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CENTER FOR NEUROSCIENCE

INJURY AND ILLNESS PREVENTION PROGRAM



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CENTER FOR NEUROSCIENCE

INJURY AND ILLNESS PREVENTION PROGRAM

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

CENTER FOR NEUROSCIENCE department in accordance with University Policy (UCD Policy

& Procedure Manual Section 290-15: Safety Management Program) and California Code of Regulations Title 8, Section 3203 (8 CCR, Section 3203).

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CENTER FOR NEUROSCIENCE

INJURY AND ILLNESS PREVENTION PROGRAM

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Department Information

Department Name: CENTER FOR NEUROSCIENCE

Department Director: Kimberley McAllister, PhD

Address: 1544 Newton Ct. Davis, CA 95618-4859

Telephone Number: 530-757-8708

Buildings Occupied by Department

1. Building: 1544 Newton Ct.

Unit(s): Center for Neuroscience

Contact: Lisa Laughlin

Contact Phone: 530-757-8905

2. Building: 1515 Newton Ct.

Unit(s): Neurosciences

Contact: Lisa Laughlin

Contact Phone: 530-757-8905

3. Building: 1633 DaVinci Ct.

Unit(s): Center for Neuroscience

Contact: Lisa Laughlin

Contact Phone: 530-757-8905

4. Building: 1629 DaVinci Ct.

Unit(s): Center for Neuroscience

Contact: Gerard Sonico

Contact Phone: 916-734-8692

5.	Building:	747 Hopkins Rd.
	Unit(s):	Avian Science Field Building
	Contact:	Lisa Laughlin
	Contact Phon	ne: 530-757-8905
6.	Building:	
	Unit(s):	
	Contact:	
	Contact Phon	ne:
7.	Building:	
	Unit(s):	
	Contact:	
	Contact Phon	ne:
8.	Building:	
	Unit(s):	
	Contact:	
	Contact Phon	ie:
9.	Building:	
	Unit(s):	
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	Contact Phon	ne:
10.	Building:	

Unit(s):

	Contact:
	Contact Phone:
11.	Building:
	Unit(s):
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12.	Building:
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13.	Building:
	Unit(s):
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	Contact Phone:
14.	Building:
	Unit(s):
	Contact:
	Contact Phone:
15.	Building:
	Unit(s):
	Contact:
	Contact Phone:

I. Authorities and Responsible Parties

The authority and responsibility for the implementation and maintenance of the Injury and Illness Prevention Program (IIPP) is in accordance with University Policy (UCD Policy & Procedure Manual Section 290-15: Safety Management Program) and California Code of Regulations (8 CCR, Section 3203) and is held by the following individuals:

1.	Name: Kimb	erley McAllister					
	Title: Directo	or, Center for Neurosc	cience				
	Authority: A	authority and responsibi	lity for ensuring in	nplem	entation of this	IIPP	
	Signature:	Eimberley Medllister B47BEDC4AFE0432		Date:	5/29/2019		
2.	Name: Lisa I	Laughlin					
,	Title: Safety	& Facilities Manager					
	Authority: D	Department designated a	uthority for impler	nentat	tion of this IIPP	•	
	Signature:	Lisa Laughlin 3A8CT129ECB414		Date:	5/30/2019		
		-15: Safety Management V Documentation					
Respo	onsible/Design	nated Authority	<u>Signature</u>	,		<u>Date</u>	
Lisa	Laughlin		LLA	ja podarena v		5/30/20	020

II. System of Communications

1. Effective communications with **CENTER FOR NEUROSCIENCE** employees have been established using the following methods:

Standard Operating Procedures Manual
Safety Data Sheets
Monthly departmental operations meetings
Internal media
EH S Safety Nets
Training videos
Safety Newsletter
Handouts
Building Evacuation Plan
E-mail
Posters and warning labels
Job Safety Analysis - Initial Hire
Job Safety Analysis - Annual Review

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

III. System for Assuring Employee Compliance with Safe Work Practices

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

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

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

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

- Adherence to defined safety practices.
- Use of provided safety equipment.
- Reporting unsafe acts, conditions, and equipment.
- Offering suggestions for solutions to safety problems.
- Planning work to include checking safety of equipment and procedures before starting.
- Early reporting of illness or injury that may arise as a result of the job.
- Providing support to safety programs.
- 4. Statement of non-compliance will be placed in performance evaluations if employee neglects to follow proper safety procedures, <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.

