

CENTER FOR NEUROSCIENCE

INJURY AND ILLNESS PREVENTION PROGRAM



INJURY AND ILLNESS PREVENTION PROGRAM

This Injury and Illness Prevention Program has been prepared by The University of California, Department: CENTER FOR NEUROSCIENCE

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).

INJURY AND ILLNESS PREVENTION PROGRAM

TABLE OF CONTENTS

Preface Department Information

- I. Authorities and Responsible Parties
- II. System of Communications
- III. System for Assuring Employee Compliance with Safe Work Practices
- IV. Hazard Identification, Evaluation, and Inspection
- V. Accident Investigation
- VI. Hazard Correction
- VII. Health and Safety Training
- VIII. Recordkeeping and Documentation
- IX. Resources
- X. Completed Tasks

APPENDICES

- A. Hazard Alert/Correction Form
- **B.** Job Safety Analyses
- C. Worksite Inspection Forms
- D. Injury and Illness Investigation Form
- E. Safety Training Attendance Record

Department Information

Department Name: CENTER FOR NEUROSCIENCE

Department Director: Kimberley McAllister, PhD

Address: Center for Neuroscience, 1544 Newton Ct., Davis, CA 95618

Telephone Number: 530-757-8708

Buildings Occupied by Department

1. Building: Center for Neuroscience Building,1544 Newton Ct.

Center for Neuroscience Unit(s):

Contact: Lisa Laughlin Phone: 530-757-8905

2. Building: Neurosciences Building, 1515 Newton Ct.

Unit(s): Center for Neuroscience, SOM Neurology, SOM Neurological Surgery

Contact: Lisa Laughlin Phone: 530-757-8905

3. Building: CNS-Annex Building, 1633 DaVinci Ct.

Unit(s): Center for Neuroscience

Contact: Lisa Laughlin Phone: 530-757-8905

4. Building: MRI Building, 1629 DaVinci Ct.

Unit(s): Center for Neuroscience, Imaging Research Center

Contact: Lisa Laughlin

Phone: 530-757-8905

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: Kimberley McAllister, PhD

Title: Director, Center for Neuroscience

Authority: Authority and responsibility for ensuring implementation of this IIPP

Signature: Limberley McIllister Date: 2/28/2021

2. Name: Lisa Laughlin

Title: Safety & Facility Manager

Authority: Department designated authority for implementation of this IIPP

Signature:

Date: 2/18/2021

Lisa Laughlin — 3A8CF1298E0B414...

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).

II. System of Communications

1. Effective communications with employees have been established using the following methods. Check all boxes that apply, list additional department methods in space provided.

x	Standard Operating Procedures Manual
x	Safety Data Sheets
x	Monthly departmental operations meetings
x	Internal media (department intranet)
x	EH&S Safety Nets
x	Training videos
x	Safety Newsletter
x	Handouts
x	Building Evacuation Plan
x	E-mail
x	Posters and warning labels
x	Job Safety Analysis – Initial Hire
x	Job Safety Analysis – Annual Review
x	Other (list): Departmental Safety Website, https://cnssafety.ucdavis.edu/
	Campus Ready Worksite Plan

- Employees are encouraged to report any potential health and safety hazard that may exist in the workplace. <u>Hazard Alert/Correction Forms</u> (<u>Appendix A</u>) 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 <u>62</u>, 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 (<u>UC Davis Personnel Policies for Staff Members- Section 62, Corrective Action</u>).

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, <u>and</u> documented records are on file that clearly indicate training was provided for the specific topic, and that the employee understood the training and potential hazards.
- 5. Corrective action for non-compliance will take place when documentation exists that proper training was provided, the employee understood the training, and the employee knowingly neglected to follow proper safety procedures. Corrective action includes, but is not limited to, the following: Letter of Warning, Suspension, or Dismissal.

Does your department use any additional methods for assuring employee compliance with safe work practices? YES NO x

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 <u>Appendix B</u>.

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 <u>JSA/PPE Certification Forms</u>

(Example JSAs are located in <u>Appendix B1</u> and <u>Appendix B2</u> 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: Frequency: Responsible Person: Records Location:	1544 Newton Ct. Annual Lisa Laughlin 1544 Newton Ct., room 149
2)	Location: Frequency: Responsible Person Records Location:	1515 Newton Ct. Annual Lisa Laughlin 1544 Newton Ct., room 149
3)	Location: Frequency: Responsible Person: Records Location:	1633 DaVinci Ct. Annual Lisa Laughlin 1544 Newton Ct., room 149

4) Location: 1629 DaVinci Ct. Frequency: Annual Responsible Person: Gerard Sonico Records Location: 1629 DaVinci Ct.

(Worksite Inspection Forms are located in <u>Appendix C</u> (<u>C1 - General Office and C2 - Laboratory</u>). (*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.

Employee of this department 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.
- 2. The <u>Injury and Illness Investigation Form (Appendix D)</u> 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 <u>within eight hours</u> 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 <u>EH&S SafetyNet #121</u> 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 <u>Hazard Alert/Correction Report (Appendix A)</u> to document corrective actions, including projected and actual completion dates.

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

Does your department have any additional Hazard Correction Procedures? Yes No x

VII. Health and Safety Training

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

1544 Newton Ct., Room 149

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, (<u>8CCR §3203</u>), Injury and Illness Prevention Program
- 4. Personnel Policies for Staff Members, Corrective Action, <u>UC PPSM 62</u>
- 5. UC Davis Environmental Health & Safety
 - <u>Safety Services Website</u>
 - EH&S SafetyNets
 - <u>Safety Data Sheets</u>
- Does your department have any additional resources? YES x NO
 Center for Neuroscience Safety Website: https://cnssafety.ucdavis.edu/
 Campus Ready Departmental Worksite Plan

X. COMPLETED TASKS

All tasks are required before submitting:

JSA Reviewed:	YES	х	NO
Annual Worksite Inspection completed:	YES	х	NO
IIPP Reviewed:	YES	х	NO
Annual IIPP Training completed:	YES	х	NO

Ø

Approve Well done Lisa!

If you selected 'No' for any task, provide an estimated timeframe for completion.

HAZARD ALERT / CORRECTION FORM

Alert Identification No. _____ Department: _____

I. Unsafe Condition or Hazard		
Name: (optional)	Jo	b:
Title: (optional)		
Location of Hazard:		
Building:	Floor:	Room:
Date and time the condition or hazard	was observed:	
Description of unsafe condition or haz	ard:	
What changes would you recommend	to correct the condition or h	azard?
Employee Signature: (optional) Date:		
II. Management/Safety Committee		
Name of person investigating unsafe c		
Results of investigation (What was for sheets if necessary.)	and? Was condition unsafe of	or a hazard?): (Attach additional
Proposed action to be taken to correct Correction Report, IIPP Appendix E)	hazard or unsafe condition:	(Complete and attach a Hazard
Signature of Investigating Party:		
Date:		
	form should be routed to the app must be maintained in department	ropriate supervisor and department t 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.

Date:

 Supervisor/Safety Coordinator Name:
 Telephone:

Supervisor/Safety Coordinator Signature:

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

Example Job Safety Analysis

Department: Section:	Environmental Health & Safety Health & Safety	
Name	Signature	Date

Job Function	Potential Health or Injury Hazard	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	Exposure to radiological agents via inhalation, contact,	Avoid all unnecessary exposures. Adhere to radiological
laboratories containing radiological materials.	ingestion or injection.	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 blood borne 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 Blood borne Pathogen Program training during the first 6 months of employment. Participation in Facilities- specific medical clearances as required.
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.

Job Function	Potential Health or Injury Hazard	Safe Practice, Apparel, or Equipment
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.
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.
General office work	Back strain, eyestrain, repetitive motion injury. Physical injuries due to slips, trips and falls, and falling objects. Electrical hazards. Physical injuries due to fires, earthquakes, bomb threats and workplace violence.	Ensure that workstations are ergonomically correct. Keep floors clear of debris and liquid spills. Keep furniture, boxes, etc. from blocking doorways, halls and walking space. Do not stand on chairs of any kind, use proper foot stools or ladders. Do not store heavy objects overhead. Do not top load filing cabinets, fill bottom to top. Do not open more than one file drawer at a time. Brace tall bookcases and file cabinets to walls. Provide one-inch lip on shelves. Do not use extension cords in lieu of permanent wiring. Ensure that high wattage appliances do not overload circuits. Use GFCIs in receptacles in potentially wet areas. Replace frayed or damaged electrical cords. Ensure that electrical cords are not damaged by being wedged against furniture or pinched in doors. Attend emergency action and fire prevention plan training including emergency escape drills.
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.
Exposure to noise hazards	Hearing loss due to noise exposure	Voluntarily participate in the Hearing Conservation Program. Use hearing protection as required.

Job Safety Analysis

Department:	Business Services	
Name	Signature	Date

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

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 Com			Cor	npleted	copies of this form should be routed to the department Safety Coordinator	

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.

January 2016

REVIEW CHECKLIST

ENVIRONMENTAL HEALTH & SAFETY ONE SHIELDS AVENUE DAVIS, CA 95616 (530) 752-1493



To fill out this checklist online from a tablet or phone, please use the <u>SIT tool</u> on UC Safety Suite.

Principal Investigator/LaboratorySupervisor:					
Lab Contact:	Building:				
Date:	Room Number:				
Chemical		Yes	No	Corrected	NA
Abbreviations used on container labels are identified in a pror	ninent place in the lab.				
Description/Corrective Action: Abbreviations and/or acrony posted in a prominent place and available to all laboratory versions.	-				
Chemical containers are clearly labeled with contents (in Engli	sh) and primary hazard(s).				
Description/Corrective Action: Each container of hazardous the identity of the hazardous substance and any appropriate					
Chemical storage containers are in good condition and approp	riate for contents.				
Description/Corrective Action: Hazardous substances shall chemically inert to and appropriate for the type and c Containers of hazardous substances shall not be stored in su in physical damage to, or deterioration of, the container.	uantity of hazardous substance.				
Containers of hazardous chemicals are not stored on the floor	•				
Description/Corrective Action: Floor storage is not recomm it is necessary to do so, secondary containment is required.	ended for hazardous materials. If				
Corrosive or potentially hazardous liquid chemicals are stored	below eye level.				
Description/Corrective Action: To reduce potential for spill corrosives and other potentially hazardous liquids should be					
Flammable chemicals are stored separately from combustible	materials.				
Description/Corrective Action: Storage of flammable liquids incompatible materials, including combustible materials.	s shall be separated from				
Flammable liquid (including waste) storage outside of the flam 10 gallons.	mable storage cabinet is less than				
Description/Corrective Action: The maximum amount of fl in a laboratory allowed outside a flammable storage cabin storage available, reduce inventory to less than 10 gallons.	,				
Flammable liquid storage in the lab is below allowable quanti Fire Marshal (60 gallons per fire-rated area).	ies as determined by the campus				
Description/Corrective Action: Flammable liquids in the labo per fire rated area.	pratory must not exceed 60 gallons				

REVIEW CHECKLIST



Flammables liquids are not stored in containers that exceed 1 gallon containers (or 2 gallons for approved safety can).		
Description/Corrective Action: Flammable liquid storage containers must not exceed 1 gallon, with the exception of 2 gallon if container is a safety can.		
Flammables liquids are not used in close proximity to ignition sources.		
Description/Corrective Action: Flammable liquids shall be kept as far as possible from open flames, but not less than 12 inches.		
Flammables are stored in "laboratory safe" refrigerator/freezer only.		
Description/Corrective Action: Flammables must be stored in refrigerators or freezers manufactured to be "laboratory safe" and properly labeled as safe for storage of flammables.		
Incompatible chemicals are properly segregated.		
Description/Corrective Action: Incompatible substances must be separated from each other by distance, partitions or secondary containment to prevent accidental contact. Store acids from bases, oxidizers from flammables, etc.		
Laboratory is free of expired or unneeded chemicals.		
Description/Corrective Action: Expired chemicals should be discarded following appropriate disposal procedures. All unneeded chemicals should be removed from the laboratory.		
Pyrophoric chemicals are segregated, properly contained, labeled and used only in buildings equipped with automatic sprinkler system.	 	
Description/Corrective Action: Pyrophoric chemicals must be segregated from incompatible materials by a distance of not less than 20 feet or by storing in hazardous material storage cabinets. Pyrophoric chemical use and storage is permissible only in buildings that are equipped throughout with an approved automatic sprinkler system.		
Storage cabinets are clearly labeled as to contents.		
Description/Corrective Action: Chemical storage cabinets must be conspicuously labeled as appropriate, i.e. "FLAMMABLE "or "CORROSIVES".		
Strong acids and strong bases are stored in secondary containers.		
Description/Corrective Action: Secondary containment is required for the indoor storage of all corrosives.		
Time sensitive chemicals/peroxide formers are labeled with date received, stored away from light and disposed of within 18 months of purchase or expiration date, whichever is sooner.		
Description/Corrective Action: Peroxide formers are to be stored away from light and heat and labeled with the date they were received, opened and an expiration date to facilitate hazard control. Organic peroxides can decompose into various unstable compounds over time.		

