

# Health & Safety Manual

## Berkeley Physical Plant -Campus Services

*Safety and health on the job can only be achieved with the combined efforts of management and employees to control hazards and follow safety guidelines. The University takes responsibility for health and safety by providing the following:*

1. A sincere effort to make the workplace reasonably free from recognized hazards.
2. Appropriate safety equipment and protective devices.
3. Training of employees on potential hazards and safe working practices.
4. Regular inspection of work areas for unsafe conditions.
5. Correction of unsafe conditions.
6. Medical care for work-related injuries and illnesses.

### ***EMPLOYEE RIGHTS AND RESPONSIBILITIES***

#### **Employees have the right to:**

1. A safe and healthy workplace.
2. Information and training on safety and health hazards in your work and how best to protect yourself.
3. Medical and exposure monitoring records.
4. Appropriate protective equipment and clothing as required by work.

#### **Employees also have responsibilities to:**

1. Follow safety rules and guidelines.
2. Use protective equipment and clothing whenever necessary.
3. Report unsafe conditions to your supervisor.
4. Report all accidents and injuries to your supervisor.
5. Correct unsafe conditions, whenever possible.
6. Perform only those tasks which you have been trained or authorized to do.
7. Protect the safety of co-workers and the public.

# INJURY & ILLNESS PREVENTION PLAN

Berkeley Physical Plant -Campus Services

Revised – June 2000

## AUTHORITY

*In my capacity as Director, I am implementing the newly revised Injury and Illness Prevention Plan within Physical Plant-Campus Services. I have delegated to all PP-CS Associate Directors, managers, and supervisors authority and responsibility for implementing the provisions of the PP-CS Injury and Illness Prevention Program. PP-CS is committed to meeting the environment, health and safety demands of all employees.*

*This written plan, as required, contains the following components: designation of responsible person(s); personnel training on general and specific hazards; means of establishing improved hazard communication identification and elevation systems in the workplace; personnel compliance with safe work practices and policies; and a mechanism for investigating occupational injuries and illnesses.*

*Eric Haemer*

*Director*

*Physical Plant-Campus Services*

## *Policy*

Physical Plant – Campus Services believes that everyone benefits from a safe and healthful work environment. We are committed to maintaining an injury-free and illness-free workplace, and to comply with applicable laws and regulations governing workplace safety.

To achieve this goal Physical Plant – Campus Services has adopted this Injury and Illness Prevention Program (IIPP). This program is each PP-CS employee’s responsibility as we work together to identify and eliminate conditions and practices that reduce the benefits of a safe and healthful work environment. Every employee, including staff or supervision, has the duty to report unsafe work conditions, practices or policies without the fear of reprisal. (See Appendix A, Employee Safety Concern Form)

## *COMPLIANCE*

Management is responsible for ensuring that University of California, Berkeley campus, Physical Plant–Campus Services and other safety related policies and procedures are clearly communicated and understood by all employees. Managers and supervisors are expected to enforce the rules fairly and uniformly.

All employees are responsible for using safe work practices, for following directives, policies and procedures, and for assisting in maintaining a safe work environment. As part of an employee’s regular performance review, the employee will be evaluated on his/her compliance with safe work practices. Employees who are unaware of correct safety and health procedures will be trained and/or retrained (see Training section).

All employees must have familiarity in the Physical Plant-Campus Services Injury and Illness Prevention Program, Health and Safety Manual and Code of Conduct. All employees must comply with all prescribed health and work practices and procedures (see Health and Safety Manual, IIPP and Code of Conduct).

Employees who deliberately fail to follow safe work practices and/or procedures, or who violate UC Berkeley campus, Physical Plant–Campus Services and other safety rules or directives, will be subject to disciplinary action, up to and including termination (see Code of Conduct).

## ***SAFETY ROLES AND RESPONSIBILITIES***

*The basic roles and primary responsibilities of the positions for the administration of this Injury and Illness Prevention Plan are provided below:*

**Management.** Senior management sets policy and provides leadership by participation, example, and a demonstrated interest in the program.

Responsibilities include:

1. Provide funds for corrective actions.
2. Support the overall safety program including training component.
3. Ensure responsibilities.
4. Review and evaluate results.

**Supervisors.** Supervisors are responsible for ensuring that employees know and abide by PP-CS policies and procedures, including the Code of Conduct and the Health and Safety Manual. They are expected to do everything within their control to assure a safe workplace in their zones.