IV. Hazard Identification, Evaluation, and Inspection

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

1. Job Safety Analysis:

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

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

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

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: 1544 Newton Ct.

Frequency: Annual

Responsible Person: Lisa Laughlin

Records Location: 1544 Newton Ct., room 149

2) Location: 1515 Newton Ct.

Frequency: Annual

Responsible Person: Lisa Laughlin

Records Location: 1544 Newton Ct., room 149

3) Location: 1633 DaVinci Ct.

Frequency: Annual

Responsible Person: Lisa Laughlin

Records Location: 1544 Newton Ct., room 149

4) Location: 1629 DaVinci Ct.

Frequency: Annual

Responsible Person: **Gerard Sonico**Records Location: **1629 DaVinci Ct.**

5) Location: 747 Hopkins Rd.

Frequency: Annual

Responsible Person: TRACS Supervisor

Records Location: TRACS Headquarters

6) Location:

Frequency:

Responsible Person:

Records Location:

7) Location:

Frequency:

Responsible Person:

Records Location:

8) Location:

Frequency:

Responsible Person:

Records Location:

9) Location:

Frequency:

Responsible Person:

Records Location:

10) Location:

Frequency:

Responsible Person:

Records Location:

11) Location:

Frequency:

Responsible Person:

Records Location:

12) Location:

Frequency:

Responsible Person:

Records Location:

13) Location:

Frequency:

Responsible Person:

Records Location:

14) Location

Frequency:

Responsible Person:

Records Location:

15) Location:

Frequency:

Responsible Person:

Records Location:

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

V. Accident Investigation

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

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

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

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** 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
 - Safety Services Website
 - EH&S SafetyNets
 - Safety Data Sheets

X. Completed Tasks

- ⊠JSAs reviewed
- ☑ Annual Worksite Inspections
- ⊠ IIPP Reviewed
- \boxtimes Training Completed

HAZARD ALERT / CORRECTION FORM

. Unsafe Condition or Hazard		
Name: (optional)	Job	:
Title: (optional)		
Location of Hazard:		
Building:	Floor:	Room:
Date and time the condition or ha	azard was observed:	
Description of unsafe condition of	or hazard:	
What changes would you recom	mend to correct the condition or ha	zard?
Employee Signature: (optional)_		
Date:		
Date: I. Management/Safety Commit Name of person investigating un	ittee Investigation	
I. Management/Safety Comming Name of person investigating un	ittee Investigation	
I. Management/Safety Comming Name of person investigating un	ittee Investigation safe condition or hazard:	
I. Management/Safety Comming Name of person investigating un Results of investigation (What w	ittee Investigation safe condition or hazard:	
I. Management/Safety Comming Name of person investigating un Results of investigation (What w	ittee Investigation safe condition or hazard:	
A. Management/Safety Comming Name of person investigating under Results of investigation (What we sheets if necessary.)	ittee Investigation safe condition or hazard: vas found? Was condition unsafe or	a hazard?): (Attach additional
Name of person investigating un Results of investigation (What we sheets if necessary.) Proposed action to be taken to co	ittee Investigation safe condition or hazard: vas found? Was condition unsafe or	a hazard?): (Attach additional

January 2016

IIPP-Appendix A Completed copies of this form should be routed to the appropriate supervisor and department Safety Coordinator, and must be maintained in department files for at least three years.