REVIEW CHECKLIST



Water reactive chemicals are properly segregated, contained and labeled.				
Description/Corrective Action: Materials which will react with water shall not be stored in the same room with flammable or combustible liquids. Chemicals that may react violently with water must be stored in a moisture free environment and protected from accidental contact with water.				
Documentation	Yes	No	Corrected	NA
Appropriate hazard communication signage is posted at laboratory entrance(s).				
Description/Corrective Action: Hazard identification signs (biohazard, radiation, carcinogen, toxic, oxidizer, flammable, pyrophoric, water reactive, corrosive, magnetic fields, laser, etc.) are required at the entrances to locations where hazardous materials are stored, dispensed, used or handled.				
Building Emergency Evacuation Route is posted near the exit.				
Description/Corrective Action: Map of escape route shall be posted near exits.				
Chemical inventory has been completed or updated within past 12 months.				
Description/Corrective Action: An inventory of all hazardous substances known to be present in the workplace must be maintained and updated at least annually.				
Current emergency contacts and PI/supervisor contact are posted at the laboratory entrance.				
Description/Corrective Action: The names or regular job titles of persons who can be contacted for further information or explanations during an emergency should be posted at the entrances to all laboratories.				
Department Injury and Illness Prevention Plan is available and up-to-date.				
Description/Corrective Action: Every employer shall establish, implement and maintain an effective Injury and Illness Prevention Program. The program shall be in writing and updated at least annually.				
Emergency Action Plan is available.				
Description/Corrective Action: Every employer shall establish, implement and maintain an Emergency Action Plan. The plan shall be in writing and updated at least annually.				
Emergency assistance information is posted.				
Description/Corrective Action: Effective provisions shall be made in advance for prompt medical treatment in the event of serious injury or illness. This can be accomplished by a communications system for contacting a doctor or emergency medical service, such as access to 911 or equivalent telephone system. Emergency numbers must be posted near telephone.				
Hazard assessment is completed and reviewed annually.				
Description/Corrective Action: UCOP policy requires a hazard assessment to determine the appropriate personal protective equipment. Any completed hazard assessment that indicates less than the minimum PPE described requires review and approval from EH&S. Hazard assessment must be reviewed on an annual basis and roster must be kept up-to-date.				

REVIEW CHECKLIST



If applicable, participation in the Medical Surveillance Program has been established and documented.				
Description/Corrective Action: For a Cal/OSHA regulated substance for which there are exposure monitoring and medical surveillance requirements, medical surveillance shall be established for employee as prescribed by the particular standard.				
Personnel is aware of location/existence of current campus-wide Chemical Hygiene Plan				
Description/Corrective Action: A written Chemical Hygiene Plan is required for any workplace that uses hazardous chemicals. Access to current Chemical Hygiene Plan must be available to all members of the lab. UC Davis campus-wide Chemical Hygiene Plan is contained within the Laboratory Safety Manual: <u>http://safetyservices.ucdavis.edu/article/laboratory-safety-manual.</u>				
Safety Data Sheets are accessible and available.				
Description/Corrective Action: Safety data sheets for each hazardous substance must be readily accessible. Electronic access and other alternatives to maintaining paper copies are permitted provided all lab workers have immediate access.				
Self-inspections are conducted and documented on an annual basis.				
Description/Corrective Action: Records of scheduled and periodic inspections (annual) to identify unsafe conditions and work practices, including person(s) conducting the inspection, the unsafe conditions and work practices that have been identified and action taken to correct the identified unsafe conditions and work practices are required.				
Staff is aware of how to report incidents and near-misses.				
Description/Corrective Action: Staff should be provided information on the reporting of incidents and near misses.				
Standard Operating Procedures are available.				
Description/Corrective Action: Written SOPs for hazardous operations in the laboratory, work with particularly hazardous substances, etc., and documented training are required. Consult manufacturers' Safety Data Sheets (SDS) for hazard classification information.				
Electrical	Yes	No	Corrected	NA
3-Prong plugs have not been modified to plug into 2-prong receptacle.				
Description/Corrective Action: Equipment must be properly grounded to operate safely.				
A minimum clearance of thirty-six inches in front of electric panel/breaker box is being maintained.				
Description/Corrective Action: A minimum clearance must be maintained around electrical panel for easy access in the event of an emergency.				
Electrical cords do not pose any trip hazards.				
Description/Corrective Action: Cords must be taped down or otherwise secured to prevent tripping.				

REVIEW CHECKLIST



Equipment does not have any damaged cord, plug or other condition that constitutes an electrical hazard.				
Description/Corrective Action: Remove equipment from service until repaired or replaced.				
Extension cords are not being used as permanent or semi-permanent wiring.				
Description/Corrective Action: Extension cords may be used in temporary situations where permanent wiring is inappropriate or because equipment is frequently moved. If permanent wiring is required a circuit receptacle should be installed.				
Extension cords or power strip are plugged directly into outlet.				
Description/Corrective Action: Power strips or extension cords must be directly connected to a permanently installed circuit receptacle, not connected in series.				
High voltage equipment is clearly and appropriately labeled.				
Description/Corrective Action: "Danger – High Voltage" must be posted on all doors that lead to areas that contain equipment with high voltage (>600 volts). Equipment must be marked as high voltage with permanent, highly visible markings.				
High voltage equipment is properly guarded.				
Description/Corrective Action: High voltage conductors (>600 volts) must be effectively guarded against danger from accidental contact. All protective panels must be properly installed.				
Major appliances/equipment are plugged directly into outlet.				
Description/Corrective Action: Refrigerators, freezers, incubators, centrifuges, microwaves, analytical equipment, etc. must be plugged directly into the wall outlet.				
Personnel working on hard-wired equipment are trained to the Energy Isolation – Lock Out/Tag Out program.				
Description/Corrective Action: The employer's hazardous energy control procedure shall include separate procedural steps for the safe lockout/tagout of each machine or piece of equipment affected by the hazardous energy control procedure. Only trained individuals may work on hard-wired equipment.				
Power strips near liquids have surge protection.				
Description/Corrective Action: Surge protection is required for all power strips that are used near liquid.				
quipment	Yes	No	Corrected	N/
Appropriate safety information is posted on equipment.				
Description/Corrective Action: Required safety information, including danger and hazard warning must be posted on equipment.				
				1

REVIEW CHECKLIST



Moving parts of equipment are properly guarded.				
Description/Corrective Action: Belts, pulleys, sprockets and chains, shafts or other rotating parts of mechanical equipment must be properly guarded (opening <1/2").				
Secondary containment for vacuum pumps that use oil is provided.				
Description/Corrective Action: Secondary containment must be provided for vacuum pumps to collect oil leakage.				
Fire	Yes	No	Corrected	NA
Aisles, exits and/or hallways are not obstructed.				
Description/Corrective Action: Aisles must meet minimum clearance guideline of 24" to facilitate departure in the event of an emergency.				
Fire Extinguisher is available in the room with flammable or combustible liquids.				
Description/Corrective Action: A portable fire extinguisher must be located in the area where flammable or combustible liquids are stored, used or dispensed.				
Fire extinguisher annual maintenance tag is present and up-to-date.				
Description/Corrective Action: Fire extinguisher must be inspected annually by Fire Prevention and documented on inspection tag. Contact Rocci Twitchell at rrtwitchell@ucdavis.edu to arrange for annual maintenance or replacement tag.				
Fire extinguisher is properly mounted.				
Description/Corrective Action: Fire extinguisher must be mounted and easily accessible in the event of an emergency.				
Fire extinguisher monthly visual inspection is documented and up-to-date.				
Description/Corrective Action: Fire extinguishers must be visually inspected monthly and documented.				
Fire extinguishers are available as required.				
Description/Corrective Action: Portable fire extinguishers must be available within 75' or less for class A fires or within 50' for class B fires (flammable liquids).				
Fire extinguishers are fully charged, pin and/or security seal is intact.				
Description/Corrective Action Fire extinguishers must be fully charged and operational at all times.				
Fire-rated doors are not propped open.				
Description/Corrective Action: Fire-rated doors must not be propped open. Magnetic hold- opens, linked to building alarm systems, are acceptable.				
	1	1		1

REVIEW CHECKLIST



Items stored such that minimum clearance of 18" of sprinklers or 24" of ceiling without sprinklers is met.				
Description/Corrective Action: Title 8, §6170 requires 18" clearance between sprinklers and materials below and 24" from ceiling to materials below without sprinklers. Move items that prevent this required clearance.				
Fume Hoods	Yes	No	Corrected	NA
Audible/visual alarm is functional and/or visual airflow indicator is working.				
Description/Corrective Action: Fume hood must be equipped with a quantitative airflow monitor that continuously indicates air is flowing or an audible or visual alarm that is activated if airflow decreases to less than 80% of required airflow.				
Chemical work is conducted more than 6" from front of hood.				
Description/Corrective Action: To minimize potential for injury or exposure, hazardous chemicals and/or reactions should be kept at least 6" behind the plane of the sash.				
Fume hood has been certified within the past year.				
Description/Corrective Action: Annual check of fume hood is required to ensure the ability to maintain inward airflow.				
Fume hood illumination is functional.				
Description/Corrective Action: If fume hood illumination is available, it must be functional.				
Fume hood is not cluttered or used for storage.				
Description/Corrective Action: Fume hood should not be used for long-term storage of equipment, chemicals or supplies not regularly used. Fume hood should be kept clean and free of clutter at all times for improved airflow across the work surface.				
Fume hood users know how to check their airflow monitor to verify that the hood airflow is functioning properly. Users know how to check the certification sticker for annual testing.				
Description/Corrective Action: Fume hood operators must know where the quantitative airflow monitor or alarm system is located on the hood and how it is used to indicate an inward airflow during hood operation, and be able to determine the date of the last performance test and if the hood performance met the requirements.				
Proper sash height is indicated. Sash position does not exceed approved working height. Fume hood is kept closed when not in use.				
Description/Corrective Action: The sash and/or jamb of the fume hood must be marked to show the maximum opening at which the hood face velocity meets the required airflow. Fume hood should be kept closed when not in use.				

