



# INJURY AND ILLNESS PREVENTION PROGRAM

UNIVERSITY OF CALIFORNIA, DAVIS

**Plant Pathology and Foundation Plant  
Services**

## UC Davis

Plant Pathology and Foundation Plant Services

# INJURY AND ILLNESS PREVENTION PROGRAM

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

Department: Plant Pathology and Foundation Plant Services

This written program is in accordance with UC Davis Policy ([Policy and Procedures Manual Section 290-15: Safety Management Program](#)) and California Code of Regulations Title 8, Section 3203 ([8CCR§3203: Injury and Illness Prevention Program](#)).

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## PREFACE

**DEPARTMENT NAME:** Plant Pathology and Foundation Plant Services

**DEPARTMENT DIRECTOR:** Dave Rizzo

**DEPARTMENT ADDRESS:** 356 Hutchison Hall

**DEPARTMENT TELEPHONE NUMBER:** (530) 752-0300

## BUILDINGS OCCUPIED BY DEPARTMENT

1. Building: Hutchison Hall  
Unit(s): Plant Pathology  
  
Contact: Andrew Ross  
Phone: (530) 752-2592
2. Building: Storer Hall  
Unit(s): Plant Pathology  
  
Contact: Andrew Ross  
Phone: (530) 752-2592
3. Building: Robbins Hall  
Unit(s): Plant Pathology  
  
Contact: Andrew Ross  
Phone: (530) 752-2592
4. Building: Foundation Plant Services  
Unit(s): Foundation Plant Services  
  
Contact: Andrew Ross  
Phone: (530) 752-2592

## **ADDITIONAL BUILDINGS LIST FOR IIPP**

5. Building: Plant Pathology Lab, Headhouse 050, and other  
buildings at Armstrong Field Research Station Unit: Plant  
Pathology  
Contact: Andrew Ross  
Phone 530 752-2592

6. Building: Foundation Plant Services  
Unit: Laboratory  
Contact: Maher Al Rwahnih  
Phone: (530) 574-5463

7. Building: Viticulture Relocation Bldg B, rm 0005 and 0006  
Unit: Laboratory  
Contact: Maher Al Rwahnih  
Phone: (530) 574-5463

## 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 ([8CCR, Section 3203](#)) and is held by the following individuals:

### 1. Responsible Authority

Name: Dave Rizzo

Title: Department Chair

Authority: Authority and responsibility for **ensuring** implementation of this IIPP

Signature: 3E2D39C9A2254F3...

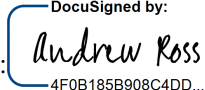
Date: 1/17/2024

### 2. Department Designated Authority

Name: Andrew Ross

Title: Department Safety Coordinator

Authority: Given by Responsible Authority for implementation of this IIPP

Signature: 4F0B185B908C4DD...

Date: 1/17/2024

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

## II. SYSTEM OF COMMUNICATION

1. Effective communications with employees have been established using the following methods.

Check all boxes that apply, list additional department methods in space provided.

- |                                     |   |
|-------------------------------------|---|
| <input checked="" type="checkbox"/> | Standard Operating Procedures Manual              |
| <input checked="" type="checkbox"/> | Safety Data Sheets                                |
| <input type="checkbox"/>            | Monthly departmental operations meetings          |
| <input checked="" type="checkbox"/> | Internal media (department intranet)              |
| <input checked="" type="checkbox"/> | EH&S Safety Nets                                  |
| <input type="checkbox"/>            | Training videos                                   |
| <input checked="" type="checkbox"/> | Safety Newsletter                                 |
| <input type="checkbox"/>            | Handouts  |
| <input checked="" type="checkbox"/> | Building Evacuation Plan                          |
| <input checked="" type="checkbox"/> | E-mail  |
| <input type="checkbox"/>            | Posters and warning labels                        |
| <input checked="" type="checkbox"/> | Job Safety Analysis                               |
| <input checked="" type="checkbox"/> | Departmental Website                              |
| <input checked="" type="checkbox"/> | Other (list): quarterly safety committee meetings |

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 or emailed to them. Employees have the option to remain anonymous when making a report.

### 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 (PPE). 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.

Does your department use any additional methods for assuring employee compliance with safe work practices?