HAZARD ALERT / CORRECTION REPORT

Alert Identification No.				
Department:				
This form should be use appropriate, to track the con	•	n with the "Hazard Alert F fied hazards.	orm" (IIPP Ap	opendix A), as
	immediately co	s possible, based on the sever rrected, evacuate personnel fr		
Supervisor/Safety Coordina	ator Name:		Telephone: _	
Supervisor/Safety Coordina	ator Signature: _		Date:	
Description and Location of Unsafe	Date	Required Action and	_	tion Date
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.

WORKSITE INSPECTION FORM

General Office Environment

Locatio	on:		Date:					
Inspect	tor: 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?	
							Are books and heavy items and equipment stored on low shelves	
Yes		No		NA		13.	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	T T T T T T T T T T T T T T T T T T T	18.	Is lighting adequate throughout the work environment?	
Yes		No		NA		19.	Are extension cords being used correctly? They must not run through walls, doors, ceiling, or present a trip hazard.	
Yes		No		NA		20.	Are portable electric heaters being used? If so, they must be UL listed, plugged directly into a wall outlet, and located away from combustible materials.	

IIPP-Appendix C1-Office January 2016 Completed copies of this form should be routed to the department Safety Coordinator and must be maintained in department files for at least three years.



University of California, Davis Laboratory Self-Inspection Checklist

Principal Investigator/Laboratory Supervisor: ₋	
Laboratories Reviewed:	
Date:	
Reviewer:	Revised 1/2015

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

Notes:	 	



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

Notes	3:			



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

Notes:	 	 	



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

Notes:	 	 	



Ε.	Со	mpressed Gas Cylinders	Yes	No	N/A
	1.	Cylinders stored in well protected, well vented and dry locations away from combustible materials.			
	2.	Flammable gases stored away from oxidizers.			
	3.	Cylinders are secured to a rigid structural component of the building with non-flammable restraints located 1/3 and 2/3 (preferred) or ½ the height of the cylinder.			
	4.	Protective caps in place while cylinders are in storage and full/empty tags attached.			
	5.	Proper regulators are being used and closed when cylinders are not in use.			
F.	Но	usekeeping & Miscellaneous Laboratory Safety	Yes	No	N/A
	1.	Bench tops clean, organized and environs maintained to eliminate harmful exposures or unsafe conditions.			
	2.	Supplies stored at minimum of 24 inches from ceiling and off the floor.			
	3.	Vacuum lines equipped with traps designed specifically to accumulate/filter the hazardous materials being evacuated.			
	4.	All moving machinery (<i>i.e.</i> , vacuum pumps) belts adequately protected by a rigid belt guard or housing.			
	5.	All sharps disposed properly.			
	6.	The condition of the broken glass box is adequate and placed out of the way.			
	7.	Ceiling tiles present and in good condition.			
	8.	Refrigerators/freezers labeled according to use.			
G.	Ele	ectrical Safety	Yes	No	N/A
	1.	High voltage equipment (>600V) labeled, grounded and insulated.			
	2.	No equipment has damaged or frayed cords.			
	3.	Extension cords are not connected together.			
	4.	Power strips used only if they are equipped with circuit breakers.			
	5.	All equipment is grounded via 3-prong plugs.			
	6.	Damaged equipment tagged out to prevent use.			
Н.	Ge	neral Safety	Yes	No	N/A
	1.	Cabinets and bookshelves are secured.			
	2.	Overhead storage is minimized and restrained from falling (i.e., shelf lips, rails).			
	3.	Heavy equipment is secured or braced from falling.			

I. Respiratory Protection	Yes	No	N/A
Use of respiratory protection conforms to UC Davis Policy.			
Respirators are inspected monthly and before use.			

Notes:	 	 	 	 	



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

Notes:			

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.