REVIEW CHECKLIST



Gas	Yes	No	Corrected	NA
Compressed gas cylinders are adequately secured.				
Description/Corrective Action: Compressed cylinders must be stored upright and adequately				
secured. Two, non-combustible restraints (upper 1/3 and lower 1/3) are recommended. "C"-				
clamps are not adequate to secure large cylinders.				
Compressed gas cylinders are labeled with contents and hazards.				
Description/Corrective Action: Compressed gas cylinders are required to have a shoulder label				
that includes contents and hazard information.				
Oxygen and combustible cylinders are separated by an appropriate distance or barrier.				
Description/Corrective Action: Oxygen cylinders in use or in storage shall be separated from				
fuel gas cylinders or combustible materials a minimum distance of 20 feet or by a non-				
combustible barrier at least 5 feet high, or a minimum of 18 inches (46 centimeters) above				
the tallest cylinder and having a fire-resistance rating of at least one hour.				
Toxic gases are properly stored in a ventilated cabinet/fume hood.				
Description/Corrective Action: Cylinders shall not be kept in unventilated enclosures such as				
lockers and cupboards.				
Valves of gas cylinders are capped when not in use.				
Description/Corrective Action: Valve protection devices must be in place when cylinder is not				
in use. The regulator must not remain installed when cylinder is not in-use.				
General Safety	Yes	No	Corrected	NA
Ceiling tiles/panels are not missing and are in good condition.				
Description/Corrective Action: Individual ceiling tiles adjacent to sprinkler heads must be in				
place to ensure activation of the sprinkler system during a fire. Groups of three or more ceiling				
tiles missing in areas not adjacent to sprinkler heads must be replaced to ensure activation.				
Floor is free of defects that could cause slipping, tripping or falling.				
Description/Corrective Action: Laboratory floor needs to be free of defects that could cause				
slip, trips and falls.				
Hand wash sink is available with soap and paper towels.				
Description/Corrective Action: Employees must be able to wash and dry their hands after				
working with potentially hazardous materials, after removing gloves and prior to leaving				
laboratory.				

REVIEW CHECKLIST



Lab areas are clean and uncluttered.				
Description/Corrective Action: Lab area should be clean and uncluttered, excess materials should be stored in neat, secure manner that provides easy access and reduces the potential for falling, collapsing, rolling or spreading of the material. Equipment, chemicals, glassware and supplies not in regular use should be stored in areas other than workstations. Paper on work surfaces and walls should be kept to a minimum. There should be minimal glassware on bench top, in sink, and in fume hood.				
Laboratory sinks delivering non-potable water, are labeled "Industrial Water - Do Not Drink"				
Description/Corrective Action: Water for industrial purposes must be posted in a manner to indicate that the water is unsafe and is not to be used for drinking.				
Laboratory ventilation pressure is negative with respect to corridors and offices.				
Description/Corrective Action: Negative pressure should be maintained between the laboratory and adjacent non-laboratory spaces to prevent uncontrolled chemical vapors from leaving the laboratory.				
Refrigerators/freezers are labeled appropriately for the use of the refrigerator/freezer. i.e. "not for storage of food for consumption", "not for storage of flammable materials".				
Description/Corrective Action: Permanent warning labels against the storage of food and beverages must be affixed to all laboratory refrigerators and freezers, i.e., "not for storage of food for consumption," "not for storage of flammable materials," etc.				
Spills are promptly and properly cleaned.				
Description/Corrective Action: All spills shall be cleaned promptly, using appropriate protective apparel and equipment.				
There is no eating or drinking in the laboratory or food storage with hazardous materials.				
Description/Corrective Action: Eating and drinking in areas where laboratory chemicals are stored or handled is prohibited. Workers should be directed to consume food and beverages outside the laboratory.				
Vacuum systems (both house systems and stand-alone vacuum pumps) are fitted with traps and/or protection (HEPA/hydrophobic) filter, if required.				
Description/Corrective Action: Improper trapping can allow vapor to be emitted from the exhaust of the vacuum system, resulting in either reentry into the laboratory and building or potential exposure to maintenance workers.				
PPE	Yes	No	Corrected	NA
Appropriate gloves are available for use with hazardous activities conducted within the laboratory.				
Description/Corrective Action: Gloves that are appropriate for the activity must be available				
in the laboratory. Chemical resistant gloves are required for handling hazardous materials.				
Equipment or process sound levels do not exceed 85 dBA.				

REVIEW CHECKLIST



Descriptive/Corrective Action: Protection against the effects of noise exposure shall be provided when the sound levels exceed 90 dBA for 8 hours. If the sound levels may exceed 85 dBA, a sound level check should be completed.		
Face shields are worn as appropriate.		
Description/Corrective Action: Face shields must be worn over safety glasses or chemical splash goggles when using cryogens, large amounts of corrosives, or other eye/face splash hazards.		
Gloves are worn for laboratory procedures where skin contact with hazards may occur.		
Description/Corrective Action: Gloves are required for employees whose work involves exposure of hands to cuts; burns; harmful physical or chemical agents; or radioactive materials.		
If applicable, respirator use has been evaluated by EH&S and users are included in the campus respiratory protection program.		
Description/Corrective Action: Every employee that is required to wear a respirator must participate in the respiratory protection program which includes a medical evaluation and fittesting.		
If applicable, specialty PPE needed (i.e. UV/IR glasses, lab aprons, cryogenic gloves) is available in the laboratory.		
Description/Corrective Action: The employer shall assess the workplace to determine if hazards are present, or are likely to be present, which necessitate the use of personal protective equipment (PPE). If such hazards are present, or likely to be present, the employer shall select, and have each affected employee use, the types of PPE that will protect the affected employee from the hazards identified in the hazard assessment.		
Lab coats, appropriate to the activity, are worn.		
Description/Corrective Action: An appropriate lab coat must be worn when actively working in the laboratory unless an exemption to the UCOP PPE policy has been granted.		
Lab coats, properly fitted, are available.		
Description/Corrective Action: Employer is responsible for providing required PPE for protection against hazardous materials.		
Lab workers remove gloves before accessing common items, door knobs, elevator buttons, etc.		
Description/Corrective Action: Gloves should be removed before exiting the laboratory. In the event that hand protection is required for transport of chemical, one glove should be removed to access common items.		
Long pants (legs covered) and closed-toe/heel shoes are worn in the lab.		
Description/Corrective Action: UCOP PPE policy requires that long pants or equivalent and close-toed/close-heeled shoes be worn in the laboratory unless an exemption to the policy has been granted.		
Safety glasses or chemical splash goggles are worn in the laboratory when there is a risk of eye injury.		

REVIEW CHECKLIST



Description/Corrective Action: Eye protection is required when there is a risk of eye injury, such as puncture, abrasion, contusion or burn as a result of contact with flying particles, hazardous substances, projections or injurious light rays.				
Safety Equipment	Yes	No	Corrected	NA
A plumbed emergency eyewash /safety shower or emergency eyewash is immediately available where corrosive liquids are handled or used.				
Description/Corrective Action:				
Description/Corrective Action: An emergency eyewash or emergency eyewash/safety shower must be available in the room where corrosive liquids are handled or used.				
A plumbed emergency eyewash/safety shower or emergency eyewash is available within 10 seconds.				
Description/Corrective Action: An emergency eyewash and deluge shower must be accessible within 10 seconds of all chemical splash or eye injurious hazards.				
Access to emergency eyewash/shower is free of items that obstruct their use.				
Description/Corrective Action: The area of the eyewash and shower equipment must be free of items that obstruct their use.				
Annual test of emergency eyewash/safety shower or emergency eyewash has been completed or documented.				
Description/Corrective Action: A flow verification test and inspection of plumbed eyewash and shower equipment must be completed annually.				
Appropriate chemical spill kit is available.				
Description/Corrective Action: Spill control kits tailored to deal with the potential risk associated with the materials being used in the laboratory are required.				
Calcium gluconate for Hydrofluoric acid (HF) exposure first aid is available. Calcium gluconate has not expired. Training on HF first aid is documented.				
Description/Corrective Action: Exposure to HF can lead to hypocalcemia. Therefore, hydrofluoric acid exposure is often treated with calcium gluconate, a source of Ca2+ that sequesters the fluoride ions. Non-expired calcium gluconate should be available and staff should be trained in HF first aid.				
First Aid Kit is available.				
Description/Corrective Action: Title 8, §3400 requires adequate first-aid materials be readily available for employees on every job. Purchase simple first aid kit and replenish as needed.				
Monthly activation of emergency eyewash/safety shower is documented.				
Description/Corrective Action: Plumbed eyewash and shower equipment must be activated at least monthly to flush the line and verify operation.				
Seismic	Yes	No	Corrected	NA

REVIEW CHECKLIST



Heavy items and precariously situated items are not stored on higher shelves.				
Description/Corrective Action: For seismic concerns, heavier items must be secured or placed on lower shelves.				
Large equipment is seismically anchored.				
Description/Corrective Action: To reduce potential injury and the blocking of doors and/or exits during seismic events, items over 5' tall, i.e., file cabinets, bookcases and other tippable items, should be anchored.				
Overhead storage is secured.				
Description/Corrective Action: To decrease the potential for injury or blocking aisles during seismic events, items stored overhead must be secured. Either move overhead storage or secure.				
Shelves have restraints to prevent items from falling.				
Description/Corrective Action: Shelves used for the storage of hazardous materials must have a lip or guard to reduce the potential for chemical spills during a seismic event.				
Training	Yes	No	Corrected	NA
Laboratory personnel have completed UC Laboratory Safety Fundamentals training.				
Description/Corrective Action: All laboratory workers are required to complete the UC Laboratory Safety Fundamentals e-Course prior to beginning work in the laboratory and every three years thereafter. Log on to LMS and complete required e-Course.				
Specialized training for lab-specific hazards has been documented.				
Description/Corrective Action: Documented training is required for all hazardous substances, processes, procedures and equipment in the work area (regulated carcinogens, Blood borne Pathogens, radiation, lasers use, etc.). Site-specific orientation training is required for all new laboratory personnel.				
Spill response training is documented.				
Description/Corrective Action: All employees should be trained in the appropriate spill response procedures for both minor and major chemical spills. Annual retraining is required.				
Training on laboratory specific Standard Operating Procedures (SOP) is documented.				
Description/Corrective Action: Documented training on all SOPs is required and specific and unambiguous training records must be available upon request.				
Training on the Chemical Hygiene Plan is documented.				
Description/Corrective Action: Documented training is required for the Chemical Hygiene Plan.				
Training on the Emergency Action Plan is documented.				
Description/Corrective Action: Documented training is required for the Emergency Action Plan. Annual retraining is required.				

