repaired or removed? (Example: A paper cutter without a guard to keep fingers away from the blade.)

Yes (Satisfactory) No (Needs Correction) Date Corrected: _____
 N/A

Corrective Action: Contact your supervisor or Department Safety Coordinator to arrange for removal or repair of equipment or furniture.

15. Are floor surfaces kept dry and/or made slip-resistant?

Yes (Satisfactory) No (Needs Correction) Date Corrected: _____
 N/A

Corrective Action: Work with your supervisor, Department Safety Coordinator, or Safety Committee to address this issue.

16. Is furniture and equipment over four feet tall braced to prevent tipping in an earthquake?

- Yes (Satisfactory) No (Needs Correction) Date Corrected: _____
 N/A

Corrective Action: Contact your supervisor or Department Safety Coordinator for assistance in installing seismic restraints, or remove items in question.

17. Are all work areas adequately illuminated?

- Yes (Satisfactory) No (Needs Correction) Date Corrected: _____
 N/A

Corrective Action: Contact your supervisor or Department Safety Coordinator for assistance in obtaining additional lighting.

18. Have computer workstations been ergonomically evaluated for all employees who spend four or more hours at their computer each day?

- Yes (Satisfactory) No (Needs Correction) Date Corrected: _____
 N/A

Corrective Action: Contact your supervisor or Department Safety Coordinator to have a trained workstation evaluator assess the workstation. If your department does not have an evaluator, contact University Health Services, Ergonomics@Work Program (642-8410).

OFFICE SELF-INSPECTION FORM

This self-inspection form should be used to document safety inspections of individual offices. It should not be used for general administrative areas such as large office suites, areas with multiple cubicles, copy rooms, coffee rooms, and other common work areas, nor for non-administrative areas such as shops, laboratories, and areas containing any hazardous materials. [See www.ehs.berkeley.edu for General (administrative areas), Shop, and Laboratory forms.]

The university is required to perform and document self-inspections of all campus workspaces annually as part of Cal/OSHA's requirement for an effective Injury and Illness Prevention Program (IIPP). Each department must inspect its office workspaces annually using this OFFICE SELF-INSPECTION FORM or an equivalent. This form can assist you in identifying and correcting many unsafe practices and conditions. The unsafe practices and conditions identified on this form are prohibited by state laws or campus policies, or are generally considered to be unsafe workplace practices.

After completing the self-inspection form, share the results with your supervisor and Department Safety Committee. Correct identified deficiencies as soon as possible and document correction on the form by entering the "Date Completed." If you need assistance correcting conditions, or if you have any questions or concerns about safety in the workplace, contact your Department Safety Coordinator or the Office of Environment, Health & Safety (EH&S) at 642-3073. Keep the original self-inspection form on file in your department, so that it will be available should Cal/OSHA or campus oversight committees request it. EH&S will periodically check that your department has performed and documented office self-inspections.

This form was designed to help ensure compliance with Cal/OSHA regulations that require documented periodic inspections of all work areas as part of an effective IIPP. However, completion of this form and correction of any findings noted herein does not ensure that Cal/OSHA will not issue citations.

Injury & Illness Prevention Program

Office Self-Inspection Form

Office Location (Rm/Bldg)_____	Date of Inspection _____
Department _____	
Inspector's Name (print)_____	
Signature_____	
Supervisor's Name (print)_____	
Signature_____	

1. Has all electrical equipment that is required to be grounded (e.g., computers) been grounded? (Ensure that the grounding pin has not been removed and that 3-pin to 2-pin adapters are not used.)

- Yes (Satisfactory) No (Needs Correction) Date Corrected: _____
 N/A

Corrective Action: Contact your supervisor or Department Safety Coordinator to arrange for installation of appropriate outlets and plugs.

2. Do all powerstrips have a circuit breaker? (Only powerstrips with a circuit breaker reset switch should be used. Extension cords are not allowed as permanent wiring.)

- Yes (Satisfactory) No (Needs Correction) Date Corrected: _____
 N/A

Corrective Action: Replace powerstrips without circuit breaker with ones that have them. Do not connect power strips and/or extension cords in series. Dispose of or repair all electrical cords that are not in good condition, and install permanent wiring to replace those that have been used for more than 30 days.