OCCURRENCE AND S	UCD Employer's Re REQUIRES THAT INDUSTRIAL INJUR STATE REGULATIONS REQUIRE THAT	Y/ILLNESS BE REPO ALL ACCIDENTS BE	ORTED TO WORK INVESTIGATED.	ERS' CO	MPENSATION WITHIN 24 HOURS OF
In the event of a serious mailed or faxed (530) 7:	s injury or hospitalization, call Workers' Co 52-3439 to Workers' Compensation. Omi	ompensation immediat ssion of information c	ely at (530) 752-72 ould result in a dela	43. This fo y of benefi	orm must be completed in its entirety and its.
EMPLOYEE MUST (COMPLETE THESE SECTIONS:				
Employee Name:			Employee's UCD	avis ID#:	
Address:			Home Phone: (` `	
City/State/Zip:			•	Date	e of Birth:
	n:	Sex: □I	emale □Male I		
Beparament/2004410	****	15	Employee's Work	Phone:	(
Department/Location Payroll Title/TC: Supervisor's Name:		Date of Hire:		S S	nual Gross Salary:
Supervisor's Name:		Super	visor's Work Phone	: ()	_
Employee () Volu	unteer () Student-Employee ()	()hours per i	day ()day	s per weel	k () total weekly hours
Specific Injury/Illnes	s/Exposure:	В	ody Part(s) affected	l:	Date of injury/illness:
Location where injuring What equipment, m	ry or illness occurred:			Oti	hers Injured? □Yes □No
What equipment, m	aterials or chemicals caused the injury/ilin	ess?:		W	no witnessed this injury?
Explain in detail hov	v the injury occurred. Include specific activ	vities/tasks performed	at the time.		
Medical Treatment C Medical Treatment Employee Healt First Aid no me	provided by				
Employee Healt	h ServicesSutter Davis Hospital E	R Other: (Pro	vide Name &Phone	#)	
Private Physicia First Aid, no me	nUC Davis Medical Cent dical care needed.				
Employee Signature	e:		То	day's Date	10
	STIGATION AND STATEMENT (EM				
 	on, explain in detail how the injury/illness	occurred and the spec	ific activity being pe	enormed:	
ă					
4					
1 1	; illness or exposure?				
INITIAL CAUSE ☐ Struck by or	CONTRIBUTING FACT	FORS AND ACTIVITII		SUPER	PREVENTIVE ACTIONS VISOR WILL:
against object (indicate)	☐ Equipment failure ☐ Equipment unavailable	Employee	nic factors	☐ Deve upda	elop/revise safety procedures and te IIPP or Chem. Hyg. Plan
Caught in/under/	☐ Improper equipment or material used for job	☐ Physically no ☐ Employee fa	ot able to do work tique		uest ergonomic evaluation er new equipment
between	Personal protective equipment	Unbalanced or motion	or poor position		r new personal protective equipment ove equipment from use and
☐ Fall / Slip / Trip ☐ Material handling	☐ Not readily available	☐ Incorrect pro	cedures used for	repai	r/replace
or lifting	☐ Not adequate for the task ☐ Personal protective equipment	task ☐ Other unsafe	practice		edule preventive maintenance retrain employee before task is
☐ Repetitive motion ☐ Chemical	failure	Assistance	•	re-as	signed.
exposure Body fluid	Training/Experience	☐ Difficult to pe without help		upda	orm on-site review of work activity, te job safety analysis.
exposure:	☐ Safety training provided, not followed	☐ Safety featur readily avails	es or devices not		onfigure work area municate corrective actions to others
Needle stick Sharps	☐ New task for employee or lack	☐ Assistive dev	ices not used	in jo	b category.
☐ Animal bite ☐ Other, Explain	of experience Work Area	Lack of policy/p		Othe	r
	☐ Work area set up improperly	Other (explain)		Drawani	in actions will be completed by
	☐ Inadequate lighting or noise issues			Name	tive actions will be completed by:
	☐ Housekeeping issues ☐ Environmental factors			Expecte	d date of completion
SUPERVISOR'S OR M	(rain, wind, temp. etc) ANAGER'S SIGNATURE:	Use additional pag	es as needed	1 '	Date of Investigation:
DEPARTMENT HEAD'	S SIGNATURE:				Date:
PLEASE NOTE: COMPLETING T	HIS FORM IS <u>NOT</u> AN ADMISSION OF UNIVERSITY	LIABILITY		-	7/2011 ER: WC/H/MJB
January 2016					