REVIEW CHECKLIST



Training on the Injury and Illness Prevent Plan (IIPP) is documented.				
Description/Corrective Action: Documented training is required for the IIPP. Annual retraining is required.				
Training to manage or handle hazardous waste is documented.				
Description/Corrective Action: Laboratory workers that generate or handle hazardous waste must be trained in storing, labeling, proper disposal and accumulation times for hazardous waste.				
Waste	Yes	No	Corrected	NA
All containers holding hazardous waste are closed except when adding or removing waste.				
Description/Corrective Action: A container holding hazardous waste must be closed except when adding or removing waste.				
All hazardous waste containers are compatible with the contents and in good condition.				
Description/Corrective Action: All hazardous waste containers must be compatible with the contents and in good condition. If a container holding hazardous waste is not in good condition, or if it begins to leak, the contents shall be transferred into a container that is in good condition. A container shall be made of or lined with materials which will not react with and are otherwise compatible with, the hazardous waste to be transferred or stored, so that the ability of the container to contain the waste is not impaired.				
All sharps are disposed of in a sturdy container or a hard-walled sharps container (non-red without biohazard label or red with biohazard) as appropriate.				
Description/Corrective Action: All sharps must be disposed of in a sturdy container (clean lab glass) or a hard-walled sharps container (non-red without biohazard label or red with biohazard) as appropriate. Improper disposal of sharps can cause injury and can also be a source of infectious, chemical or radiological aerosol and surface contamination.				
Biomedical waste containers have a tight-fitting lid in place.				
Description/Corrective Action: Biomedical waste containers must have a tight-fitting lid in place to prevent leakage during collection, handling, processing, storage, transport or shipping.				
Biomedical waste in red bags is being properly disposed in accordance with UCD Policy.				
Description/Corrective Action: All red bag waste must be disposed of in accordance with the Medical Waste Management Act.				
Biomedical waste secondary containment is used.				
Description/Corrective Action: If the outside of the primary biomedical container is contaminated, the primary container shall be placed in a second container which prevents leakage during collection, handling, processing, storage, transport or shipping.				
Hazardous waste is being properly disposed through EH&S.				
Description/Corrective Action: All hazardous waste must be disposed of through EH&S not evaporated in fume hoods or disposed of in regular trash.				

REVIEW CHECKLIST



Hazardous waste in secondary containment.		
Description/Corrective Action: All hazardous waste must be managed so as to ensure that incompatible laboratory wastes are not mixed, and are otherwise prevented from coming in contact with each other. All hazardous materials must be in secondary containment.		
Hazardous waste is not being accumulated beyond regulatory time limits (i.e., 90 days for extremely hazardous waste, 9 months for other hazardous waste).		
Description/Corrective Action: Extremely Hazardous waste may be accumulated for no greater than 90 days and other hazardous waste for no greater than one year. Due to EH&S waste processing time, hazardous waste can be held in laboratory no longer than 9 months.		
Hazardous waste is properly labeled.		
Description/Corrective Action: Hazardous waste must be labeled with "Hazardous Waste", the start date of accumulation, the contents, the hazard classification, the physical state and the name and address of the person producing the waste.		
Sharps containers are properly labeled, as to contents, hazard, etc.		
Description/Corrective Action: Sharps containers must be labeled with the words "sharps waste". Biohazard sharps containers must include the international biohazard symbol and the word "BIOHAZARD".		
Sharps container's contents are not past the fill line.		
Description/Corrective Action: Sharps containers must be prepared for disposal when ¾ full and be taped closed or tightly lidded to preclude loss of contents.		
Universal waste is properly labeled/discarded/contained.		
Description/Corrective Action: Universal waste must be contained in a manner that prevents breakage and release of components to the environment. The container shall be structurally sound and compatible with the contents. Universal waste must be labeled or marked to identify the type of universal waste (i.e. Universal Waste-Battery(ies), Universal Waste-Mercury-Containing Equipment, Universal Waste-CRT(s). Universal waste shall be accumulated for no longer than one year from the date the universal waste was generated, or received from another universal waste handler.		

IIPP – Appendix D January 2016

Please access the **Injury Reporting Procedure** page on the Safety Services website.

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

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

		UCD Employer's Re							
OCCURRENCI In the event of	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.								
		COMPLETE THESE SECTIONS:	ssion of in	formation co	buidi	result in a de	ay or c	penetits.	
Employee		OMPLETE THESE SECTIONS.			Em	nployee's UC	Davis	ID #:	
Address:									
City/State/Z	City/State/Zip:					Date of E	Birth:		
	t/Locatio	n:				nployee's Wo		one: ()
C Payroll Title			Date of	'Hire:					Gross Salary:
Supervisor'	s Name:			Super	visor	's Work Pho	ne: ()	
Employee () Volu	inteer() Student-Employee()	()hours per d	lay	() d	ays per	week	() total weekly hours
Specific Inju	ury/IIInes	s/Exposure:		B	ody F	⊃art(s) affect	ed:		Date of injury/illness:
	nere injur	y or illness occurred:						Others	Injured? 🗌 Yes 🔲 No
I 🖽 👘 👘		aterials or chemicals caused the injury/illn						Who wi	tnessed this injury?
Explain in c	letail how	/ the injury occurred. Include specific activ	/ities/tasks	performed	at th	e time.			
Employ		brovided by: h ServicesSutter Davis Hospital E		Other: (Prov	vide	Name &Phor	ne#)_		
	d, no mea	dical care needed.	er		~		Foday's	Data	
Employee S	200						louays	Date.	
		STIGATION AND STATEMENT (EM on, explain in detail how the injury/illness of					perform	oed:	
	vestigatio		occurred a	nu me spec	nic a	leavity being	penon	neu.	
₩ What was t	he injury,	illness or exposure?							
INITIAL CA	USE	CONTRIBUTING FACT	ORS AND	ACTIVITIE	ES				REVENTIVE ACTIONS
Struck by or		Equipment		Ventilatic				PERVISO	
against obje (indicate)	ct	Equipment failure Equipment unavailable	Employ	Ergonom	nic fa	actors		Develop/r	evise safety procedures and PP or Chem. Hyg. Plan
(indicate)		Improper equipment or			t ahl	e to do work	l m		ergonomic evaluation
Caught in/u	nder/	material used for job		mployee fat					<i>w</i> equipment
between		Personal protective equipment		nbalanced	or po	oor position			w personal protective equipment
🔲 Fall / Slip / 1	Гrip	□ Not worn		rmotion	040				equipment from use and
Material har	ndling	Not readily available Not adequate for the task		icorrect pro isk	ceau	res used for		repair/rep	preventive maintenance
or lifting □ Repetitive m	otion	Personal protective equipment		ther unsafe	prac	stice			n employee before task is
	1011011	failure	Assista					re-assign	ed.
exposure		Training/Experience		ifficult to pe	rform	n task			on-site review of work activity,
Body fluid		Lack of training		ithout help					b safety analysis.
exposure:	a.a.	Safety training provided, not followed		atety teatur eadily availa	es or	devices not			ure work area icate correcti∨e actions to others
Needle s Sharps	STICK	New task for employee or lack		ssistive dev		not used		in job cat	
Animal bite	Animal bite of experience Lack of policy/procedure Other								
Other, Expla	ain	Work Area		al (explain		w)	-		
		Work area set up improperly Inadequate lighting or noise issues	U Othe	r (explain) _				eventive a me	actions will be completed by:
		Housekeeping issues				······			
Environmental factors (rain, wind, temp. etc) Use additional pages as needed					te of completion				
SUPERVISOR	SORM	ANAGER'S SIGNATURE:	200 440		, u			Date	of Investigation:
DEPARTMENT	HEAD'	S SIGNATURE:						Date	:
PLEASE NOTE: COM		HIS FORM IS NOT AN ADMISSION OF UNIVERSITY	LIABILITY						7/2011 ER: WC/H/MJB
January		an							

SAFETY TRAINING ATTENDANCE RECORD

Training Topic:		Date:
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.		
16.		
17.		
18.		
19.		
20.		
21.		
22.		
23.		
24.		
25.		
27		
28.		
29.		
30.		

IIPP-Appendix E
January 2016Completed copies of this form should be routed to the department Safety Coordinator
and must be maintained in department files for at least three years.

Effective: 1/25/2021 JOB FUNCTION	JOB SAFETY ANALYSIS POTENTIAL HEALTH OR INJURY HAZARDS	DEPT: CNS SAFE PRACTICE, 0	LOCATION: Center for Neuroscience OR EQUIPMENT	JOB TYPE: Animal Handler PERSONAL PROTECIVE EQUIPMENT (PPE)
Animal Handling and Restraint	Mechanical/Physical Injuries from Animals.	 from the Labora your supervisor Do not perform not been traine your supervisor Always keep in scratch or grab Maintain a safe possible. Follow any Star (SOP) that you are working wit to watch a vide Nonhuman Prir toonosis trainin work in a lab.) Immediately re 	a procedure for which you have d or feel uncomfortable. Ask for assistance. mind that animals may bite, (in the case of primates). distance from them when hdard Operating Procedures r supervisor provides. (If you h primates, you will be required o such as, "Working Safely with nates" and complete the online g course. Prior to beginning	 When working with species other than primates, the minimum protective clothing requirement is a lab coat, gloves, long pants and closed-toed shoes. The laboratory or experimental conditions dictate any other requirements. For instance, if dust or fluid is generated (or if there is a potential for splash), wear a mask and eye protection. When working with monkeys, long pants and a lab coat coat with cuffed sleeves (or "sleeves" with an uncuffed lab coat) will help protect against scratches. In some situations, you may be required to wear thick, protective leather gloves. See the Zoonotic Exposure section for more information.

Effective:	JOB SAFETY ANALYSIS	DEPT:	LOCATION:	JOB TYPE:
1/25/2021		CNS	Center for Neuroscience	Animal Handler
JOB FUNCTION	POTENTIAL HEALTH OR INJURY HAZARDS	SAFE PRACTICE, OR EQUIPMENT		PERSONAL PROTECIVE EQUIPMENT (PPE)
Animal Handling and Restraint	Zoonotic Exposures: Zoonotic diseases are infections or infestations shared by humans and animals. Be aware that these diseases may also be transmitted via animal tissues (blood, neural tissue, etc.).	the following l http://safetyservice Use the "Haza information or with which yo https://iacuc.ucdar Also review t Animals:" http://safetyserv Everyone who complete the Animal Conta " Health care Services will r	ning work, review the information on ink: <u>es.ucdavis.edu/article/staying-healthy-vivarium</u> ard Analysis Tool" to obtain current in zoonotic diseases for the species u will be working: <u>vis.edu/iacuc_public/risktool/index.cfm</u> he information on "Allergy to <u>vices.ucdavis.edu/article/allergy-animals</u> to has exposure to animals must "Significant Biological Agent or ct Health Surveillance Questionnaire. professionals at Occupational Health review the form and make individual tions as appropriate.	aubatituta fan gaad wark
Animal Handling and Restraint	Zoonotic Exposure or Mechanical/Physical Injuries from Animals	 No food of beyond the beyond the areas). Wash han and lab ar For person listed safe Immediate your super 	r drink is allowed into the lab (or e first controlled access door i.e. e door between the lobby and the lab ds with soap before exiting animal eas and after working with animals. nnel working with primates, the above practices, are required. ely report any accident or injury to rvisor, the CNS Safety Manager and tional Health Services at (530) 752-	 Closed-toed shoes are to be worn in the lab (or beyond the first controlled access door). When working with animals, wear lab coat and other appropriate protective equipment stated above. For personnel working with primates, the above listed protective apparel, or equipment are required.