Responsibilities include:

1. Disseminate safety information to employees.
2. Enforce safety policies and procedures.
3. Provide personal protective equipment to employees and ensure that it is being used when required.
4. Conduct safety tailgate meetings.
5. Advise safety officer of special training needs.
6. Provide employees time for safety tailgate meetings and safety training and/or meetings.
7. Provide on-the-job safety training on unique and ordinary job hazards and document training.
8. Provide disciplinary action and/or training for employees who fail to follow safety policies/procedures.

9. Investigate all accidents/injuries to discover cause(s) and to identify corrective actions to prevent future occurrences. (include the safety officer for accidents that result in injuries requiring more than first aid treatment<sup>1</sup>)
10. Provide and respond to safety concern forms from employees.
11. Provide and explain Material Safety Data Sheets (MSDS).
12. Periodically inspect work sites for safe work conditions and practices.
13. Inspect shops monthly and ensure that machine rooms are inspected quarterly. Work areas are inspected annually.
14. Inspect work areas, other than machine rooms or shops, annually.
15. Personally inspect each machine room in the zone at least once annually.
16. Correct unsafe and unhealthful work conditions within their power, otherwise forward to management and safety officer for resolution.
17. Maintain chemical inventory and MSDS's, update the safety office by providing MSDS's for new materials.

**Safety Officer.** The safety officer has been delegated responsibility for ensuring that all provisions of the IIPP are implemented.

Responsibilities include:

1. Advise management on safety and health policy issues and concerns.
2. Evaluate work place hazards.
3. Investigate serious injuries (**those resulting in more than first aid treatment**)<sup>1</sup>
4. Inform management and employees of unsafe conditions. Notify EH&S as appropriate.
5. Present corrective actions to management.
6. Initiate and facilitate executive safety committee meetings.
7. Ensure that safety policies/procedures are in compliance with local, state and federal regulations.

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<sup>1</sup>CCR Title 8 §14311(c) "First aid" is any one-time treatment, and any follow-up visit for the purpose of observation of minor scratches, cuts, burns, splinters, and so forth, which do not ordinarily require medical care. Such one-time treatment, and follow-up visit for the purpose of observation, is considered first aid even though provided by a physician or registered professional personnel.

8. Prepare and distribute PP-CS policies and procedures on workplace safety and health issues.
9. Maintain and update Health and Safety Manual and inspection guidelines.
10. Plan, organize and coordinate safety training and/or meetings.
11. Provide accident data reports to management.
12. Develop safety recognition program(s).
13. Maintain safety training, safety tailgate meetings, injury records, inspections, balanced score card, and Behavior Based Safety data.
14. Arrange safety and health inspections and follow-up to ensure that necessary corrective actions are completed.
15. Establish accident reporting and investigation procedures, and maintain injury and illness records.
16. Review injury and illness trends.
17. Maintain records of inspections, hazard abatement, and training.
18. Provide input for topic suggestions for safety tailgate meetings, videos and technical experts, assist as needed.
19. Act as a medium for employees with regard to safety issues that cannot be resolved by their supervisor.
20. Maintain chemical inventory and MSDS list.

**Employees.** All employees are responsible for using safe work practices, for following all directives, policies and procedures, and for assisting in maintaining a safe work environment.

Responsibilities include:

1. Follow safe work practices and procedures established in the departmental policies, Code of Conduct, and Health and Safety Manual.
2. Use personal protective equipment and clothing as required.
3. Inform their immediate supervisor of any unsafe condition and/or act they observe.
4. Report all incidents involving property damage or injuries to the supervisor immediately or as soon as physically possible.

5. Correct unsafe conditions within reason whenever possible.
6. Perform only those tasks which they have been trained or authorized to do.
7. Become knowledgeable of the chemical hazards for the materials they use in the workplace, including MSDS information, and report any potential over exposures.
8. Protect the safety of coworkers and public.

**Executive Safety Committee.** The Executive Safety Committee and its members are charged with the development and maintenance of the safety education and awareness programs. Management will rely on the safety committee members to establish and communicate general safety principles and techniques to their fellow employees.

Responsibilities include:

1. Meet on a monthly basis and maintain written minutes of each meeting.
2. Develop and implement the annual safety awareness program.
3. Discuss safety needs and policies and make recommendations.
4. Review accident investigation and offer suggestions for further corrective actions.
5. Review employee safety concerns and offer suggested responses.
6. Contribute other ideas and suggestions to promote safe work conditions.
7. Influence others, by setting an example, to work safely.