SAFETY TRAINING ATTENDANCE RECORD

Training Topic:		Date:		
(attach a c	opy of the training session curricu	lum)		
Instructor:		Training Aids:		
Location:		Time:		
Atteno	dees – Please print and sign your n	ame legibly. Use additional sheets if necessary.		
No.	Print Name	Signature/Date		
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IIPP-Appendix E January 2016 Completed copies of this form should be routed to the department Safety Coordinator and must be maintained in department files for at least three years.

Effective: 5/29/2019	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. Emergency Evacuation information is available at http://safetyservices.ucdavis.edu/article/fire-prevention-safetynets 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.	

JSA Office Workers Revised 5/2019 _LL Appendix B1

Effective: 5/29/2019	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

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:	JOB SAFETY ANALYSIS	DEPT:	LOCATION:	JOB TYPE:
5/29/2019		CNS	Center for Neuroscience	Animal Handler
JOB	POTENTIAL HEALTH OR	SAFE PRACTICE, OR	REQUIPMENT	PERSONAL PROTECIVE
FUNCTION	INJURY HAZARDS			EQUIPMENT (PPE)

<u> </u>					
Animal Handling and Restraint	Mechanical/Physical Injuries from Animals.	fill yy The second of the sec	Fraining for handling animals can be obtained rom the Laboratory Animal Skills Class or from your supervisor. Do not perform a procedure for which you have not been trained or feel uncomfortable. Ask your supervisor for assistance. Always keep in mind that animals may bite, scratch or grab (in the case of primates). Maintain a safe distance from them when possible. Follow any Standard Operating Procedures SOP) that your supervisor provides. (If you are working with primates, you will be required to watch a video such as, "Working Safely with Nonhuman Primates" and complete the online oonosis training course. Prior to beginning work in a lab.) Immediately report any accident or injury to your supervisor and to Occupational Health Services at (530) 752-6051.	•	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:
5/29/2019		CNS	Center for Neuroscience	Animal Handler
JOB	POTENTIAL HEALTH OR	SAFE PRACTICE, OF	REQUIPMENT	PERSONAL PROTECIVE
FUNCTION	INJURY HAZARDS			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 link: http://safetyservices.ucdavi Use the "Hazard Ana information on zoono with which you will be https://iacuc.ucdavis.edu/ia Also review the infor Animals:" http://safetyservices.ucd Everyone who has excomplete the "Signific Animal Contact Heal " Health care profess Services will review to recommendations as	rmation on "Allergy to avis.edu/article/allergy-animals exposure to animals must cant Biological Agent or th Surveillance Questionnaire. sionals at Occupational Health the form and make individual appropriate.	If you suffer from allergies to a species you must work with, consider wearing an approved, NIOSH certified N95 respirator when in the animal facility. Respirators are, in general, less effective than the other methods shown above and should not be used as a substitute for good work place hygiene.
Animal Handling and Restraint	Zoonotic Exposure or Mechanical/Physical Injuries from Animals	beyond the first content beyond the door lareas). Wash hands with and lab areas and lab areas and lab areas and lated safe practice. Immediately reportant supervisor, to	s allowed into the lab (or ontrolled access door i.e. between the lobby and the lab soap before exiting animal dafter working with animals. rking with primates, the above es, are required. rt any accident or injury to he CNS Safety Manager and lealth 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:	JOB SAFETY ANALYSIS	DEPT:	LOCATION:	JOB TYPE:
5/29/2019		CNS	Center for Neuroscience	Field Researcher
JOB	POTENTIAL HEALTH OR	SAFE PRACTICE, OF	REQUIPMENT	PERSONAL PROTECIVE
FUNCTION	INJURY HAZARDS			EQUIPMENT (PPE)
Field	Trip planning, including international or high risk area travel. Field Operations Safety Manual: https://safetyservices.ucdavis.edu/sites/default/files/documents/UCFieldOperationsSafetyManual.pdf Field Safety Plan Template: https://safetyservices.ucdavis.edu/sites/default/files/documents/FieldSafetyPlanTemplateUCD.pdf Access to field sites Exposure to sun/elevated	risks, which can be Services Website Field Research Sent the safety safety safety brive defensively prepared for delawater, clothing, find the services was safety safety brive defensively prepared for delawater, clothing, find the services was safety saf		Contingent on specific field work plan. For exposure to
Research	temperatures (heat illness training applies for temperatures at or above 80°F) Other weather conditions	http://safetyservices prevention For exposure to and hat. Maintain further information the Heat Illness https://safetyservices. ts/Heat Illness Preve 18%20Update%20fin Other adverse w Wear protective	sun/heat: Wear sunscreen n adequate fluid intake. For on, read Safety Net # 123 and Prevention Manual at ucdavis.edu/sites/default/files/documen ntion Manual%2010-al%20v1.1.pdf eather: clothing as needed (hat, appropriate footwear). Take	sun/heat: Wear hat, seek frequent shade for temperatures at or above 80°F.