YES ☒ NO

initial and annual refresher training. annual safety inspections



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

### 2. Worksite Inspections

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

- 1) Location: Hutchison Hall  
Frequency: Annual  
Responsible Person: Andrew Ross  
Records Location: online in Inspect program at: <https://ehs.ucop.edu>
- 2) Location: Storer Hall  
Frequency: Annual  
Responsible Person: Andrew Ross  
Records Location: online in Inspect program at: <https://ehs.ucop.edu>
- 3) Location: Robbins Hall  
Frequency: Annual  
Responsible Person: Andrew Ross  
Records Location: online in Inspect program at: <https://ehs.ucop.edu>

## **ADDITIONAL WORKSITE INSPECTION LOCATIONS FOR IIPP**

5. Location: Plant Pathology Lab and Headhouse 050 at Armstrong

Field Research Station Frequency: annual

Responsible Person: Andrew Ross

Records Location: Online in Inspect program at: <https://ehs.ucop.edu>

6. Location: Foundation Plant Services

Frequency: annual

Responsible Person: Lori Leong

Records Location: Online in Inspect program at: <https://ehs.ucop.edu>

7. Location: Viticulture Relocation Bldg B, rm 0005 and 0006

Frequency: annual

Responsible Person: Lori Leong

Records Location: Online in Inspect program at: <https://ehs.ucop.edu>

**Worksite Inspections Continued**

- 4)      Location:                      Foundation Plant Services  
         Frequency:                  Annual  
         Responsible Person: Andrew Ross  
         Records Location:    online in Inspect program at: <https://ehs.ucop.edu>

Worksite Inspection Forms

- C1 - General Office (Available in Appendix C)
- 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.

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. Injury reporting procedures can be found at the Safety Services Website: [Injury Reporting](#).
2. The **Injury and Illness Investigation Form** (see 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. Departments must notify EH&S immediately if there is any possibility an employee has been seriously injured. Please refer to EH&S SafetyNet 121 for further information.
  - **Immediately:** As soon as practically possible, but no longer than eight hours after the employer knows, or with diligent inquiry, would have known of the death of serious injury or illness
  - **Serious injury or illness:** Any injury or illness occurring in a place of employment, or in connection with employment, which required inpatient hospitalization for other than medical observation or diagnostic testing, or in which an employee suffers and amputation, the loss of an eye, or any serious degree of permanent disfigurement, but does not include any injury, illness, or death caused by an accident on a public street or highway, unless the accident occurred in a construction zone.

## 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 PPE 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.

Does your department have any additional Hazard Correction Procedures?

YES

NO ☒

## VII. HEALTH AND SAFETY TRAINING

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

Dave Rizzo

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:

361 Hutchison Hall or 113 Foundation Plant Service

The following documents will be maintained within the department's IIPP Binder or accessible online folder for at least the length of time indicated below:

1. Hazard Alert/Correction Forms (Appendix A form). Retain for three years.
2. Employee [Job Safety Analysis form](#) (Example JSA's in Appendix B).
3. Worksite Inspection Forms (Appendix C form). Retain for three years.
4. Injury and Illness Investigation Forms (see Appendix D). Retain for three years.
5. Employee Safety Training Attendance Records (Appendix E form). Retain for three 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](#)  
[Campus COVID-19 Prevention Plan](#)
6. Does your department have any additional resources?  
YES                      NO        ☒ x





**X. COMPLETED TASKS**

|   |     |   |    |  |
|---|-----|---|----|--|
| All tasks are required to be addressed in order to submit this E-IIPP for approval: |     |   |    |  |
| JSA Reviewed:   | YES | x | NO |  |
| Annual Worksite Inspection completed:   | YES | x | NO |  |
| IIPP Reviewed:  | YES | x | NO |  |
| Annual IIPP Training completed:   | YES | x | NO |  |

**Approve****Well done Andy!**



# Job Safety Analysis (Part I)

- Instructions:**
1. Select assessment category.
  2. List tasks/activities: Develop a list of activities, tasks, equipment/tools (group similar tasks/activities).
  3. Identify and list potential hazards: for each task, activity or equipment/tools, list and describe the potential hazards.
  4. Identify and list controls: for each task, activity, equipment/tools, document controls (i.e. training, equipment, written procedures, PPE...).
  5. **If PPE is required, complete Part II- PPE Hazard Assessment and Certification.**
  6. Train affected employees on the final assessment and document the training.
- Repeat assessment when new hazards are identified or introduced into the workplace or at least every three (3) years.**  
**Laboratory workers must use the online [Laboratory Hazard Assessment Tool \(LHAT\)](#) for PPE hazard assessment.**