3. Is furniture and equipment over 4 feet tall braced to prevent tipping in an earthquake?

- Yes (Satisfactory) No (Needs Correction) Date Corrected: _____
 N/A

Corrective Action: Contact your supervisor or Department Safety Coordinator for assistance in installing seismic restraints, or remove items in question.

4. Is the floor free of slip or trip hazards?

- Yes (Satisfactory) No (Needs Correction) Date Corrected: _____
 N/A

Corrective Action: Remove stored material and extension cords from exit paths and clean up any spilled material immediately. Ensure that exit paths are maintained free of obstructions and hazards.

Injury & Illness Prevention Program

5. Have computer workstations been ergonomically evaluated for all employees who spend four or more hours at their computer each day?

- Yes (Satisfactory) No (Needs Correction) Date Corrected:
 _____ N/A

Corrective Action: Contact your supervisor or Department Safety Coordinator to have a trained workstation evaluator assess the workstation. If your department does not have an evaluator, contact University Health Services, Ergonomics@Work Program (642-8410).

6. Do self-closing devices and door latches on fire-rated doors (doors that open into corridors or stairwells) work properly? (Doorstops are not permitted.)

- Yes (Satisfactory) No (Needs Correction) Date Corrected:
 _____ N/A

Corrective Action: Contact your Department Safety Coordinator to arrange for door repairs.

Injury & Illness Prevention Program

CNR-IIPPP Form Sample-The Office of Environment Health and Safety annually updates the Laboratory Self-Inspection form. For a complete, current version you can to download a copy from <http://www.ehs.berkeley.edu/whatwedo/healthsafety/iipp/FormDirectory.html>.

University of California, Berkeley

2004 LABORATORY SELF-INSPECTION

As part of a Cal/OSHA requirement for an effective Injury and Illness Prevention Program (IIPP) as well as a requirement by the Federal Environmental Protection Agency, all campus workspaces are required to perform and document self-inspections annually. The attached Laboratory Self-Inspection Form will help document laboratory safety inspections and will assist laboratory researchers in identifying and correcting many common, unsafe practices and conditions. The unsafe practices and conditions identified on this form are prohibited by state laws or campus policies, or are not generally accepted as safe laboratory practices.

The procedures for completing this form are as follows:

1. Designate a qualified¹ individual to inspect each laboratory using this form, or an equivalent.
2. Send a photocopy of the completed form to your Department Safety Coordinator (DSC).
3. Share the completed form with the Principal Investigator and other laboratory users. Discuss the findings and corrective actions in a laboratory meeting and encourage others to voice their safety concerns.
4. Correct each identified deficiency as soon as possible and document the correction on the original form.
5. Keep the original form on file in the laboratory for at least one year, so that it will be available to Cal/OSHA, granting agencies, or campus research oversight groups, if requested.
6. If you need assistance correcting conditions identified during the self-inspection or have any questions or concerns about laboratory safety, whether they pertain to this inspection or not, contact your DSC or the Office of Environment, Health & Safety (642-3073).

- This form was designed to help ensure compliance with Cal/OSHA, EPA, and other regulations. **During some recent Cal/OSHA inspections, laboratories that were able to provide this completed form avoided monetary fines.** However, completion of this form and correction of any findings noted herein does not guarantee that these agencies will not issue citations.
- EH&S plans to spot check many of the returned forms, comparing notations with actual conditions in the laboratory. Additionally, EH&S will periodically verify that completed self-inspection forms are being kept on file in the laboratory or department. These actions are done to ensure questions are not misinterpreted and this program remains effective.

¹ Qualified: The Principal Investigator (PI), laboratory manager, or a person designated by the PI, who by reason of training, experience, or instruction has demonstrated the ability to identify potential hazards.

Please note: This form does not address specific activities involving research animals, biohazardous agents, lasers, radioactive materials or radiation-producing machines, which have separate and unique inspection requirements that are part of their approval process.

Injury & Illness Prevention Program

HAZARD CORRECTION REPORT

Department: _____

This form should be used in conjunction with the "Report of Unsafe Condition" form (IIPP Form 1), 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, remove personnel from the area and restrict access until the hazard can be addressed.

