

UCDAVIS

CENTER FOR
NEUROSCIENCE

INJURY AND ILLNESS PREVENTION PROGRAM



UC DAVIS

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).

UC DAVIS

CENTER FOR NEUROSCIENCE

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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 Phone: 530-757-8905

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

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

8. Building:
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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: **Kimberley McAllister**

Title: **Director, Center for Neuroscience**

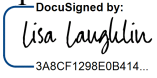
Authority: Authority and responsibility for ensuring implementation of this IIPP

Signature:  Date: 5/29/2019

2. Name: **Lisa Laughlin**

Title: **Safety & Facilities Manager**

Authority: Department designated authority for implementation of this IIPP

Signature:  Date: 5/30/2019

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

Annual Review Documentation

<u>Responsible/Designated Authority</u>	<u>Signature</u>	<u>Date</u>

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 ([UC Davis Personnel Policies for Staff Members- Section 62, Corrective Action](#)).

III. System for Assuring Employee Compliance with Safe Work Practices

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

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

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

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

- Adherence to defined safety practices.
 - Use of provided safety equipment.
 - Reporting unsafe acts, conditions, and equipment.
 - Offering suggestions for solutions to safety problems.
 - Planning work to include checking safety of equipment and procedures before starting.
 - Early reporting of illness or injury that may arise as a result of the job.
 - Providing support to safety programs.
4. Statement of non-compliance will be placed in performance evaluations if employee neglects to follow proper safety procedures, and documented records are on file that clearly indicate training was provided for the specific topic, and that the employee understood the training and potential hazards.
 5. Corrective action for non-compliance will take place when documentation exists that proper training was provided, the employee understood the training, and the employee knowingly neglected to follow proper safety procedures. Corrective action includes, but is not limited to, the following: Letter of Warning, Suspension, or Dismissal.

IV. Hazard Identification, Evaluation, and Inspection

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

1. Job Safety Analysis:

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

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

- Laboratory personnel, please refer to the [Laboratory Hazard Assessment Tool](#)
- Non-Laboratory personnel, please refer to the [JSA/PPE Certification Forms](#)

2. Worksite Inspections

Worksite inspections are conducted to identify and evaluate potential hazards. Types of worksite inspections include both periodic scheduled worksite inspections as well as those required for accident investigations, injury and illness cases, and unusual occurrences. Inspections are conducted at the following worksites:

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

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

VI. Hazard Correction

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

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

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

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

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

VII. Health and Safety Training

Health and safety training, covering both general work practices and job-specific hazard training is the responsibility of **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, ([8CCR §3203](#)), Injury and Illness Prevention Program
4. Personnel Policies for Staff Members, Corrective Action, [UC PPSM 62](#)
5. UC Davis Environmental Health & Safety
 - [Safety Services Website](#)
 - [EH&S SafetyNets](#)
 - [Safety Data Sheets](#)

X. Completed Tasks

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

HAZARD ALERT / CORRECTION FORM

Alert Identification No. _____

Department: _____

I. Unsafe Condition or Hazard

Name: (optional) _____	Job: _____	
Title: (optional) _____		
Location of Hazard: _____		
Building: _____	Floor: _____	Room: _____
Date and time the condition or hazard was observed: _____		
Description of unsafe condition or hazard: _____		

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

Employee Signature: (optional) _____		
Date: _____		

II. Management/Safety Committee Investigation

Name of person investigating unsafe condition or hazard: _____

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

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

Signature of Investigating Party: _____
Date: _____

HAZARD ALERT / CORRECTION REPORT

Alert Identification No. _____

Department: _____

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

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

Supervisor/Safety Coordinator Name: _____ Telephone: _____

Supervisor/Safety Coordinator Signature: _____ Date: _____

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

IIPP-Appendix A
January 2016

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

WORKSITE INSPECTION FORM

General Office Environment

Location: _____ Date: _____

Inspector: _____ Phone: _____

Department: _____

Administration and Training

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

General Safety

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

Electrical Safety

Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>	15.	Are plugs, cords, electrical panels, and receptacles in good condition? No exposed conductors or broken insulation?
Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>	16.	Are circuit breaker panels accessible and labeled?
Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>	17.	Are surge protectors being used? If so, they must be equipped with an automatic circuit breaker, have cords no longer than 15 feet in length, and be plugged directly into a wall outlet.
Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>	18.	Is lighting adequate throughout the work environment?
Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>	19.	Are extension cords being used correctly? They must not run through walls, doors, ceiling, or present a trip hazard.
Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>	20.	Are portable electric heaters being used? If so, they must be UL listed, plugged directly into a wall outlet, and located away from combustible materials.