Effective:	JOB SAFETY ANALYSIS	DEPT: CNS	LOCATION:	JOB TYPE:
5/29/2019	PORENTAL MEALENT OR		Center for Neuroscience	Field Researcher
JOB	POTENTIAL HEALTH OR	SAFE PRACTICE, OI	REQUIPMENT	PERSONAL PROTECIVE
FUNCTION	INJURY HAZARDS			EQUIPMENT (PPE)
	Field Activities	traveling through appropriate traini with another indiv	e footgear, especially when rough or rocky terrain. Obtain ng on equipment use. Travel vidual when accessing remote e supervisor with itinerary	

		T		
Effective:	JOB SAFETY ANALYSIS	DEPT:	LOCATION:	JOB TYPE:
5/29/2019		CNS	Center for Neuroscience	Field Researcher
JOB	POTENTIAL HEALTH OR	SAFE PRACTICE, 0	OR EQUIPMENT	PERSONAL PROTECIVE
FUNCTION	INJURY HAZARDS			EQUIPMENT (PPE)
	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 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.	exposure to dus valley fever is c	for valley fever should avoid st and dry soil in areas where ommon. n windy/dusty conditions.	Wear particle dust mask (if at risk for valley fever)

Effective: 5/29/2019	JOB SAFETY ANALYSIS	DEPT: LOCATION: CNS Center for Neuroscience	JOB TYPE: Shop Worker
JOB FUNCTION	POTENTIAL HEALTH OR INJURY HAZARDS	SAFE PRACTICE, OR EQUIPMENT	PERSONAL PROTECIVE 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 damaged parts. 	 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.
Instructions for use of all tools- Use	 Fires or Electrical Shocks Tangled Parts Bodily Injury 	 Don't operate tools in explosive atmospheres. Grounded tools must be plugged into properly installed grounded outlets. Do not force polarized plugs into an outlif it won't fit. Avoid body contact with grounded surfaces. Don't expose power tools to rain or wet conditions. Disconnect the plug from power source before making any adjustments or abanging accessories. 	neck, tie back hair, roll up long sleeves and secure any other loose clothing that could potentially get caught in moving equipment.
	Eye InjuryBack Strain	 changing accessories. 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:	JOB SAFETY ANALYSIS	DEPT:	LOCATION:	JOB TYPE:
5/29/2019		CNS	Center for Neuroscience	Shop Worker
JOB	POTENTIAL HEALTH OR	SAFE PRACTICE, OR EQUIPMENT		PERSONAL PROTECIVE
FUNCTION	INJURY HAZARDS			EQUIPMENT (PPE)
Instructions for use of all tools- After Use	Bodily Injury Electrical Shocks	 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.