## COMMUNICATION

Physical Plant – Campus Services recognizes that open two-way communication between management and staff on health and safety issues is essential to an injury-free, productive workplace. The following system of communication is designed to facilitate a continuous flow of safety and health information between management and staff in a form that is readily understandable.

1. The new employee orientation includes a review of the Physical Plant – Campus Services IIPP and a discussion of policy and procedures that the employee is expected to follow.
2. Tailgate safety meetings are used to provide safety information and to allow discussion of safety related issues freely and openly between supervision and workers. PP–CS allots one hour per month for tailgate safety meetings. Supervisors may divide this time to allow for either weekly, biweekly or monthly meetings. Attendance is taken at these meetings in accordance with the tailgate safety meeting procedures.
3. From time to time written safety notifications will be distributed and/or posted. Employees should check zone safety bulletin boards regularly for such posting(s). Other methods of communicating pertinent to health and safety information may include electronic mail or the Executive Safety Committee.
4. All employees are encouraged to inform their supervisor, safety officer or EH&S of any matter which they perceive to be a workplace hazard and/or a potential workplace hazard. Employees are also encouraged to make safety and/or training suggestions.
5. If an employee so wishes, he/she may make such notification anonymously by depositing it in the safety officer's mailbox. An employee safety concern form may be used by the employee. Responses by the supervisor, safety officer or management will be posted on zone bulletin boards.
6. All suggestions will be reviewed by the safety officer, who will initiate an investigation of each report of a hazard, potential hazard or safety suggestion in accordance with the PP–CS procedures for the identification and evaluation of workplace hazards.
7. Any directives issued as a result of the investigation will be distributed to all employees affected by the hazard, or posted on appropriate zone bulletin boards.

## WORKPLACE HAZARD EVALUATION AND ABATEMENT

Physical Plant – Campus Services utilizes inspection and investigation procedures as the primary tool for identification of unsafe conditions and practices. These procedures are used to identify hazards that exist in the workplace, provide corrective actions to those hazards, and initiate steps to prevent their reoccurrence.

Employees are encouraged to report workplace hazards by using the employee safety concern forms and through discussions at safety tailgate meetings.  
(See Appendix A, Employee Safety Concern Form)

**Assessment of Workplace Hazards.** Workplace hazards are identified and evaluated by supervisors who are responsible for their employees' safety. While we encourage all employees to continuously identify and correct hazards and poor safety practices, certain situations require formal evaluation and documentation.

Along with each inspection, the safety officer and/or supervisor will evaluate the severity of the hazard identified, and if it cannot be abated immediately, suggest its priority for corrective action. The Employee Safety Concern Form and Safety Inspection Report Form for industrial shops, machine rooms, custodial closets and general work areas will be used for documentation of workplace inspections.

The supervisor, with assistance from the safety officer and associate director when requested, will conduct inspections for the following (when applicable):

1. All supervisors: quarterly inspections of general work areas including meeting, storage and office areas. (See Appendix D, Inspection Form)
2. Facilities and Campus Services Zone Supervisors: annual inspections of each machine and elevator room in their area. (See Appendix D, Inspection Form)
3. Field supervisors: monthly inspections of shop areas including grounds shops and custodial closets. (See Appendix D, Inspection Form)
4. All supervisors: daily fieldwork site inspections. (Documentation not required)
5. Inspection will be performed when a new or unrecognized hazard, substance, process, procedure, or equipment is introduced or discovered presenting a new health/safety hazard.
6. MSDS's for new substances must be reviewed by safety officer prior to use and disbursement.
7. Investigation will be conducted when an occupational injury, illness, or near-miss accident occurs. See Appendix B, Supervisors Accident/Incident Investigation Report form.

8. Employee Safety Concern Forms and complaints will be evaluated and responded to within a two-week period by supervisor and/or safety officer.
9. Periodic unannounced inspections will be conducted by safety officer.

**Abatement of Workplace Hazards.** It is Physical Plant – Campus Services’ intention to eliminate all hazards and unsafe work practices immediately. Some corrective actions require more time. Priority will be given to severe and imminent hazards.

The Employee Safety Concern Form and Supervisors Accident/Incident Investigation form completed during the investigation will be used by the supervisor and/or safety officer to describe measures taken to abate the hazard or correct the unsafe work practice. Actions to be taken may include, but are not limited to:

1. fixing or replacing defective equipment;
2. implementing new safety procedures;
3. installing guards, modifying equipment;
4. notifying and training employee; or
5. posting warning notices.