University of California, Davis Laboratory Self-Inspection Checklist

Principal Investigator/Laboratory Supervisor: _____

Laboratories Reviewed: _____

Date: _____

Reviewer: _____

Revised 1/2015

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

Notes: _____

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

Notes: _____

3. Are all radioactive materials registered with the EH&S Health Physics Program?			
4. Radioactive Waste – Properly labeled, segregated, and shielded?			
III. CHEMICAL WASTE			
A. Storage	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. Labeling	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. BIOHAZARDOUS WASTE			
A. Storage	Yes	No	N/A
1. Solid bio hazardous waste is bagged in red polyethylene bags as per the Medical Waste Management Plan.			
2. Bio hazardous liquid waste is managed per the Medical Waste Management Plan.			
3. Sharps stored in puncture-proof containers and labeled appropriately, not past fill line.			
B. Labeling	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. PERSONAL HEALTH AND SAFETY			
A. Food 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. Standard 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. HEALTH AND SAFETY EQUIPMENT			
A. Safety Showers and Eye Washes	Yes	No	N/A
1. Approved safety showers and eye washes provided within 10 seconds travel time from the work area for immediate use, with no barriers (<i>i.e.</i> doors) for use or storage of corrosives.			
2. All eyewashes and showers have unobstructed access.			
3. Units inspected and activated monthly. Annually certification by Facilities Management for proper functioning.			
4. Sign indicating location of safety shower and eye wash unobstructed.			
B. Personal 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. Laboratory 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. Biological 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: _____

E. Compressed 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 1/2 the height of the cylinder.			
4. Protective caps in place while cylinders are in storage and full/empty tags attached.			
5. Proper regulators are being used and closed when cylinders are not in use.			
F. Housekeeping & 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. Electrical 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.			
H. General Safety	Yes	No	N/A
1. Cabinets and bookshelves are secured.			
2. Overhead storage is minimized and restrained from falling (<i>i.e.</i> , shelf lips, rails).			
3. Heavy equipment is secured or braced from falling.			

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

Notes: _____

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
1. Have proper warning signs been posted?			
L. Emergency Planning & Procedures	Yes	No	N/A
1. Emergency Response Guide and evacuation map visibly posted and current.			
2. Chemical spill kit/cleanup materials available.			
3. Training in spill clean-up procedures provided and documented.			
4. First aid materials kept in adequate supply (in a sanitary and usable condition) and made readily available.			
M. Fire Prevention	Yes	No	N/A
1. Appropriate fire extinguisher mounted, unobstructed, available within 75 feet, in working order and inspected within the last year. A fire extinguisher should be available in a room containing flammable and/or combustible liquids.			
2. Fire extinguisher sign is clearly visible.			
3. 18-inch vertical clearance maintained from sprinkler head (<i>i.e.</i> , over shelving).			
4. Are all laboratory doors kept closed? Closure devices in place?			
5. Storage of combustible material is minimized.			
N. Exits	Yes	No	N/A
1. Exits and aisles are clear and free of obstructions in case of emergency.			
2. Exit signs clearly visible.			

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.