|  |   |   |  |  |
|--|---|---|--|--|
| I am reviewing (check the appropriate box) | <input checked="" type="checkbox"/> A worksite                      | Specify location: Hutchison, Robbins, Armstrong, and Foundation Plant Services office areas |  |  |
|  | <input type="checkbox"/> A single employee's job description        | Name of employee:   |  |  |
|  |   | Position title:   |  |  |
|  | <input type="checkbox"/> A job description for a class of employees | Position titles:  |  |  |
|  |   | Location:   |  |  |
|  | Hazard Evaluator  | Signature/Date:   |  |  |

| TASK/ACTIVITY                   | POTENTIAL HAZARD   | CONTROL  | PPE Required? Y/N |
|---------------------------------|--|--|-------------------|
| Computer use                    | Ergonomic injuries, carpal tunnel, eye strain, arthritis, other wrist/neck/back injuries | Ergonomics for computer users safety training and evaluation strongly recommended, ergonomic key boards/chairs/etc. provided upon individual requests  | N                 |
| Filing, stapling, writing, etc. | Repetitive motion injuries   | Ergonomics training and evaluation strongly recommended, ergonomic equipment provide upon request  | N                 |
| General office work             | Slips, trips, falls, falling objects   | Safety Training required. Never under any circumstance stand on a chair or other piece of furniture. Always use a step stool of ladder to retrieve items from high locations. 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 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. | N                 |
| General office work             | Electrical hazards   | Safety Training required. Never use 2 to 3 prong adapters in electrical outlets, all large appliances (refrigerators, microwaves ovens, etc.) are plugged directly into an   | N                 |

# Job Safety Analysis (Part I)

|                             |   |   |   |
|-----------------------------|---|---|---|
|                             |   | outlet, Never overload outlets or daisy chain extension cords/power strips, keep electrical cords away from walk paths, UCD facilities department or MCB shop technicians address all electrical problems (replacing light bulbs, replacing ballasts, cracked or frayed wires, etc.), annual inspections performed by the fire marshal or lab safety professional with EH&S, refer to safety nets # 20 & 109N |   |
| Handling/moving heavy items | Back/lifting injuries   | Use lift cart or ask for assistance whenever possible, proper lifting procedures followed as per safety net #46, Back injury prevention training required for anyone who lifts heavy objects regularly.   | N |
| General workplace           | Physical injuries due to fires, earthquakes, workplace violence, etc. | Annual training on Departmental Emergency Action Plan (EAP), EAP followed by all employees, copy of EAP available for all employees in mailroom on 3rd floor of Hutchison Hall, workplace violence training available from UCD police department  | N |
|                             |   |   |   |



# Job Safety Analysis (Part I)

## Training Record

**Designated Trainer:** (signature is required)

*I have read and acknowledge the contents, requirements, and responsibilities outlined in this document:*

| Name | Signature | Date |
|------|-----------|------|
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# Job Safety Analysis (Part I)

**Instructions:**

1. Select assessment category.
2. List tasks/activities: Develop a list of activities, tasks, equipment/tools (group similar tasks/activities).
3. Identify and list potential hazards: for each task, activity or equipment/tools, list and describe the potential hazards.
4. Identify and list controls: for each task, activity, equipment/tools, document controls (i.e. training, equipment, written procedures, PPE...).
5. **If PPE is required, complete Part II- PPE Hazard Assessment and Certification.**
6. Train affected employees on the final assessment and document the training.

**Repeat assessment when new hazards are identified or introduced into the workplace or at least every three (3) years.**

**Laboratory workers must use the online [Laboratory Hazard Assessment Tool \(LHAT\)](#) for PPE hazard assessment.**

|  |   |   |  |  |
|--|---|---|--|--|
| I am reviewing (check the appropriate box) | <input checked="" type="checkbox"/> A worksite                      | Specify location: Hutchison, Robbins, Armstrong, and Foundation Plant Services green houses, screen houses, head houses, shade houses, shop, and all field sites (Russell Ranch, Orchard Park, Wolfskill, etc.) |  |  |
|  | <input type="checkbox"/> A single employee's job description        | Name of employee:   |  |  |
|  | <input type="checkbox"/> A job description for a class of employees | Position title:   |  |  |
|  |   | Position titles:  |  |  |
|  |   | Location:   |  |  |
|  | Hazard Evaluator  | Signature/Date:   |  |  |