Effective:	JOB SAFETY ANALYSIS	DEPT:	LOCATION:	JOB TYPE:
5/29/2019		CNS	Center for Neuroscience	Shop Worker
JOB	POTENTIAL HEALTH OR	SAFE PRACTICE.	, OR EQUIPMENT	PERSONAL PROTECIVE
FUNCTION	INJURY HAZARDS			EQUIPMENT (PPE)

General machining and metal fabrication processes using stationary machine tools; (lathe, mill, drill press, and grinders)

- Cuts, contusions, lacerations, from contact with point of operation or associated flying materials from work part.
- Hearing damage from audible noise above 90dB at a sustained level:

at a cactamica iciton				
Hours per day	Sound level			
8	90dB			
6	92dB			
4	95dB			
3	97dB			
2	100dB			
1.5	102dB			
1	105dB			
.5	110dB			
.25 or less	115dB			

- Students, staff, and faculty using the machine shop must have prior authorization and complete the CNS machine shop safety online training. Go to this link for training, https://cnssafety.ucdavis.edu/machine-shop-safety
- 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.
- Use the guarding systems and shields.
- Do not defeat guarding systems

- 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.
- Wear hearing protection.

Effective:	JOB SAFETY ANALYSIS	DEPT:	LOCATION:	JOB TYPE:	
5/29/2019		CNS	Center for Neuroscience	Shop Worker	
JOB	POTENTIAL HEALTH OR	SAFE PRACTICE	, OR EQUIPMENT	PERSONAL PROTECIVE	
FUNCTION	INJURY HAZARDS			EQUIPMENT (PPE)	
Exposure to cutting fluid and fumes	 Metal dust, silica dust Noise Dermatitis Inhalation hazard 	Understand use before commendate Use correct to that tools are starting work. Report any descriptions Safety Manage Limit skin exparea with soal	se of tools and procedures encing work. Fool for the job and ensure in good condition before efect tool or machine to er.	 Long pants, Non-slip, Close Toe Shoes Use dust masks or respirate as appropriate. Goggles/Safety Glasses are Face Shields. Remove jewelry from hand neck, tie back hair, roll up I sleeves and secure any oth loose clothing that could potentially get caught in me equipment. Wear hearing protection. Use ear protection May require use of a respirate vist the information on the respirator fit program http://safetyservices.ucdav u/article/respiratory-protection 	tors nd ds and long her oving rator. hal link m at vis.ed
Use of oils and lubricants	 Spontaneous combustion from wiping cloths saturated with oil Slip hazard from spilled oil and cutting fluids 	Keep workKeep awaKeep fire 6	f oily cloths in safety can. c area clean. y from ignition sources. extinguishers up to date. ammable cabinets	Consult SDS's for details or recommended PPE.	n

Effective: 5/29/2019 JOB FUNCTION	JOB SAFETY ANALYSIS POTENTIAL HEALTH OR INJURY HAZARDS		LOCATION: Center for Neuroscience , OR EQUIPMENT	JOB TYPE: Shop Worker PERSONAL PROTECIVE EQUIPMENT (PPE)
Use of hand tools	Cuts, abrasions, contusions from contact with point of operation		er tool for the job e tools to the Facility/Safety	 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 	SDS's. Use adequate Keep away fro Use approved and medical e Keep fire extire Cover expose sanding epoxy Store in flamn Dispose waste	om ignition sources. I respirator; training class exam required before use. Inguishers up to date. Industrial description of the control of t	 Observe recommended use of PPE from SDS's for chemical being used. Consult Safety Net #50- Guidelines for the Selection of Chemical Resistant Gloves.