UCD Employer's Report of Occupational Injury or Illness			
UNIVERSITY POLICY REQUIRES THAT INDUSTRIAL INJURY/ILLNESS BE REPORTED TO WORKERS' COMPENSATION WITHIN 24 HOURS OF OCCURRENCE AND STATE REGULATIONS REQUIRE THAT ALL ACCIDENTS BE INVESTIGATED. In the event of a serious injury or hospitalization, call Workers' Compensation immediately at (530) 752-7243. This form must be completed in its entirety and mailed or faxed (530) 752-3439 to Workers' Compensation. Omission of information could result in a delay of benefits.			
EMPLOYEE MUST COMPLETE THESE SECTIONS:			
EMPLOYEE DATA	Employee Name:		Employee's UC Davis ID #:
	Address:		Home Phone: ()
	City/State/Zip:	Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male	Date of Birth:
	Department/Location:		Employee's Work Phone: ()
	Payroll Title/TC:	Date of Hire:	Annual Gross Salary: \$
	Supervisor's Name:		Supervisor's Work Phone: ()
Employee () Volunteer () Student-Employee ()		() hours per day () days per week () total weekly hours	
EMPLOYEE STATEMENT	Specific Injury/Illness/Exposure:		Body Part(s) affected:
	Location where injury or illness occurred:		Date of injury/illness:
	What equipment, materials or chemicals caused the injury/illness? :		Others Injured? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Explain in detail how the injury occurred. Include specific activities/tasks performed at the time.		Who witnessed this injury?
	Medical Treatment provided by: <input type="checkbox"/> Employee Health Services <input type="checkbox"/> Sutter Davis Hospital ER Other: (Provide Name & Phone #) <input type="checkbox"/> Private Physician <input type="checkbox"/> UC Davis Medical Center <input type="checkbox"/> First Aid, no medical care needed.		
	Employee Signature:		Today's Date:
EMPLOYER'S INVESTIGATION AND STATEMENT (EMPLOYER COMPLETES):			
EMPLOYER	After the investigation, explain in detail how the injury/illness occurred and the specific activity being performed:		
	What was the injury, illness or exposure?		
INITIAL CAUSE	CONTRIBUTING FACTORS AND ACTIVITIES		PREVENTIVE ACTIONS
<input type="checkbox"/> Struck by or against object (indicate) <input type="checkbox"/> Caught in/under/between <input type="checkbox"/> Fall / Slip / Trip <input type="checkbox"/> Material handling or lifting <input type="checkbox"/> Repetitive motion <input type="checkbox"/> Chemical exposure <input type="checkbox"/> Body fluid exposure: ___ Sharps ___ Needle stick <input type="checkbox"/> Animal bite <input type="checkbox"/> Other, Explain	Equipment <input type="checkbox"/> Equipment failure <input type="checkbox"/> Equipment unavailable <input type="checkbox"/> Improper equipment or material used for job Personal protective equipment <input type="checkbox"/> Not worn <input type="checkbox"/> Not readily available <input type="checkbox"/> Not adequate for the task <input type="checkbox"/> Personal protective equipment failure Training/Experience <input type="checkbox"/> Lack of training <input type="checkbox"/> Safety training provided, not followed <input type="checkbox"/> New task for employee or lack of experience Work Area <input type="checkbox"/> Work area set up improperly <input type="checkbox"/> Inadequate lighting or noise issues <input type="checkbox"/> Housekeeping issues <input type="checkbox"/> Environmental factors (rain, wind, temp, etc)	<input type="checkbox"/> Ventilation issues <input type="checkbox"/> Ergonomic factors Employee <input type="checkbox"/> Physically not able to do work <input type="checkbox"/> Employee fatigue <input type="checkbox"/> Unbalanced or poor position or motion <input type="checkbox"/> Incorrect procedures used for task <input type="checkbox"/> Other unsafe practice Assistance <input type="checkbox"/> Difficult to perform task without help <input type="checkbox"/> Safety features or devices not readily available <input type="checkbox"/> Assistive devices not used <input type="checkbox"/> Lack of policy/procedure <input type="checkbox"/> Animal (explain below) <input type="checkbox"/> Other (explain)	SUPERVISOR WILL: <input type="checkbox"/> Develop/revise safety procedures and update IIPP or Chem. Hyg. Plan <input type="checkbox"/> Request ergonomic evaluation <input type="checkbox"/> Order new equipment <input type="checkbox"/> Order new personal protective equipment <input type="checkbox"/> Remove equipment from use and repair/replace <input type="checkbox"/> Schedule preventive maintenance <input type="checkbox"/> Will retrain employee before task is re-assigned <input type="checkbox"/> Perform on-site review of work activity, update job safety analysis. <input type="checkbox"/> Reconfigure work area <input type="checkbox"/> Communicate corrective actions to others in job category. <input type="checkbox"/> Other _____ Preventive actions will be completed by: Name: _____ Expected date of completion _____
SUPERVISOR'S OR MANAGER'S SIGNATURE:			Date of Investigation:
DEPARTMENT HEAD'S SIGNATURE:			Date:

PLEASE NOTE: COMPLETING THIS FORM IS NOT AN ADMISSION OF UNIVERSITY LIABILITY

7/2011 ER: WC/HMJ/B

SAFETY TRAINING ATTENDANCE RECORD

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

Instructor: _____ Training Aids: _____

Location: _____ Time: _____

Attendees – Please print and sign your name legibly. Use additional sheets if necessary.