Effective: 1/25/2021 JOB	JOB SAFETY ANALYSIS POTENTIAL HEALTH OR	DEPT: CNS SAFE PRAC	LOCATION: Center for Neuroscience TICE, OR EQUIPMENT	JOB TYPE: Field Researcher PERSONAL PROTECIVE
FUNCTION	INJURY HAZARDS			EQUIPMENT (PPE)
	 Trip planning, including international or high risk area travel. Field Operations Safety Manual: https://safetyservices.ucdavis.edu/site s/g/files/dgvnsk576/files/inline- files/UCFieldOperationsSafetyManual. pdf Field Safety Annual Report: https://ucdavis.app.box.com/s/8qqbcik 05pw5hd3hogmf8fngug9iznhg Access to field sites 	risks, wl Services Field Re <u>https://safe</u> <u>safety</u> • Drive de prepare	ed travel entails new and different nich can be found within the Safety s Website link to search Safety tyservices.ucdavis.edu/categories/field-research- fensively. Avoid driving when tired. Be d for delays. Carry adequate food, othing, first aid equipment and tools.	 Contingent on specific field work plan.
Field Research	Exposure to sun/elevated temperatures (heat illness training applies for temperatures at or above 80°F) Other weather conditions	 New Heat Illness Training can be found at http://safetyservices.ucdavis.edu/training/heat-illness-prevention For exposure to sun/heat: Wear sunscreen and hat. Maintain adequate fluid intake. For further information, read Safety Net # 123 https://safetyservices.ucdavis.edu/safetynet/heat-illness-prevention Other adverse weather: Wear protective clothing as needed (hat, raincoat, gloves, appropriate footwear). Take cover during a thunderstorm. 		 For exposure to sun/heat: Wear hat, seek frequent shade for temperatures at or above 80°F.

Effective: 1/25/2021	JOB SAFETY ANALYSIS	DEPT: CNS	LOCATION: Center for Neuroscience	JOB TYPE: Field Researcher
JOB FUNCTION	POTENTIAL HEALTH OR INJURY HAZARDS	SAFE PRACTICE,	OR EQUIPMENT	PERSONAL PROTECIVE EQUIPMENT (PPE)
	Field Activities	traveling throu appropriate tra with another ir	ate footgear, especially when gh rough or rocky terrain. Obtain aining on equipment use. Travel ndividual when accessing remote ovide supervisor with itinerary	
	Valley Fever: Valley fever is another name for the sometimes-deadly infection coccidioidomycosis. It is called valley fever because the organism that causes it is commonly found in the soil of the southwestern United States, Mexico, and parts of Central and South America. Valley fever usually affects the lungs. When it affects other parts of the body, it is called disseminated valley fever. Valley fever is spread through the air. If soil containing the valley fever fungus is disturbed by construction, natural disasters, or wind, the fungus spores get into the air. People can breathe in the spores and get valley fever. The	exposure to du valley fever is	k for valley fever should avoid ust and dry soil in areas where common. in windy/dusty conditions.	Wear particle dust mask (if at risk for valley fever)

Effective:	JOB SAFETY ANALYSIS	DEPT:	LOCATION:	JOB TYPE:
1/25/2021		CNS	Center for Neuroscience	Field Researcher
JOB	POTENTIAL HEALTH OR	SAFE PRACTICE, OF	R EQUIPMENT	PERSONAL PROTECIVE
FUNCTION	INJURY HAZARDS			EQUIPMENT (PPE)
	disease is not spread from person to person. Anyone can get valley fever, but people who engage in activities that disturb the soil are at increased risk. People with weakened immune systems are at increased risk for disseminated disease.			

Effective: 1/25/2021	JOB SAFETY	DEPARTMENT:	JOB TYPE:
	ANALYSIS	Center for Neuroscience	Office / Computer Work
JOB FUNCTION	POTENTIAL HEALTH OR INJURY HAZARDS	SAFE PRACTICE, OR EQUIPMENT	PERSONAL PROTECTIVE EQUIPMENT (PPE) OR APPAREL

General Office Safety	Office, and worker general hazards and awareness	Refer to EH&S Safety Net #148 for general office hazards and training. Training and enforcement are under the direction of the Chief Administrative Officer.	
General office work	Back strain, eyestrain, repetitive motion injury	Ensure that workstations are ergonomically correct. Refer to EH&S SafetyNet #'s 17, 41, 46, and 96. Training and enforcement are under the direction of the Chief Administrative Officer.	
General office work	Physical injuries due to slips, trips and falls, and falling objects	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&S SafetyNet # 46 and 83. Training and enforcement are under the direction of the Chief Administrative Officer.	Use of slip-resistant shoes may help prevent slips.
General office work	Electrical hazards	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&S SafetyNets #109 and #512. Training and enforcement are under the direction of the Chief Administrative Officer.	
General office work.	Physical injuries due to fires, earthquakes, bomb threats and workplace violence	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&S SafetyNet # 83. Training and enforcement are under the direction of the Chief Administrative Officer.	

Effective: 1/25/2021	JOB SAFETY ANALYSIS	DEPARTMENT: Center for Neuroscience	JOB TYPE: Office / Computer Work
JOB FUNCTION	POTENTIAL HEALTH OR INJURY HAZARDS	SAFE PRACTICE, OR EQUIPMENT	PERSONAL PROTECTIVE EQUIPMENT (PPE) OR APPAREL
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, employ proper lifting techniques at all times. Refer to EH&S SafetyNet #'s 29, 41 and 46. Training and enforcement are under the direction of the Chief Administrative Officer.	Wear proper hand and foot protection to protect against crushing or pinching injuries.
Entering a laboratory with biological, chemical, radiological agents	Exposure to biological agents, chemical agents, and radiological items	Training and enforcement are under the direction of the laboratory's Principal Investigator (PI). If you require repeated entry into a lab to work alongside lab workers, but not performing lab related work, additional training is required. Please complete the Lab Safety for Support Personnel online training class at this link http://safetyservices.ucdavis.edu/training/lab-safety-support-personnel.	 The minimum protective clothing includes full length pants, or equivalent, and closed toe/heel shoes must be worn at all times by all individuals who are occupying or entering a laboratory. The area of skin between the shoe and ankle should not be exposed Lab coats or protective garments are required to be worn while working with, or adjacent to, all bench top procedures using hazardous materials. Coats should be buttoned to their full length. Laboratory coat sleeves must be of sufficient length to prevent skin exposure while wearing gloves.

Effective: 1/25/2021 JOB	JOB SAFETY ANALYSIS POTENTIAL HEALTH OR	DEPT:LOCATION:CNSCenter for NeuroscienceSAFE PRACTICE, OR EQUIPMENT	JOB TYPE: Shop Worker PERSONAL PROTECIVE
FUNCTION	INJURY HAZARDS		EQUIPMENT (PPE)
Instructions for use of all tools- Preparation	Trips/FallsFlying PartsBodily Injury	 Clean work area before starting. Make sure area is well lit. Secure and tighten all parts before starting. Use proper tool accessories. Check and replace any broken or 	 Long pants, Non-slip, Closed- Toe Shoes Dust Mask Goggles/Safety Glasses Remove jewelry from hands and neck, tie back hair, roll up long
		damaged parts.	sleeves and secure any other loose clothing that could potentially get caught in moving equipment.
Instructions for use of all tools- Use	Fires or Electrical Shocks	 Don't operate tools in explosive atmospheres. Grounded tools must be plugged into properly installed grounded outlets. Do not force polarized plugs into an outlet if it won't fit. Avoid body contact with grounded surfaces. 	 Long pants, Non-slip, Closed- Toe Shoes Dust Mask Goggles/Safety Glasses Remove jewelry from hands and neck, tie back hair, roll up long sleeves and secure any other loose clothing that could
	Tangled Parts	 Don't expose power tools to rain or wet conditions. Disconnect the plug from power source 	potentially get caught in moving equipment.
	Bodily Injury	before making any adjustments or changing accessories.	
	Eye InjuryBack Strain	 Do not wear loose clothing or jewelry. Tie long hair. Wear goggles or any eye protection. Do not overreach. Keep feet shoulder length apart. 	

Effective:		Y ANALYSIS	DEPT:	LOCATION:	JOB TYPE:		
1/25/2021	JUD SAFEI	I ANALISIS	CNS	Center for Neuroscience	Shop Worker		
JOB	POTENTIAL	HEALTH OR	SAFE PRACTICE, OR EQUIPMENT		PERSONAL PROTECIVE		
FUNCTION	INJURY H				EQUIPMENT (PPE)		
Instructions for use of all tools- After Use	 Bodily Injury Electrical St 		 Keep sharp cutting edges clean. Lubricate tool, if necessary. Use air compression to clean tool, if necessary. Do not store tools in an area where water can enter. 		 Long pants, Non-slip, Closed- Toe Shoes Dust Mask Goggles/Safety Glasses Remove jewelry from hands and neck, tie back hair, roll up long sleeves and secure any other loose clothing that could potentially get caught in moving equipment. 		
General machining and metal fabrication processes using stationary machine tools; (lathe,	 lacerations, with point of associated f from work p Hearing dan audible nois 	lacerations, from contact with point of operation or associated flying materials from work part.		f, and faculty using the must have prior and complete the CNS safety online training. Go to ining, ety.ucdavis.edu/machine- ording to manufacturer's	 Long pants, Non-slip, Closed- Toe Shoes Dust Mask Goggles/Safety Glasses Remove jewelry from hands and neck, tie back hair, roll up long sleeves and secure any other loose clothing that could 		
	day Sound level • Understand			se of tools and procedures	potentially get caught in moving equipment.		
mill, drill press, and	8	90dB	 before comme Use correct to 	ol for the job and ensure that	Wear hearing protection.		
grinders)	6	92dB		od condition before starting			
	4	95dB	work.				
	3	97dB		fect tool or machine to			
	2	100dB	Safety Manag				
	1.5	102dB		ing systems and shields. guarding systems			
	1	105dB		0 0 0 - 1			
	.5	110dB					

Effective: 1/25/2021	JOB SAFETY ANALYSIS	DEPT: CNS	LOCATION: Center for Neuroscience	JOB TYPE: Shop Worker
JOB	POTENTIAL HEALTH OR	SAFE PRACTICE,		PERSONAL PROTECIVE
FUNCTION	INJURY HAZARDS			EQUIPMENT (PPE)

	.25 or less 115dB		
Grinding	 Metal dust, silica dust Noise 	 Use tools according to manufacturer's recommendation. Understand use of tools and procedures before commencing work. Use correct tool for the job and ensure that tools are in good condition before starting work. Report any defect tool or machine to Safety Manager. 	 Long pants, Non-slip, Closed- Toe Shoes Use dust masks or respirators as appropriate. Goggles/Safety Glasses and Face Shields. Remove jewelry from hands and neck, tie back hair, roll up long sleeves and secure any other loose clothing that could potentially get caught in moving equipment. Wear hearing protection. Use ear protection
Exposure to cutting fluid and fumes	DermatitisInhalation hazard	 Limit skin exposure and wash affected area with soap and water. Use ventilation when operation generates fumes. 	May require use of a respirator. Please vist the informational link on the respirator fit program at <u>http://safetyservices.ucdavis.ed</u> <u>u/article/respiratory-protection-</u> <u>program</u>

Effective: 1/25/2021	JOB SAFETY ANALYSIS	DEPT: CNS	LOCATION: Center for Neuroscience	JOB TYPE: Shop Worker
JOB FUNCTION	POTENTIAL HEALTH OR INJURY HAZARDS	SAFE PRACTICE	, OR EQUIPMENT	PERSONAL PROTECIVE EQUIPMENT (PPE)
Use of oils and lubricants	 Spontaneous combustion from wiping cloths saturated with oil Slip hazard from spilled oil and cutting fluids 	 Dispose of oily cloths in safety can. Keep work area clean. Keep away from ignition sources. Keep fire extinguishers up to date. Store in flammable cabinets 		Consult SDS's for details on recommended PPE.
Use of hand tools	Cuts, abrasions, contusions from contact with point of operation	 Use the proper tool for the job Report unsafe tools to the Facility/Safety Manager 		 Wear safety glasses and face shields if there is a risk of flying debris. Consult equipment user guides for any other PPE recommendations.
Hazardous materials	 Fumes from solvents, paint Fumes and particulates from epoxy composite fabrication 	 Use adequate Keep away from Use approved and medical e Keep fire extine Cover expose sanding epoxy Store in flamm Dispose waster 	om ignition sources. I respirator; training class exam required before use. nguishers up to date. Ind body surfaces when	 Observe recommended use of PPE from SDS's for chemical being used. Consult Safety Net #50- Guidelines for the Selection of Chemical Resistant Gloves.