All corrective actions involving the purchase of materials or equipment and manpower are performed using Service Request forms.

The corrective actions taken and the dates completed shall be documented on the appropriate forms. When corrective actions involve multiple steps or cannot be completed promptly within 14 days, an action plan will be developed. The action plan will provide temporary safeguards until the permanent correction can be initiated. The Employee Safety Concern Form and/or Supervisors Accident/Incident Investigation Form is to be used for this purpose and is filed as directed in record keeping.

While corrective actions are in progress, necessary precautions will to be taken to protect or remove employees from exposure of the hazard. Employees will not enter an imminent hazard area without prior specific approval from supervision and the safety officer. Employees expected to correct these imminent hazards will be properly trained and provided with necessary safeguards and personal protective equipment. If the imminent hazard is beyond the capabilities of PP-CS, other resources shall be contacted by supervision and/or safety officer.

## ACCIDENT/INCIDENT INVESTIGATIONS AND REPORTING

The purpose of an accident/incident investigation is to find the cause of an accident and prevent further occurrences—not to assign blame.

A thorough and properly completed accident/incident investigation is necessary to obtain facts. The investigation should focus on causes and hazards. Analysis of what happened and why it happened is aimed at determining how it can be prevented in the future.

**Injury and Illness.** The occurrence of an occupational injury and/or illness precipitates a document called the *Employer's Report of Occupational Injury or Illness*. This report is completed by the injured employee's supervisor, and a copy of the report is to be sent to the safety officer within 24 hours of the occurrence. Occupational injuries resulting in more than first aid treatment or occupational illnesses require a phone call to the safety officer from the supervisor within 2 hours of the occurrence. Upon receipt of this phone call, the safety officer will:

1. Report fatalities and suspected serious injuries or illness<sup>2</sup> **immediately** by phone to the office of Environment, Health and Safety at 2-3073 or through UCPD during off-hours or weekends at 3-6760. EH&S will notify the Division of Occupational Safety and Health.
2. Investigate the incident with the assistance of the supervisor by visiting the site and interviewing the victim and witnesses.

**Accidents.** The majority of accidents do not cause injury or illness, yet result in property damage and/or work delays. Such mishaps usually indicate an unsafe act, faulty procedure, or hidden hazard. Investigations of these near misses are conducted at the discretion of the supervisor and safety officer.

All investigation facts, findings and corrective measures will be fully documented on the Supervisor's Accident/Incident Investigation Report Form.

A copy is sent to the safety officer for record keeping. (See Supervisor's Accident/Incident Investigation Report Form)

A monthly status report on all reportable accidents will be routed to supervisors for discussion at safety tailgate meetings. Near miss accidents/incidents should also be discussed at safety tailgate meetings.

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<sup>2</sup>CCR Title 8 §330(h) "Serious injury or illness" means any injury or illness occurring in a place of employment or in connection with any employment which requires in patient hospitalization for a period in excess of 24 hours for other than medical observation or in which an employee suffers a loss of any member of the body or suffers any serious degree of permanent disfigurement.

## EMPLOYEE TRAINING PROGRAM

Training is essential to maximizing the skills and knowledge of employees. Physical Plant – Campus Services has a duty to include safety as an integral part of employee training. Safety training will be provided to employees in an understandable manner, so that employees are not only productive workers but safe workers as well. All training must be documented as directed in *Record Keeping*.

**Safety Officer and Supervisors.** The safety officer and supervisors will be evaluated by management to determine training topics and needs. These include human relations, trainer skills, and familiarization with hazards and risks faced by employees. The safety officer and supervisors who recognize their own need for training are encouraged to submit a direct request for training in any area in which they feel deficient.

**Employees.** Supervisor's are expected to assess training needs of all employees under their direction. They are to train employees they supervise in general workplace health and safety and give them specific instructions regarding hazards unique to any job assignment.

**Executive Safety Committee.** The Executive Safety Committee will review injury and illness trends and recommend corrective training for injury prevention. These recommendations will be evaluated by the safety officer and senior management for implementation.

Physical Plant – Campus Services recognizes that continuing safety and health training is needed:

1. For employees given a job assignment for which they have not previously received training. If the position is supervisory, such training will include familiarization with hazards and risks faced by the employees under the supervisor's direction.
2. For employees to be informed and trained on hazards specific to their job task and the methods they can use to determine the presence of hazardous conditions/substances.
3. Whenever new substances, processes, procedures or equipment pose a new hazard.
4. Whenever the supervisor or safety officer becomes aware of a previously unrecognized hazard.
5. Whenever periodic refresher safety training involving general workplace safety, job-specific hazards, and/or hazardous material is applicable.