Supervisor/Safety Coordinator Name: _____ Telephone Ext.: _____

Supervisor/Safety Coordinator Signature

Date

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

IIPP - Form 4
Rev. 10/02/01

Completed copies of this form should be routed to the department Safety Committee and kept in department files for at least one year.

Injury & Illness Prevention Program

OCCUPATIONAL ACCIDENT, INJURY OR ILLNESS INVESTIGATION REPORT

Department: _____

Supervisor's Name/Phone: _____

Person(s) involved: (include titles) _____

Location: _____ Time: _____ Date: _____

Task being performed when accident occurred: _____

NOTE: This form is intended to serve only as a local record of the investigation conducted within the department. Should an injury or illness occur, required forms must be submitted to the Department of Workers Compensation (DWC) as outlined in the Workers' Compensation Manual for Supervisors. Call 643-7921 if copies are not available in your department. Also, an IIPP Form 4, "Hazard Correction Report" must be completed in conjunction with any accident, injury or illness.

Describe the accident, illness, or injury and the probable root cause(s) of the incident. Include the nature of the injury or illness, any eyewitness accounts, and any property damage which may have occurred. Be sure to include the names and phone numbers of any witnesses. Attach a separate sheet if necessary.

Describe what corrective actions need to be taken to ensure this type of incident does not recur. Also, include the name(s) and phone number(s) of those who will ensure that these corrective actions are done in a timely manner.

Signature of Supervisor Conducting Investigation

Date

Signature of Department Safety Coordinator

Date

(Do not sign until a thorough review of the incident by the Safety Committee is complete and corrective actions are in place.)

IIPP—Form 5 Completed copies of this form must be routed to the Safety Committee and kept on file for at least one year. **Rev. 10/02/01**

Injury & Illness Prevention Program

SAFETY TRAINING ATTENDANCE RECORD

Department: _____

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

Instructor(s):	Location:	Date:	Time:	Length:
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We are legally required to maintain records regarding our safety training activities. Please assist us by providing the information indicated below to document your attendance.
 Thank you.

Name <i>(Please Print)</i>	Department	Campus Phone	Employee I.D. (if available)	Official Payroll Title	Signature
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					

IIPP - Form 6
Rev. 10/02/01

Completed copies of this form must be kept in the department files for at least one year.

Injury & Illness Prevention Program

NEW EMPLOYEE SAFETY TRAINING RECORD

Department: _____

Instructor/Supervisor: _____

This completed form should be retained in the individual's personnel file as evidence of initial training required under the Injury and Illness Prevention Program.

Employee Name: _____

Please Print)

New Hire Transfer Other: _____

Date of Hire / New Assignment: _____

I, _____, hereby certify that this employee has
(Instructor)

been trained on the following: (Check appropriate boxes.)

I. Initial Training on Department's IIPP, Including: Date: _____

- My right to ask any question, or report any safety hazards, either directly or anonymously without any fear of reprisal.
- The location of departmental safety bulletins and required safety postings (i.e., summary of occupational injuries and illnesses, and Safety and Health Protection Poster).
- Disciplinary procedures that may be used to ensure compliance with safe work practices.
- Reporting safety concerns.
- Accessing the department safety committee.
- Reporting occupational injuries and illnesses.

II. Hazard Communication Training Date: _____

- The potential occupational hazards in the work area associated with my job assignment.
- The safe work practices and personal protective equipment required for my job title.
- The location and availability of Material Safety Data Sheets (MSDS).
- The hazards of any chemicals to which I may be exposed, and my right to the information contained on MSDSs for those chemicals.

III. Building Emergency Plan (BEP) Date: _____

- Emergency escape routes and procedures and Emergency Assembly Area (EAA)
- How to report a fire and other emergencies
- Names or regular job titles of persons to be contacted for further information.

III. Other: _____ Date: _____

Employee Signature: _____ Date: _____

IIPP - Form 7

Rev. 10/02/01 | Completed copies of this form must be kept in Department files for at least one year.

LIFTING TRAINING REQUIREMENT:

If your job includes lifting you are required to review the materials at:

<http://www.uhs.berkeley.edu/facstaff/ergonomics/lifting/index.shtml>

as part of your IIPP training. Your electronic signature verifies that you have taken this step.