Campus Ready

COVID-19 Worksite Plan Template

Each UC Davis department is responsible for creating and documenting a plan aimed at mitigating the spread of coronavirus at each of their worksites. This worksite plan template lists the specific information that must be provided by each department as well as critical topics that departments must plan for and document. Any additional diagrams or documentation developed as part of the worksite plan should be attached to this document.

Filling Out the Template

This template is broken into 5 sections that must each be filled out completely. If you believe any part of this template does not apply to your department or worksite, include a description explaining why it does not apply.

Resources, including a worksite plan checklist, is available from <u>campusready@ucdavis.edu</u> to support your planning process.

Submitting Your Plan

Once your plan is complete:

- 1. Your Dean or Vice Chancellor must approve the plan
- Submit approved plan along with supplemental diagrams and documentation via e-mail to <u>campusready@ucdavis.edu</u>
- 3. Your plan will be reviewed by FOA and Risk Management and kept on file
- 4. You'll be contacted if there are any questions about your plan
- 5. Begin / continue implementing your plan

Questions?

Please visit <u>campusready@ucdavis.edu</u> for the latest available information.

If you have any questions about this template, or worksite planning, please e-mail **<u>campusready@ucdavis.edu</u>** for support.

Phases For Increasing On-Campus Activities

All phases of the Return to Administrative and Office Work in University Facilities are subject to ongoing review and revision with input and guidance from local public health, UC Davis medical experts, human resources, EH&S, campus counsel and other subject matter experts.

Return of staff to campus is subject to department planning and training as described here, using resources and the checklist available on Campus Ready <u>website</u>.

All activities for Phases 1-4 must align with the principles stated above and be guided by an approved plan with necessary training for all who are returning to campus.

In all phases, we anticipate that returning to work in university facilities will be gradual and guided by approved worksite plans.

	PHASE 1	PHASE 2	PHASE 3	PHASE 4
Date	March 18, 2020 through May 31, 2020	Effective June 1, 2020	TBD	TBD
Campus Directive	Stay At Home Order; Campus operations are suspended	Time-sensitive research resumes, some administrative and office functions are transitioned back to University facilities, Campus operations are reduced	Continued gradual increase to on- campus activities; Campus operations are reduced	End of stay home order, Return to quasi-normal operations, Campus operating status to be determined
Return Guidance	Essential work and critical research continues, remainder of all employees working remotely where possible	Estimate 25% of employees included in Phase 2 return	Estimate 67% of employees included in Phase 3 return	Estimate 80% or more employees included in Phase 4 return

COVID-19 Worksite Plan

Department/Organization

Center for Neuroscience

Date

08/14/20

1. Compliance Contacts

Assign a supervisor, Department Safety Officer or other manager to monitor areas and verify people are following personal protection practices. If compliance contact does not have authority to act upon non-compliant individuals, they will report their findings to management.

Worksite COVID-19 Coordinator Contact Info

Department/Organization	Center for Neuroscience
Campus Location	1544 Newton Ct.
Contact Name	Lisa Laughlin
Phone Number	707-685-0562
Email Address	Islaughlin@ucdavis.edu

Other Building Compliance Contacts

Coordination with other occupants that share building, floor or workspace is required in return to campus plan. Provide the contact information of the other building contacts that you have coordinated with.

Department/Organization	SOM, Genome, Biomedical Engineering, Neurosciences
Campus Location	2130A Tupper Hall
Contact Name	Brett Smith
Phone Number	530-304-0006
Email Address	brsmith@ucdavis.edu

Document Revision History

Versio n	Revision Date	Approved By	Approval Date	Reason
V1	8/14/2020			Created for COVID19 Compliance
V2	1/25/2021			Post review by AVC Blair Stephenson

2. Physical Distancing

Describe physical distancing guidelines that have been instituted for each type of space at your worksite.

- <u>Admin Office Space</u>: Mostly one person per day on premises.
- Lab Space: As per the approved Phase (1, 1X and 2) application for each PI.
- **<u>Conference Room</u>**: One person at a time with approved reservation.
- **Break Rooms:** Off Limits at this time.
- **<u>Shared Lab Space</u>**: One person at any given time.
- **<u>Rest Rooms:</u>** One person at a time.
- **Elevators:** One person at a time.
- **<u>Common areas</u>**: One person at a time. Keep minimum of 6 ft. distance in all instances at all times unless specifically approved in ramp up protocol.

Access to any of these spaces is only allowed after reserving time on the CNS shared calendar and logging times (entry and exit) after use.

If applicable, describe how spaces have been modified to ensure physical distancing.

- Entry CNS Corridors (1544 Newton Ct.): Unidirectional flow markings in interior main corridor and designated entry and exit doors.
- <u>Neurosciences Building Restrooms, and Center for Neuroscience Building</u> (2nd floor) Restrooms: Doors to remain open at all times and 1/person occupancy signage posted.
- <u>Center for Neuroscience Building Accessible Restrooms (1st floor) and CNS-</u> <u>Annex Restrooms:</u> One/person occupancy signage posted, use of verbal verification to ensure it is unoccupied before entering.
- **Shared Lab Space:** Entries must be logged onto shared CNS google calendar prior to entry to make sure only one person at a time is in space.
- **<u>Research Lab:</u>** Entries must be logged onto shared CNS google calendar prior to entry to make sure only one person at a time is in space. Entries logged onto shared CNS google calendar to make sure occupancy is as per the approved phase for respective PI spaces.
- **Annex Vivarium:** Visual Check via a glass window on the door of each room is used as well as the entries logged onto shared google shared calendar.
- <u>Rodent Vivarium</u>: For all rooms other than 221A, one person max at a time is allowed in each room. Entry must be logged onto the shared CNS calendar prior to use. For Rm 221A, 2 people max at a time are allowed but they must follow 6 ft. distancing at all times.
- **Lobby:** "Do Not Sit in Chair" Signage posted on lobby seating that establishes appropriate distancing of minimum 6 ft. Other sitting is all off limits.
- **<u>Stairs</u>**: Visual inspection to ensure that no one is using it.

Detail how signage will be used to support physical distancing and movement of people.

- Tape for Unidirectional flow onto floors where designated.
- Signage posted to remind occupants to maintain 6 ft. distancing at all times.
- Occupancy signage has been posted on each restroom.
- "Do Not Sit in Chair" signage posted on chairs in lobby seating that establishes appropriate distancing of minimum of 6 ft. and breakrooms are not allowed to be used.
- Off Limits signs where applicable.
- Signs on conference room doors: "Use prohibited unless approved by Facilities Manager" and 1/person occupancy sign.

See attached floor plans of each building for details.

Describe measures put in place where physical distancing is not possible (installation of barriers, new protocols, etc.) Where physical distancing is not possible for essential work, describe analysis and mitigation measures that can be put in place.

- **For emergency surgeries:** Any emergency surgeries will follow approved protocols generated in consultation with the CNS, Dean's office and Campus Veterinary Services. These procedures include specific details with additional PPE due to the possibility of not maintaining 6 ft. of distance during procedure.
- **For any application where two people are required to pick up/move items:** Additional measures will be implemented that may require additional PPE and prior approval from CNS Director on a case by case basis.

Describe how signage will be used to support physical distancing and movement of people.

- Tape for Unidirectional flow onto floors where designated.
- Signage posted to remind occupants to maintain 6 ft. distancing at all times.
- Occupancy signage has been posted on each restroom.
- "Do Not Sit in Chair" signage posted on chairs in lobby seating that establishes appropriate distancing of minimum of 6 ft. and breakrooms are not allowed to be used.
- Off Limits signs where applicable.
- Signs on conference room doors: "Use prohibited unless approved by Facilities Manager" and 1/person occupancy sign.

See attached floor plans of each building for details.

Describe how you have collaborated with departments that share your space.

- **SOM Personnel:** The policies set forth in this worksite plan have been communicated to the SOM Personnel. In addition, the shared google calendars have been made available for all SOM personnel to use for tracking their entries.
- **For Facilities Work Orders:** Facilities staff must notify the CNS Facility manager (Lisa Laughlin) to coordinate entry into buildings prior to doing any non-emergency work. This allows the CNS Facility Manager to log their entries in shared google calendar. This ensures that there is no overlap of people in any given area and that any lab staff are aware of work in their spaces.
- **SOM Safety Personnel, EH&S Personnel and Outside Inspectors:** Coordinate with CNS Manager (Lisa Laughlin) for her to log entries in shared google calendar. This makes sure that there is no overlap of people in any given area.

3. Hygiene, Disinfection and Symptom Survey

Describe measures to increase sanitization throughout the workspace. Measures should include details about access to hand washing and hand sanitization stations, expectations for cleaning individual workspaces as well as common areas, access to disinfection supplies, and a cleaning schedule to ensure a minimum of two disinfections per shift.

- Sanitization Bottles are placed at entry points on the inside of building, mail room, water cooler, and each office room.
- Additional sanitization stations from custodial services have been placed at entry doors
 of the CNS and Neurosciences buildings.
- Lab: Approved and signed (by each approved personnel) COVID 19 SOPs for each lab highlights the inventory of supplies and protocol to clean labs.
- Lab Shared Space: Placement of sanitization bottles is located near shared lab equipment.
- Handwashing signage has been posted in bathrooms, and breakrooms.
- For individual offices for staff/faculty and conference room users have been advised to disinfect the top surfaces before starting and after completing work.
- Custodial services have committed to do daily disinfection of high touch point areas (door knobs/levers, restroom fixtures, elevator buttons)

Describe what hygiene and disinfection supplies will be supplied and where they will be located.

- <u>Administrative Staff</u>: Supplies are located in both the Facility Manager Business Manager's offices. These are made available to other Admin. Staff upon request.
- **Labs:** As per their approved COVID19 SOP. Lab supplies are provided by lab.
- **Supplies:** Hand sanitizers, 70% Ethanol, Bleach, Clorox wipes, Foaming Soap, Paper Towels, Gloves and Face Coverings.

Describe plans and protocols for disinfecting commonly used spaces and equipment between use.

- **Common Spaces:** Sanitization bottles/signage for these are placed at entry points on the inside of building, mail room, conference rooms and water coolers. Additional sanitization stations from custodial services have been placed at entry doors of the CNS and Neurosciences buildings. Handwashing signage is posted in bathrooms, breakrooms
- **Labs:** Approved and signed (by each approved personnel) COVID 19 SOPs for each lab highlights the inventory of supplies and protocol to clean labs.
- Lab Shared Space: Placement of sanitization bottles near shared lab equipment
- For individual offices: Staff/faculty have been advised to disinfect the top surfaces before starting and after completing work. Sanitization bottles have been provided to office occupants.

Clearly describe employee responsibilities related to sanitation.

- Wash hands after using restrooms as well as before/after any use of common space or interaction with shared equipment.
- Sanitize hands on a regular basis, especially before/after use of common space or interaction with shared equipment.
- Disinfect desk space top surface before starting and after completing work.
- Sanitize hands upon entry into building.
- Sanitize equipment and hands before and after each use in shared space.

