

UC DAVIS

CENTER FOR
NEUROSCIENCE

INJURY AND ILLNESS PREVENTION PROGRAM



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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**

Telephone Number: **530-752-8114**

Buildings Occupied by Department

- 1. Building:** 1544 NEWTON CT, DAVIS, CA95618

Unit(s): CENTER FOR NEUROSCIENCE

Contact: MADHU SHARMA/LISA LAUGHLIN
Phone: (530) 752-4484/(530) 757-8905
- 2. Building:** 1515 NEWTON CT, DAVIS, CA 95618

Unit(s): SCHOOL OF MEDICINE, NEUROSCIENCES

Contact: MADHU SHARMA/LISA LAUGHLIN
Phone: (530) 752-4484/(530) 757-8905
- 3. Building:** 1633 DAVINCI CT, DAVIS, CA 95618

Unit(s): CENTER FOR NEUROSCIENCE

Contact: MADHU SHARMA/LISA LAUGHLIN
Phone: (530) 752-4484/(530) 757-8905
- 4. Building:** AVIAN SCIENCE FIELD BUILDING
747 HOPKINS RD, DAVIS, CA 95616

Unit(s): CENTER FOR NEUROSCIENCE

Contact: MADHU SHARMA/LISA LAUGHLIN
Phone: (530) 752-4484/(530) 757-8905

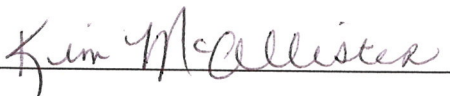
I. Authorities and Responsible Parties

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

1. Name: **KIMBERLEY MCALLISTER, PHD**

Title: **DIRECTOR, CENTER FOR NEUROSCIENCE**


Authority: Authority and responsibility for ensuring implementation of this IIPP

Signature:  Date: 2/23/18

2. Name: **LISA LAUGHLIN**

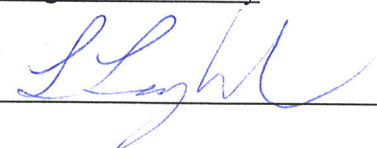
Title: **SAFETY AND FACILITY MANAGER, CENTER FOR NEUROSCIENCE**

Authority: Department designated authority for implementation of this IIPP

Signature:  Date: 2/23/18

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>Date</u>
Lisa Laughlin 	2/23/18
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

II. System of Communications

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

- Standard Operating Procedures Manual
- Material Safety Data Sheets
- Monthly departmental operations meetings
- Internal media (department intranet)
- 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
- Other (list):

Center for Neuroscience Safety Website Linked Within the Center for Neuroscience Website <https://cnssafety.ucdavis.edu>

Center for Neuroscience Safety Meetings with Laboratory Managers- at least bi-annually and additionally when new safety requirements are introduced.

Electronic storage on Box.com of Safety Resources accessible by all lab managers.

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

(Example JSAs are located in [Appendix B1](#) and [Appendix B2](#) of this template)

A. 1544 NEWTON CT., DAVIS, CA 95618

- Job Safety Analysis for Office and Computer Workers
- Job Safety Analysis for Animal Handlers
- Job Safety Analysis for Field Researchers
- Job Safety Analysis for Shop Workers

B. 1515 NEWTON CT., DAVIS, CA 95618

- Job Safety Analysis for Office and Computer Workers
- Job Safety Analysis for Animal Handlers
- Job Safety Analysis for Field Researchers
- Job Safety Analysis for Shop Workers

C. 1633 DAVINCI CT., DAVIS, CA 95618

- Job Safety Analysis for Office and Computer Workers
- Job Safety Analysis for Animal Handlers
- Job Safety Analysis for Field Researchers
- Job Safety Analysis for Shop Workers

D. 747 HOPKINS RD., DAVIS, CA 95616

- Job Safety Analysis for Animal Handlers
- Job Safety Analysis for Field Researchers

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., Davis, CA 95618**
Frequency: **Annual**
Responsible Person: **Lisa Laughlin**
Records Location: **1544 Newton Ct. Room 149**

- 2) Location: **CNS Labs at 1515 Newton Ct., Davis, CA 95618**
Frequency: **Annual**
Responsible Person: **Lisa Laughlin**
Records Location: **1544 Newton Ct. Room 149**

- 3) Location: **1633 Davinci Ct., Davis, CA 95618**
Frequency: **Annual**
Responsible Person: **Lisa Laughlin**
Records Location: **1544 Newton Ct. Room 149**

- 4) Location: **747 HOPKINS RD., DAVIS, CA 95616**
Frequency: **Annual**
Responsible Person: **Lisa Laughlin**
Records Location: **1544 Newton Ct. Room 149**

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

(Example Worksite Inspection Forms are located in Appendix C of this template (C1 - General Office and C2 - Laboratory)).

V. Accident Investigation

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

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.

2. **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.

ENTER ANY ADDITIONAL DEPARTMENT PROCEDURES

VII. Health and Safety Training

Health and safety training, covering both general work practices and job-specific hazard training is the responsibility of the **PRINCIPAL INVESTIGATOR** 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 Court, room 149, DEPARTMENT SAFETY COORDINATOR.

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](#)
6. Safety Bulletin Board Postings:
 - a. Cal/OSHA Poster-Health and Safety protection on the Job
http://www.dir.ca.gov/dosh/dosh_publications/shpstreng012000.pdf
 - b. UC Workers' Compensation Poster
http://safetyservices.ucdavis.edu/sites/default/files/documents/Notice%20To%20Employee%20Poster%202016_0.pdf
7. UC Davis Fire Prevention Services: <https://fire.ucdavis.edu>
8. Additional Department Resources
 - a. Center for Neuroscience Health and Safety Website <https://cnssafety.ucdavis.edu>
 - b. Safety resources on cloud storage site [Box.com](#) made available for lab managers as well as principal investigators.

Signed copies of this document are on file in room 149 at 1544 Newton Ct.

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: _____

**IIPP-Appendix A
January 2016**

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 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.

Effective: 2/23/2018	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: 2/23/2018	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: 2/23/2018	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)

<p>Animal Handling and Restraint</p>	<p>Mechanical/Physical Injuries from Animals.</p>	<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: 2/23/2018	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: http://safetyapps.ucdavis.edu/IACUC/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: 2/23/2018	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>Access to field sites</p>	<ul style="list-style-type: none"> • UC related travel entails new and different risks, which can be found at http://safetyervices.ucdavis.edu/article/trip-planning • 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"> •
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://safetyervices.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 http://safetyervices.ucdavis.edu/sites/default/files/documents/Heat_Illness_Prevention_Manual.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: 2/23/2018	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: 2/23/2018	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: 2/23/2018	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: 2/23/2018	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.

Effective: 2/23/2018	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)

<p>General machining and metal fabrication processes using stationary machine tools; (lathe, mill, drill press, and grinders)</p>	<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: 	<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	<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.
			Hours per day	Sound level																				
			8	90dB																				
			6	92dB																				
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Effective: 2/23/2018	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: 2/23/2018	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.

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.

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/H/MJB

SAFETY TRAINING ATTENDANCE RECORD

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

Instructor: _____ Training Aids: _____

Location: _____ Time: _____

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

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