

UC DAVIS

Plant Biology

INJURY AND ILLNESS PREVENTION PROGRAM



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This Injury and Illness Prevention Program has been prepared by the University of California, Plant Biology 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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Department Information

Department Name: **Plant Biology**

Department Director: **William Lucas**

Address: **1002 Life Sciences Building**

Telephone Number: **(530) 752-0617**

Buildings Occupied by Department

1. Building: Life Sciences Building

Unit(s): Main Office & Research Laboratories

Contact: Plant Biology Office
Phone: 752-0617

2. Building: Sciences Laboratory Building

Unit(s): Teaching Laboratories

Contact: Plant Biology Office
Phone: 752-0617

3. Building:

Unit(s):

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: **William Lucas**

Title: **Department Chair**

Authority: Authority and responsibility for ensuring implementation of this IIPP

Signature:  Date: 6/20/2013

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

II. System of Communications

1. Effective communications with **Plant Biology** 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):

CHECK BOXES THAT APPLY (double click on box and enable check as default value) AND WRITE IN ANY ADDITIONAL DEPARTMENT METHODS

2. Employees are encouraged to report any potential health and safety hazard that may exist in the workplace. **Hazard Alert 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 ([UCD Procedure 62 - Personnel Policies for Staff Members, 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 ([UCD Procedure 62 - Personnel Policies for Staff Members, 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.

~~ENTER ANY ADDITIONAL DEPARTMENT METHODS~~

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 individual employee work functions, potential health or injury hazards, and specifies appropriate safe practices, personal protective equipment, and tools/equipment. JSA's have been completed for the following job categories:

A. Life Sciences building/ Sciences Laboratory building

- See Appendix B2
-

B. ENTER BUILDING/LAB ROOM LOCATION

- ENTER JSA JOB TYPE
- ENTER JSA JOB TYPE

C. ENTER BUILDING/LAB ROOM LOCATION

- ENTER JSA JOB TYPE
- ENTER JSA JOB TYPE

Template **Job Safety Analyses** are located in **Appendix B**. Completed Job Safety Analyses are located in the **IIPP Addendum Binder**.

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: **Life Sciences Building**
Frequency: **Annual**
Responsible Person: **UC Davis Fire Department/EH&S Lab Safety Professional**
Records Location: **UC Davis Fire Department/ Individual laboratories**
- 2) Location: **Sciences Laboratory Building**
Frequency: **Annual**
Responsible Person: **UC Davis Fire Department/EH&S Lab Safety Professional**
Records Location: **UC Davis Fire Department/ Individual laboratories**

Template **Worksite Inspection Forms** are located in **Appendix C**. Completed Worksite Inspection Forms are located in the **IIPP Addendum Binder**.

V. Accident Investigation

1. **Plant Biology employees** will immediately notify their supervisor when occupationally-related injuries and illnesses occur, or when employees first become aware of such problems.
2. **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.

The **Accident Investigation Form (Appendix D)** shall be completed to record pertinent information and a copy retained to serve as proper documentation.

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 Correction Report (Appendix E)** 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 F**.

VIII. Recordkeeping and Documentation

Documents related to the IIPP are maintained in the **Plant Biology** main office:

1002 Life Sciences Building.

The following documents will be maintained within the **IIPP Addendum Binder** for at least the length of time indicated below:

1. Hazard Alert 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. Accident Investigation Forms (Appendix D form).
Retain for three (3) years.
5. Hazard Correction Reports (Appendix E form).
Retain for three (3) years.

The following documents will be maintained within the **IIPP Training Records Binder** for at least the length of time indicated below:

1. Employee Safety Training Attendance Records (Appendix F form).
Retain for three (3) years.

IX. Resources

1. Office of the President: [University Policy on Environmental Health and Safety](#), 10/22/86
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, [UCD Procedure 62](#)
5. University of California Policy on Management of Health, Safety and the Environment, <http://www.ucop.edu/riskmgmt/ehs/policy.html>
6. UC Davis Environmental Health & Safety
 - [EH&S Website](#)
 - [EH&S SafetyNets](#)
 - [Material Safety Data Sheets](#)
7. **ENTER ANY ADDITIONAL DEPARTMENT RESOURCES**