Describe how the symptom survey will be implemented.

Approved employees will be required to take symptoms survey starting 09/23/20 before coming to campus/CNS. Employees are required to forward their status email (approved or non-approved QR code) to their supervisor. Supervisor will forward that status email to a general CNS mail box <u>cns-covidsymptomssurvey@ucdavis.edu</u>. Facilities Manager and CNS CAO have access to this general mail box and will spot check in our weekly compliance check.

If an employee gets an unapproved status, they are required to follow the instructions that are given in the unapproved status email.

Describe essential travel review and approval process. Identify how the process is deployed and operational within the department.

Any essential travel should follow CDC and UCD guidelines.

4. Employee Scheduling

Describe how remote work will be supported (e.g. equipment, ergonomics, communication, etc.).

- Specific needs from staff have been solicited.
- Some essential equipment to support these needs (keyboards, mouse, cables) have been supplied or ordered.
- Staff have been permitted to take printers, monitors and chairs home in order to support remote work.
- Additional software was purchased by lab members to support remote work.
- VPN use has been provided where needed.
- Consultation with ergonomics staff is recommended
- Emphasis on self-awareness, self-care and taking breaks when needed
- Flexible working schedule upon CAO's approval

How many employees are returning to the worksite?

- **Admin Staff:** One at a given time, specified on shared staff calendar (currently 1/day). Required to fill and check the shared google calendar to prevent overlapping.
- Lab Staff: As per the approved phase application that varies by each PI.

Describe relevant changes to employee schedules including, if applicable, use of staggered and alternate schedules.

- <u>Admin Staff</u>: One at a time, specified on shared staff calendar (currently 1/day) for onsite work schedule. All other times are on a M-F 8-5 schedule offsite/remote locations.
- **Lab Staff:** As per the approved phase application that varies by each PI.
- CNS has implemented a shared google calendar where entries (dates/times/locations) are made by each employee that enter the buildings.

Describe how your scheduling plan balances physical layout of worksite and business service requirements.

- <u>Admin Staff</u>: Only one person at a time. Mainly to cover parcel deliveries or essential onsite/facilities operations.
- **Lab Staff:** Approved staff (as per the phase application) follows the social distancing guidelines and their respective COVID 19 lab protocol.

5. Communication Plan and Training Employees

Describe how your worksite plan will be communicated to employees.

- <u>Admin Staff</u>: Present overview of the plan, once plan is finalized in the monthly staff meeting.
- Lab Staff: PI will share this plan with the staff. Lab approved people have already read and signed their respective COVID-19 SOPs and this plan is supplemental to their approved COVID-19 SOP's.
- This worksite plan will also be posted on CNS Department and CNS Safety Websites.
- In addition, this worksite plan will be communicated via an email to all building occupants.

Describe how employees will be trained on new protocols.

- <u>Admin Staff:</u> Overview and discussion of the worksite plan will take place during the monthly staff meeting. In addition, the plan will be available for everyone to read (see details above on how this plan will be made available). Documentation of training will be tracked by signature of each staff having read this plan. In addition to the worksite plan training requirement, all Admin Staff will be required to take the e-learning "Return to Work" course.
- Lab Staff: Reading and signing the respective COVID-19 SOP and phase approval application for each lab has already been implemented. PIs will communicate the approved plan with their lab staff.

Reporting COVID-19

Stay home when you are sick. Individuals must immediately report COVID-19 exposures in accordance with the current protocol found at https://safetyservices.ucdavis.edu/coronavirus/reporting-concerns-confirmed-cases

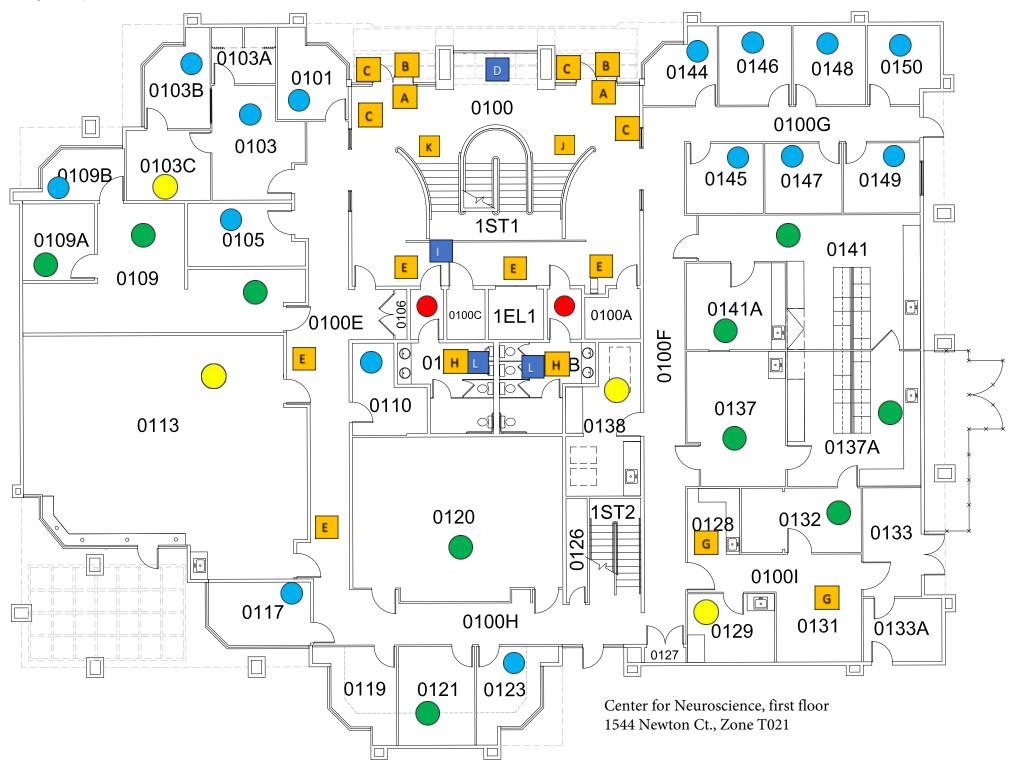
Supplemental Documentation and Diagrams

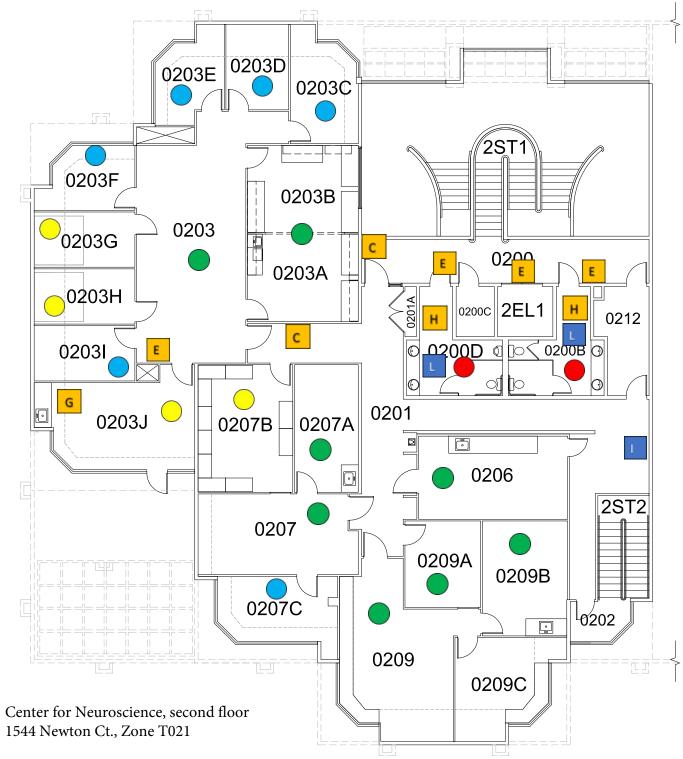
Supply any additional information below or attach any documents and/or diagrams that support your plan to the end of this document.

Attachments:

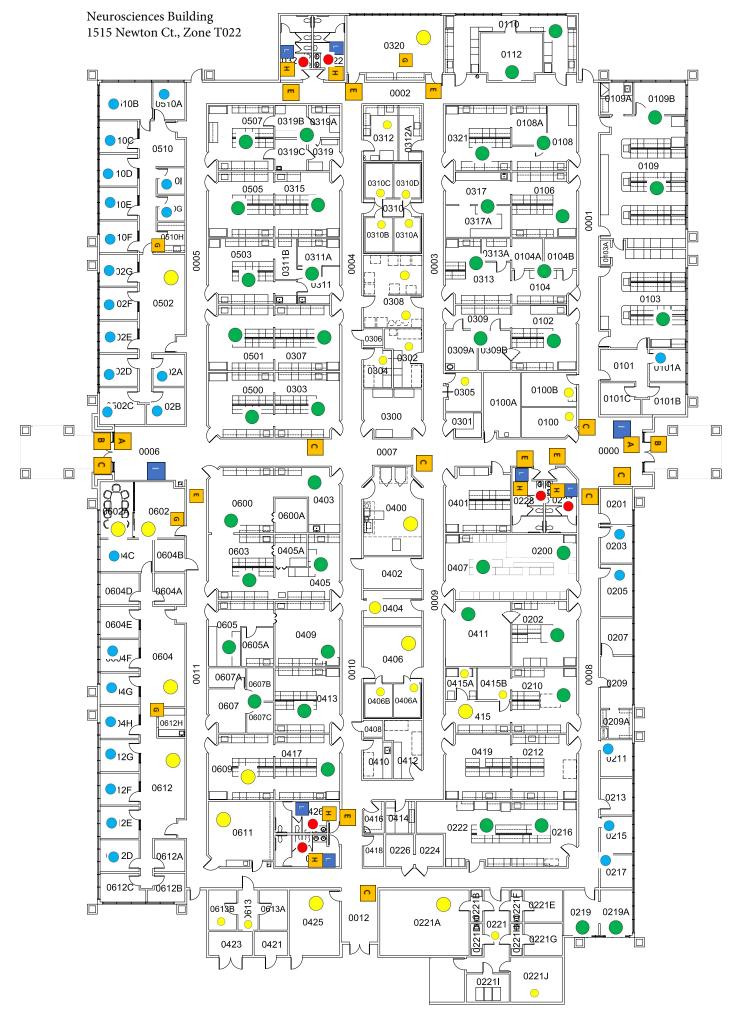
- Floor plans with signage details and color-coded space identifiers as well as signage identification and color-coded space document.
- CNS COVID-19 SOP template.