No.	Print Name	Signature/Date
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
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30.	_____	_____

Effective: 5/29/2019	JOB SAFETY ANALYSIS	DEPARTMENT: Center for Neuroscience	JOB TYPE: Office / Computer Work
<i>JOB FUNCTION</i>	<i>POTENTIAL HEALTH OR INJURY HAZARDS</i>	<i>SAFE PRACTICE, OR EQUIPMENT</i>	<i>PERSONAL PROTECTIVE EQUIPMENT (PPE) OR APPAREL</i>

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.	

Effective: 5/29/2019	JOB SAFETY ANALYSIS	DEPARTMENT: Center for Neuroscience	JOB TYPE: Office / Computer Work
<i>JOB FUNCTION</i>	<i>POTENTIAL HEALTH OR INJURY HAZARDS</i>	<i>SAFE PRACTICE, OR EQUIPMENT</i>	<i>PERSONAL PROTECTIVE EQUIPMENT (PPE) OR APPAREL</i>

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 .	<ul style="list-style-type: none"> • 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: 5/29/2019	JOB SAFETY ANALYSIS	DEPT: CNS	LOCATION: Center for Neuroscience	JOB TYPE: Animal Handler
JOB FUNCTION	POTENTIAL HEALTH OR INJURY HAZARDS	SAFE PRACTICE, OR EQUIPMENT		PERSONAL PROTECTIVE EQUIPMENT (PPE)

Animal Handling and Restraint	Mechanical/Physical Injuries from Animals.	<ul style="list-style-type: none"> • Training for handling animals can be obtained from 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 zoonosis 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. 	<ul style="list-style-type: none"> • 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 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 <i>Zoonotic Exposure</i> section for more information.
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Effective: 5/29/2019	JOB SAFETY ANALYSIS	DEPT: CNS	LOCATION: Center for Neuroscience	JOB TYPE: Animal Handler
JOB FUNCTION	POTENTIAL HEALTH OR INJURY HAZARDS	SAFE PRACTICE, OR EQUIPMENT		PERSONAL PROTECTIVE 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.).	<p>Before beginning work, review the information on the following link: http://safetyservices.ucdavis.edu/article/staying-healthy-vivarium Use the "Hazard Analysis Tool" to obtain current information on zoonotic diseases for the species with which you will be working: https://iacuc.ucdavis.edu/iacuc_public/risktool/index.cfm Also review the information on "Allergy to Animals:" http://safetyservices.ucdavis.edu/article/allergy-animals Everyone who has exposure to animals must complete the "Significant Biological Agent or Animal Contact Health Surveillance Questionnaire. " Health care professionals at Occupational Health Services will review the form and make individual recommendations as appropriate.</p>	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> No food or drink is allowed into the lab (or beyond the first controlled access door i.e. beyond the door between the lobby and the lab areas). Wash hands with soap before exiting animal and lab areas and after working with animals. For personnel working with primates, the above listed safe practices, are required. Immediately report any accident or injury to your supervisor, the CNS Safety Manager and to Occupational Health Services at (530) 752-6051. 	<ul style="list-style-type: none"> 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: 5/29/2019	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 PROTECTIVE EQUIPMENT (PPE)

	<p>Trip planning, including international or high risk area travel.</p> <p>Field Operations Safety Manual: https://safetyservices.ucdavis.edu/sites/default/files/documents/UCFieldOperationsSafetyManual.pdf</p> <p>Field Safety Plan Template: https://safetyservices.ucdavis.edu/sites/default/files/documents/FieldSafetyPlanTemplateUCD.pdf</p> <p>Access to field sites</p>	<ul style="list-style-type: none"> • UC related travel entails new and different risks, which can be found within the Safety Services Website link to Field Research Safety https://safetyservices.ucdavis.edu/categories/field-research-safety • Drive defensively. Avoid driving when tired. Be prepared for delays. Carry adequate food, water, clothing, first aid equipment and tools. 	<ul style="list-style-type: none"> • Contingent on specific field work plan.
Field Research	<p>Exposure to sun/elevated temperatures (heat illness training applies for temperatures at or above 80°F)</p> <p>Other weather conditions</p>	<ul style="list-style-type: none"> • 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 and the Heat Illness Prevention Manual at https://safetyservices.ucdavis.edu/sites/default/files/documents/Heat_Illness_Prevention_Manual%2010-18%20Update%20final%20v1.1.pdf • Other adverse weather: Wear protective clothing as needed (hat, raincoat, gloves, appropriate footwear). Take cover during a thunderstorm. 	<ul style="list-style-type: none"> • For exposure to sun/heat: Wear hat, seek frequent shade for temperatures at or above 80°F.