HAZARD ALERT FORM

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: _____

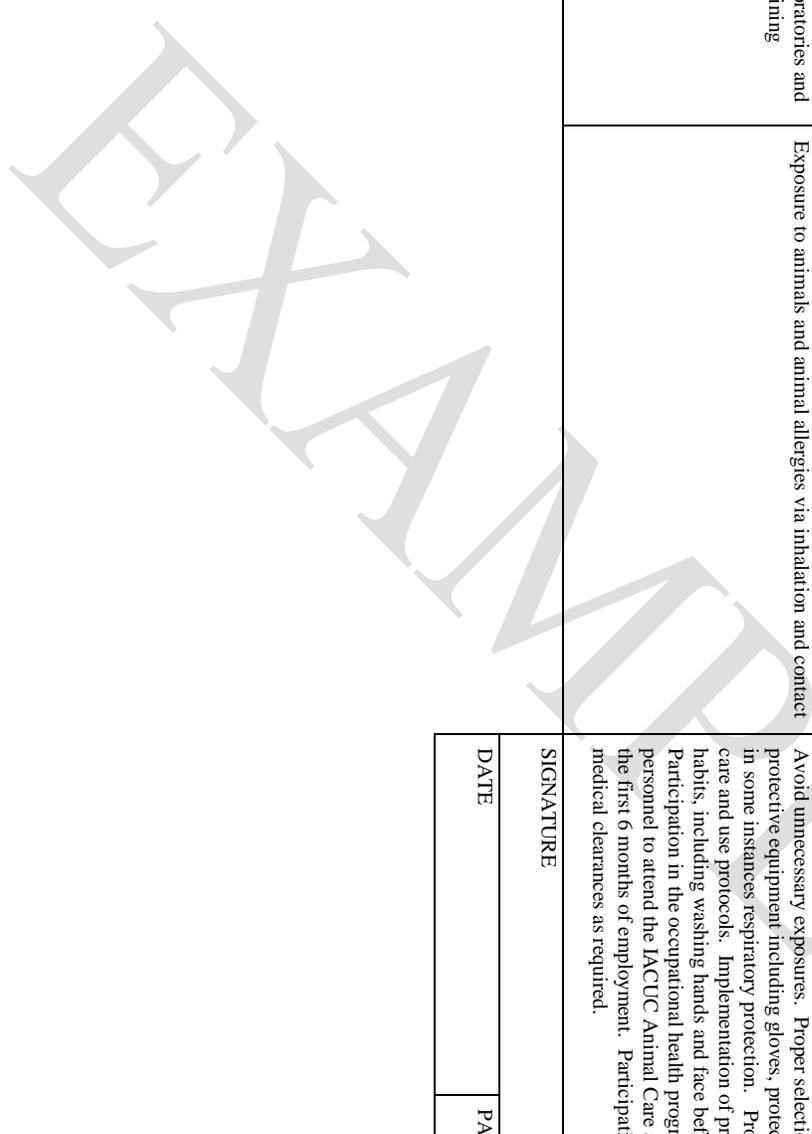
**IIPP-Appendix A
March 2006**

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.

EMPLOYEE: ENTER EMPLOYEE NAME		JOB SAFETY ANALYSIS		DEPT: EH&S	LOCATION: All	JOB TYPE: DSA
JOB FUNCTION		POTENTIAL HEALTH OR INJURY HAZARDS		SAFE PRACTICE, APPAREL, OR EQUIPMENT		
Laboratory worker	Exposure to chemicals via inhalation, contact, ingestion or injection.	Avoid all unnecessary exposures. Reduce exposures that cannot be avoided by minimizing exposure duration and concentration. Proper selection and use of personal protective equipment including gloves, protective eyewear, lab coats, and in some instances respiratory protection. Implementation of proper personal hygiene habits, including washing hands and face before eating and smoking. All personnel to receive on the job and classroom training including Chemical Laboratory Safety, Hazardous Waste Management and Minimization Training and other applicable courses during the first 6 months of employment.				
Laboratory worker	Exposure to radiological agents via inhalation, contact, ingestion or injection.	Avoid all unnecessary exposures. Adhere to radiological material handling procedures including limiting exposures through combination of minimizing time, maximizing distances and use of appropriate shielding. Proper selection and use of personal protective equipment including gloves, protective eyewear, lab coats, and in some instances respiratory protection. Implementation of proper personal hygiene habits, including washing hands and face before eating and smoking. Participation in radiological monitoring program including dosimetry. All personnel to receive on the job and classroom training including Radiation Safety and other applicable courses during the first 6 months of employment.				
Laboratory worker	Exposure to biological agents via inhalation, contact, ingestion or injection.	Avoid unnecessary exposures. Proper selection and use of personal protective equipment including gloves, protective eyewear, lab coats, and in some instances respiratory protection. Proper adherence to bloodborne pathogen handling protocols. Implementation of proper personal hygiene habits, including washing hands and face before eating and smoking. Voluntary participation in Hepatitis B vaccination program. Proper adherence to biological waste handling procedures. All personnel to attend EH&S Bloodborne Pathogen Program training during the first 6 months of employment. Participation in Facilities- specific medical clearances as required.				
SIGNATURE				DATE		
				PAGE 1 OF 3		