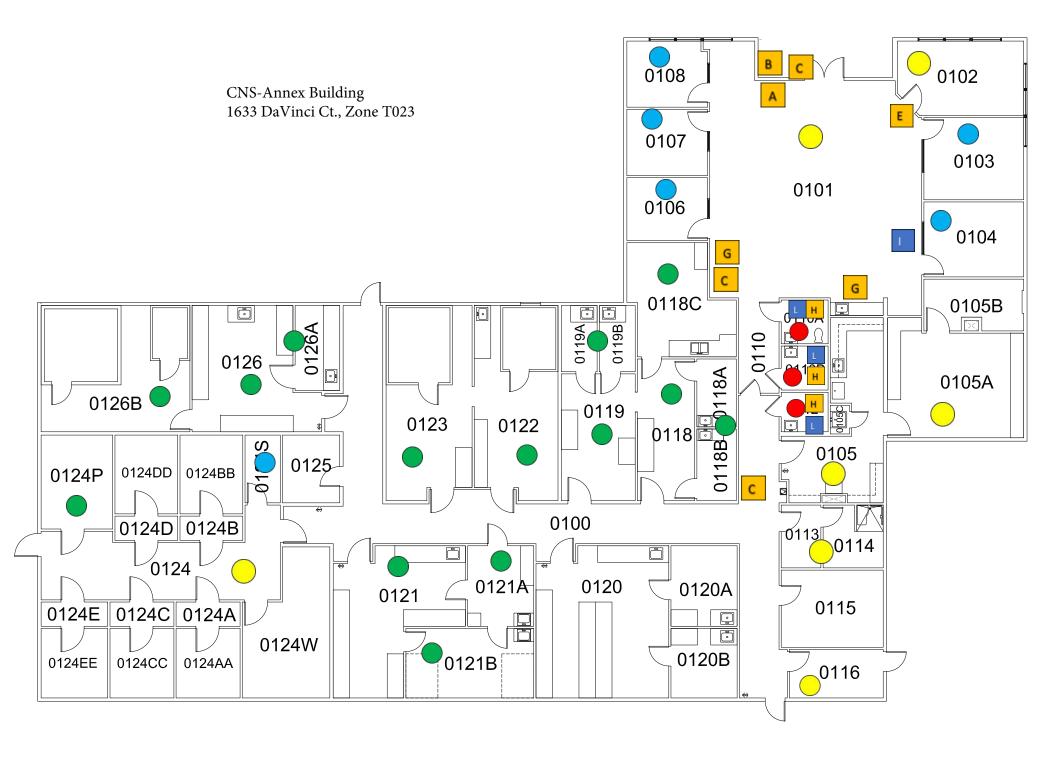
DocuSign Envelope ID: A3F19A15-0FB7-4ABE-9891-6CA280F7D552



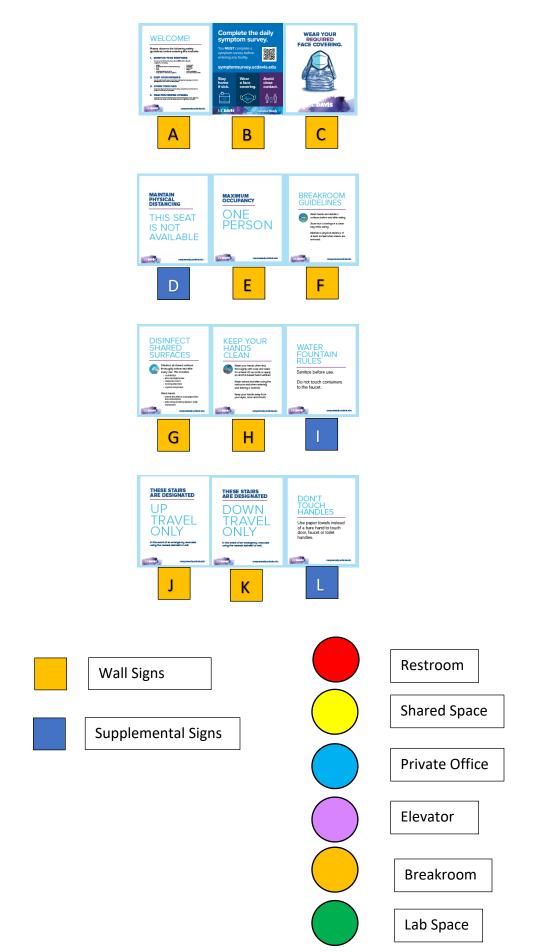


DocuSign Envelope ID: A3F19A15-0FB7-4ABE-9891-6CA280F7D552





Campus Ready Signage Legend for Building Maps



UC Davis Center for Neuroscience Standard Operating Procedure COVID-19 Safety Plan May 5, 2020					
Area: UC Davis CNS room	XXXX, XXXX Laboratory				
Responsible (lab manager): XXXX	PI: XXXX				
notify your lab manager, PI, and/or Madhu Sharr you are at work on campus. Contact your physic Please follow campus guidelines to report positiv • For Main Campus Employees and Staff: Ca	mpus Privacy Office, privacy@ucdavis.edu				
	, occupationalhealth@ucdavis.edu or 530-752-6051 Ith, memacias@ucdavis.edu or 530-752-6559 ed use, and storage location)				
 Disinfectant wipes Gloves Lab coat Face protection (goggles and masks) Spray bottles in labs Storage site: XX 					
 3. Disinfectant chemicals (List disinfectants available i 70% ethanol or isopropanol 10% bleach Other agents can be found at <u>https://www.egagainst-sars-cov-2</u> 	n lab, projected use, and storage location) pa.gov/pesticide-registration/list-n-disinfectants-use-				
 critical infrastructure. Access must be formally Dean and VCR, depending on phase of researce. Only personnel with a need to access physical those personnel should minimize time on carmaintain physical distancing Personnel are only permitted to enter any Cl from the PI and CNS Director, and sending to Use the on-line lab scheduler to ensure minimory consider staggered occupancy and v work alone when tired and/or practive. The scheduler can be used to residulicate actual entry and exit from a potential case of COVID-19. All personnel must follow posted. Occupancy plans can be modified. 	locations to advance research should be on-site. <u>Even</u> mpus. All others should remain off-site to help NS building after signing this SOP, obtaining signatures Lisa Laughlin and the lab manager by email.				

• Prevent close contact with other people by physical distancing:

• **Stay at least 6 feet apart** from any other person, including when passing in a hallway, in the bathroom, or in the laboratory. Wait for a person to move away if you need to pass but cannot keep 6 feet away.

• 1 person max. in offices and small spaces

If you want to enter an office, use the following policies: visually check through the glass window if the room is empty before entering, if possible. If not possible, knock, but only enter if there is no verbal response.

Do not enter an office to ask questions, instead use electronic media such as Slack or e-mail.

• Do not congregate in break areas.

1 person max per break area at a time.

Consider eating outside while practicing appropriate distancing.

5. Movement in, out and around the CNS and laboratory

- In order to maximize safety for everyone in the CNS, take the following precautions when starting and when ending work:
- Everyone must wear face masks in all shared spaces, including hallways and bathrooms
 - EH&S-approved PPE requirements are unchanged for shared spaces and lab procedures
 - Cloth masks should be worn in shared spaces that do not typically require PPE
- Try to use paper towels as a barriers when opening hallway doors
- Wipe all door handles and knobs at entrance of laboratory space with disinfectant after entering and upon exit.
- Before using any computer keyboard other than your personal laptop, wipe with disinfectant.
- Instruments (e.g. microscopes) must be cleaned <u>before and after</u> they are used.
- If you have to use equipment in another lab on in a common equipment room, coordinate your visit with them first to get their permission and maintain social distancing guidelines. Add to online scheduler. Clean with disinfectant <u>before and after</u> use
- Designate a zone in the lab for packages. Any package that enters the lab should be handled with gloves and disinfected with alcohol. This zone should be carefully disinfected after use.
- Bathrooms:
 - Limit to 1 person in each bathroom at a time
 - When possible (required in 1515 Newton Court): bathroom doors must be kept open by doorstops
 - \circ \quad Users must call out to see if vacant and wait until unoccupied
 - 6-foot-distancing must be maintained while waiting to enter
- Vivarium:
 - Limit to 1 person in an animal care room or in entry-way at a time
 - 2 people at a time in Room A of mouse vivarium
 - You MUST wait to enter until room is vacant (sign up for extended procedures on shared calendar)
 - Everyone must wear a disposable face mask upon entering and for the entire time in the vivarium
 - MUST wear approved PPE (not general lab coats)
 - (1515 Newton Court): Each person should have a vivarium-specific lab coat worn only in the vivarium, rather than using shared coats in each room
 - Annex: lab coats are approved PPE in both the vivarium and the labs
- The CNS building is locked to prevent unauthorized entry and theft. Ensure that nobody enters the CNS building when you exit or enter to maintain security.

6. General guidelines for working in the laboratory

• Minimize work locations to prevent spreading, if possible restrict activities to your own personal area.

- Watch the following video on hand-washing: https://youtu.be/lisgnbMfKvl . Wash your hands with soap and water for minimum 20 seconds whenever they may have been exposed.
- Avoid touching your eyes, nose, or mouth with unwashed or gloved hands.
- Always wear face coverings in the public spaces
- Practice proper respiratory etiquette, including covering coughs and sneezes.
 - Cover your mouth and nose with a tissue when you cough or sneeze.
 - 0 Put your used tissue in a waste basket.
 - 0 If you don't have a tissue, cough or sneeze into your upper sleeve, not your hands.
 - Keeping hands clean through improved hand hygiene is one of the most important steps we can take to avoid getting sick and spreading germs to others. If soap and water are unavailable, use an alcohol-based hand sanitizer that contains at least 60% alcohol to clean your hands.
- Maintain regular housekeeping practices, including routine cleaning and disinfecting of surfaces, equipment, and other elements of the work environment.
- Cleaning guidelines can be found at https://www.cdc.gov/coronavirus/2019ncov/community/disinfecting-building-facility.html

7. Specific guidelines for working in lab:

- For each room, list how many occupants can be present at a given time
- For each room and shared equipment within the lab, add details of the process that you have implemented that will ensure work shifts do not accidentally overlap or that personnel will not run into each-other
- Detail procedures to disinfecting used spaces and specific equipment

8. Maintenance of supplies

If any safety supplies are close to depleted or missing, ask the lab manager to purchase more. Please contact Madhu Sharma for supply chain issues. Research cannot resume until proper PPE is available.

9. Disposal of waste

Wipes used for disinfecting should be discarded into the trash bin for disposal.

10. Problems and non-compliance

• An anonymous reporting system will be implemented to identify issues

- CNS admin staff will immediately follow-up with faculty/supervisor of reported personnel to help modify behaviour
- Egregious or repeated failures to follow this safety SOP and endangering the health of others • will result in the offending individual(s) being denied entry to all CNS buildings

Read and agreed to follow these guidelines.

Signed:

Employee/trainee: Date:

PI: _____ Date: _____

WorkForce Log

Log which employees are working on-site and their COVID-19 training completion date. Ensure that the total percentage of your onsite workforce does not exceed the return guidance percentage described on page 2 of this template. Update this log as your on-site/remote employee mix changes.

Department/Organization

Center for Neuroscience

Date

Employee	Supervisor	Room	Training Completion	Complete employee on-site schedule by placing a C = campus or R = remote				
			Date	Mon	Tue	Wed	Thu	Fri
			COVID 19 SOP					
			E training- Return to work					
	TOTAL ON-SIT	E (percenta	ge of workforce)					

Return to Campus Agreement

Department/	Organization
Department/	Organization

Date

I have read and agree to follow the guidelines in the COVID-19 Worksite Plan.

I understand that:

- I must complete the UCD Daily Symptom Survey each day before work. If I have symptoms I will stay home and notify my supervisor in advance of my shift.
- If I feel symptoms during my shift, I will contact my supervisor.
- I will maintain social distancing at all times when in the office.
- I must maintain a high level of cleanliness for myself, my workspace, and any common areas I use.
- I will follow the proper procedures for the use and proper wearing of a face covering.
- I understand the COVID-19 Worksite Plan may change as conditions evolve and that I will receive written notification of changes.
- I understand that additional UC Davis information regarding the campus' response to COVID-19 may be found at **<u>campusready.ucdavis.edu</u>**.

Employee Signature	Date
Supervisor Signature	Date