Effective: 5/29/2019	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 PROTECTIVE EQUIPMENT (PPE)

	Field Activities	<ul style="list-style-type: none"> Wear appropriate footgear, especially when traveling through rough or rocky terrain. Obtain appropriate training on equipment use. Travel with another individual when accessing remote locations. Provide supervisor with itinerary prior to trip. 	
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Effective: 5/29/2019	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 PROTECTIVE EQUIPMENT (PPE)

	<p>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.</p>	<ul style="list-style-type: none"> • Persons at risk for valley fever should avoid exposure to dust and dry soil in areas where valley fever is common. • Avoid working in windy/dusty conditions. 	<ul style="list-style-type: none"> • Wear particle dust mask (if at risk for valley fever)
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Effective: 5/29/2019	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 PROTECTIVE EQUIPMENT (PPE)
Instructions for use of all tools- Preparation	<ul style="list-style-type: none"> • Trips/Falls • Flying Parts • Bodily Injury 	<ul style="list-style-type: none"> • 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. 		<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • Fires or Electrical Shocks • Tangled Parts • Bodily Injury • Eye Injury • Back Strain 	<ul style="list-style-type: none"> • 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. • Don't expose power tools to rain or wet conditions. • Disconnect the plug from power source before making any adjustments or 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. 		<ul style="list-style-type: none"> • 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: 5/29/2019	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 PROTECTIVE EQUIPMENT (PPE)

Instructions for use of all tools- After Use	<ul style="list-style-type: none"> • Bodily Injury • Electrical Shocks 	<ul style="list-style-type: none"> • 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. 	<ul style="list-style-type: none"> • 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.
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Effective: 5/29/2019	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 PROTECTIVE EQUIPMENT (PPE)

General machining and metal fabrication processes using stationary machine tools; (lathe, mill, drill press, and grinders)	<ul style="list-style-type: none"> 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: 	<ul style="list-style-type: none"> 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 	<ul style="list-style-type: none"> 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. 																				
	<table border="1"> <thead> <tr> <th>Hours per day</th> <th>Sound level</th> </tr> </thead> <tbody> <tr> <td>8</td> <td>90dB</td> </tr> <tr> <td>6</td> <td>92dB</td> </tr> <tr> <td>4</td> <td>95dB</td> </tr> <tr> <td>3</td> <td>97dB</td> </tr> <tr> <td>2</td> <td>100dB</td> </tr> <tr> <td>1.5</td> <td>102dB</td> </tr> <tr> <td>1</td> <td>105dB</td> </tr> <tr> <td>.5</td> <td>110dB</td> </tr> <tr> <td>.25 or less</td> <td>115dB</td> </tr> </tbody> </table>			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
	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																						

Effective: 5/29/2019	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 PROTECTIVE EQUIPMENT (PPE)
Grinding	<ul style="list-style-type: none"> • Metal dust, silica dust • Noise 	<ul style="list-style-type: none"> • 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. 		<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • Dermatitis • Inhalation hazard 	<ul style="list-style-type: none"> • Limit skin exposure and wash affected area with soap and water. • Use ventilation when operation generates fumes. 		<ul style="list-style-type: none"> • May require use of a respirator. Please visit the informational link on the respirator fit program at http://safetyservices.ucdavis.edu/article/respiratory-protection-program
Use of oils and lubricants	<ul style="list-style-type: none"> • Spontaneous combustion from wiping cloths saturated with oil • Slip hazard from spilled oil and cutting fluids 	<ul style="list-style-type: none"> • 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 		<ul style="list-style-type: none"> • Consult SDS's for details on recommended PPE.

Effective: 5/29/2019	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 PROTECTIVE EQUIPMENT (PPE)

Use of hand tools	<ul style="list-style-type: none"> Cuts, abrasions, contusions from contact with point of operation 	<ul style="list-style-type: none"> Use the proper tool for the job Report unsafe tools to the Facility/Safety Manager 	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> Fumes from solvents, paint Fumes and particulates from epoxy composite fabrication 	<ul style="list-style-type: none"> Read and observe information from SDS's. Use adequate ventilation. Keep away from ignition sources. Use approved respirator; training class and medical exam required before use. Keep fire extinguishers up to date. Cover exposed body surfaces when sanding epoxy composites Store in flammable cabinets Dispose waste according to UC Davis Hazardous Waste policies and procedures. 	<ul style="list-style-type: none"> Observe recommended use of PPE from SDS's for chemical being used. Consult Safety Net #50-Guidelines for the Selection of Chemical Resistant Gloves.