EMPLOYEE: ENTER EMPLOYEE NAME		JOB SAFETY ANALYSIS		
JOB FUNCTION		POTENTIAL HEALTH OR INJURY HAZARDS		
DEPT: EH&S	LOCATION All	JOB TYPE DSA		
SAFE PRACTICE, APPAREL, OR EQUIPMENT				
Laboratory worker	Injury from physical hazards including high voltage, lasers and ultraviolet light, compressed gases and liquids, cryogenic materials, and specialized equipment as well as falling objects.	Avoid unnecessary exposures. Proper selection and use of personal protective equipment including gloves, protective eyewear and specialized equipment. Employees are not to enter restricted areas unless accompanied by a properly trained individual familiar with the hazards of the area. Employees are not to operate specialized equipment without proper training and documentation. Watch for overhead hazards and wear head protection if needed. Personnel auditing or routinely entering areas where lasers are used will receive laser safety training within 6 months of employment.		
Handling and moving heavy items and equipment.	Ergonomic hazards including heavy lifting, repetitive motions, awkward motions, crushing or pinching injuries etc.	Get help with all loads that cannot be safely lifted by one person. Use mechanical means to lift and move heavy items, push carts and dolly rather than pull, attend back safety class, employ proper lifting techniques at all times. Set up work operations as ergonomically safe as practical. Wear proper hand and foot protection to protect against crushing or pinching injuries.		
General office work.	<p>Backstrain, eyestrain, repetitive motion injury.</p> <p>Physical injuries due to slips, trips and falls, and falling objects.</p> <p>Electrical hazards.</p> <p>Physical injuries due to fires, earthquakes, bomb threats and workplace violence.</p>	<p>Ensure that workstations are ergonomically correct.</p> <p>Keep floors clear of debris and liquid spills. Keep furniture, boxes, etc. from blocking doorways, halls and walking space. Do not stand on chairs of any kind, use proper foot stools or ladders. Do not store heavy objects overhead. Do not topload filing cabinets, fill bottom to top. Do not open more than one file drawer at a time. Brace tall bookcases and file cabinets to walls. Provide one-inch lip on shelves.</p> <p>Do not use extension cords in lieu of permanent wiring. Ensure that high wattage appliances do not overload circuits. Use GFI's in receptacles in potentially wet areas. Replace frayed or damaged electrical cords. Ensure that electrical cords are not damaged by being wedged against furniture or pinched in doors.</p> <p>Attend emergency action and fire prevention plan training including emergency escape drills. Attend Workplace Violence training offered by UC Davis Police Department.</p>		
SIGNATURE				
DATE	PAGE	OF		
	2	3		

EMPLOYEE: ENTER EMPLOYEE NAME		JOB SAFETY ANALYSIS	
JOB FUNCTION		POTENTIAL HEALTH OR INJURY HAZARDS	
Campus Landfill Inspections	Injury from heavy equipment, tripping hazards, stepping on sharp objects, potentially infectious materials.	DEPT: EH&S	LOCATION All
Operation of Motor vehicles	Motor vehicle accidents involving personal injury, or property damage	SAFE PRACTICE, APPAREL, OR EQUIPMENT	JOB TYPE DSA
Inspection and auditing of laboratories and animal housing facilities containing animals.	Exposure to animals and animal allergies via inhalation and contact	<p>Wear hard hat, safety boots and high visibility safety vest. Watch footing and stay clear of heavy equipment operations. Do not touch waste or debris without hand protection.</p> <p>All drivers of University vehicles must attend the Driver Safety Awareness Course offered by Fleet Services and possess a valid California drivers license. Hazardous materials may not be transported in personally owned vehicles.</p> <p>Avoid unnecessary exposures. Proper selection and use of personal protective equipment including gloves, protective eyewear, lab coats, and in some instances respiratory protection. Proper adherence to animal care and use protocols. Implementation of proper personal hygiene habits, including washing hands and face before eating and smoking. Participation in the occupational health program for animal workers. All personnel to attend the IACUC Animal Care and Use 101 training during the first 6 months of employment. Participation in Facilities- specific medical clearances as required.</p>	
SIGNATURE			
DATE	PAGE	OF	3



ACCIDENT INVESTIGATION FORM

Name of Injured Person: _____ Date of Injury: _____

Name of Supervisor: _____ Telephone #: _____

Department: _____ Location of Injury: _____

Brief Description of Accident:

Nature of Injury (describe all body parts affected):

Was Training Provided?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	NA	<input type="checkbox"/>
Were established procedures followed?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	NA	<input type="checkbox"/>
Were tools or equipment adequate for task?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	NA	<input type="checkbox"/>
Were environmental conditions a factor in the incident?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	NA	<input type="checkbox"/>

Elaborate on Responses:

Proposed Corrective Action:

Supervisor: _____ Date of Report: _____

Signature: _____

IIPP-Appendix D
March 2006

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

HAZARD CORRECTION REPORT

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 E
March 2006**

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