| TASK/ACTIVITY  | POTENTIAL HAZARD   | CONTROL   | PPE Required? Y/N |
|--|--|---|-------------------|
| Vehicular transportation (car, truck, bicycle, etc.)                 | Collision or traffic accident related injuries (crushes, cuts, scrapes, sprains, strains, breaks, burns, etc.) | Registered UC Davis employee with valid driver's license required, successful completion of the UCD safe driver awareness training program strongly recommended (access course at: <a href="http://lms.ucdavis.edu/">http://lms.ucdavis.edu/</a> )  | No                |
| Transportation (walking, hiking, etc.)                               | Falls, trips, slips (cuts, scrapes, sprains, breaks, strains, bruises, bumps, etc.)                            | Appropriate field attire required (i.e.: closed toe/closed heel shoes, long pants, no sandals, no shorts, no bare shoulders, no bare midriffs), tri-annual field safety training required   | No                |
| Equipment use (pumps, sprayers, tractors, chain saws, pruners, etc.) | Minor to severe injuries (crushes, cuts, abrasions, sprains, strains, breaks, electrical shock, etc.)          | Standard Operating Procedures (SOP's) required for any hazardous equipment use, documented training on equipment required through UC Davis Learning Management System (LMS) (Ex: hand and power tool training course for anyone who uses a chain saw), all equipment must be in good working order with all safety controls in place (EX: chain break and guard on chain saw, etc.) | Yes               |

# Job Safety Analysis (Part I)

|   |   |   |     |
|---|---|---|-----|
| Environmental hazards (climate, weather, animals, insects, plants, etc.)  | Exposure or contact related injuries (heat illness, heat stress, cold stress, bee stings, poison oak, bites, allergies, etc.) | Annual heat illness prevention training required, tri-annual field safety training required   | No  |
| Chemical, biological, or pesticide application (fertilizer, bio-control agents, fungicides, insecticides, herbicides, etc.)       | Exposure related injuries (ingestion, inhalation, burns, poisoning, rash, irritation, allergy, etc.)                          | Qualified applicator certificate required for insecticide use, hazardous communications training or UC fundamentals of lab safety course and laboratory hazard assessment tool training required, tri-annual field safety training required                     | Yes |
| Lifting, climbing, repetitive motion  | Back injuries, falls from ladders, repetitive motion injuries, etc.   | Appropriate safety training required for task (i.e.: ladder safety training for persons who climb ladders, ergonomics training for repetitive motion activities, etc.)  | No  |
| Power tools and equipment hazards (welders, drill presses, table saw, grinders, hand drills, circular saws, radial arm saw, etc.) | Minor, severe, to fatal injuries (crushes, cuts, abrasions, sprains, strains, breaks, electrical shock, etc.)                 | All person using equipment or tools must be trained on the safe use and operation of that tool prior to using, All PPE's are provided by the department to ensure the safety of operators. PPE's must be worn by power tool or equipment operators at all times | Yes |



# Job Safety Analysis (Part I)

## Training Record

**Designated Trainer:** (signature is required)

*I have read and acknowledge the contents, requirements, and responsibilities outlined in this document:*

| Name | Signature | Date |
|------|-----------|------|
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## 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)

\_\_\_\_\_

\_\_\_\_\_

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" 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<br>Location of Unsafe<br>Condition | Date<br>Discovered | Required Action and<br>Responsible Party | Completion Date |        |
|--|--------------------|--|-----------------|--------|
|  |                    |  | Projected       | Actual |
|  |                    |  |                 |        |
|  |                    |  |                 |        |
|  |                    |  |                 |        |
|  |                    |  |                 |        |
|  |                    |  |                 |        |

**IIPP–Appendix A  
January 2022**

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 training records current?  |
| Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> | 2. | Have all employees attended Injury & Illness Prevention Program training? Has the training been documented?   |
| Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> | 3. | Does the department have a completed Emergency Action Plan? Are employees trained on its contents and training documented?  |
| 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 Safety Data Sheets available/accessible?  |
| Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> | 5. | Are mandatory employment notices and posters posted:<br><a href="https://www.hr.ucdavis.edu/supervisors/posters-required-by-law">https://www.hr.ucdavis.edu/supervisors/posters-required-by-law</a> ? |
| 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 UC Davis Fire? |
| 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

Please access the [Injury Reporting Procedure](http://safetyservices.ucdavis.edu/article/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.

# 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.  | _____      | _____          |
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