## RECORD KEEPING

*No operation can be successful without record keeping that enables a department to learn from past experience and make corrections for future operations. In addition, the IIPP regulation requires records to be kept of the steps taken to establish and maintain the Physical Plant – Campus Services Injury and Illness Prevention Program.*

**Injury and Illness Prevention Program Records.** Each supervisor will maintain an updated copy of the Physical Plant – Campus Services IIPP, Code of Conduct, and Health and Safety Manual. The safety officer will retain the following records on file for at least three (3) years:

1. Master copy of the IIPP including changes/updates, chemical inventory and MSDS list.
2. Documents verifying that PP–CS has maintained ongoing two-way communication with employees, such as:
  - memos, letters to employees on safety and health issues.
  - new employee safety orientation session acknowledgment.
  - employee safety suggestions and PP–CS responses.
3. All records of inspections/investigations—including date, name of the persons who performed the inspection/investigation, unsafe conditions and work practices identified, corrective actions taken and date of correction—forms covered in this category include:
  - Employer’s Report of Occupational Injury or Illness Form.
  - Supervisor’s Accident/Incident Investigation Report Form.
  - Employee Safety Concern Form.
  - Safety Inspection Report Form for Machine Rooms.
  - Shop Safety Self-Inspection Check List.
4. Records of safety and health training received by employees—containing the employee’s name, training date, type of training and identification of the trainer—examples are:
  - Safety Tailgate Meeting Attendance Sheet.
  - Employee Safety Training Attendance Sheet.
  - Employee New Hire Safety Orientation Checklist Sheet.

**APPENDIX A**

**PROCEDURES FOR IMPLEMENTATION**

**I. PURPOSE**

Provide employees the opportunity to formally communicate their safety concerns to their supervisor.

**II. SUPERVISOR RESPONSIBILITY**

1. Make Safety Concern Form available to all employees.
2. Communicate to employees the purpose and procedures for completion of the form.
3. Take action as indicated on the form.
4. Forward to Associate Director for review.
5. Return completed form to employee as soon as possible or within two (2) weeks of receipt (14 calendar days).

**III. ROUTING PROCEDURES**

1. Employee completes Section I and gives the form to his/her supervisor. Employee sends green copy to the Safety Officer at the time submitted to the Supervisor. Employee retains pink copy for his/her records.
2. Supervisor investigates employee's safety concern or takes required action. See Section II of the form.
3. If the supervisor completes box #2 or #3 on the form, he/she signs, dates and sends the form to the Associate Director for review. Associate Director returns the form to the supervisor within the two weeks time allotment. Supervisor returns the white copy to the employee, retains blue copy for their record and sends canary copy to the safety officer who will maintain all records.
4. If the supervisor checks box #1, he/she forwards to safety officer who takes appropriate action, documents the action taken on the form, sends the form to the Associate Director for review, and returns the form to the supervisor for return to the employee within the time frame identified above.
5. Supervisor then signs, dates and retains blue copy for his/her file. Returns the white copy to the employee and the canary copy to the safety officer for file.

I. \_\_\_\_\_  
**Employee/Department Name** **Date Submitted**

A. **Location and Description of Safety Concern:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

B. **Employee's Recommendation for Resolution:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

II. **Supervisor Response:**

1. **Forward to Safety Officer for action:** \_\_\_\_\_

2. **No action needed: (Explain in detail)** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. **Action Taken: (Explain)** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. **Forward to Associate Director for review:** \_\_\_\_\_ **Date:** \_\_\_\_\_

III. **Action Taken by Safety Officer:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**Supervisor's Signature**

\_\_\_\_\_  
**Date Returned to Employee**

White-Supervisor return to Employee when completion of action taken.  
Canary-Supervisor submits to Safety Officer, 2000 Carleton St., upon action taken.  
Blue-Supervisor retention. Pink-Retained by employee upon submittal to Supervisor.  
Green-Submitted by employee to Safety Officer at time form is submitted to the Supervisor.

IIPP - Form Completed (original of this form must be maintained in Department files for at least three years).

**APPENDIX B**

**PROCEDURES FOR IMPLEMENTATION**

**I. PURPOSE**

Provide both the supervisor and employee the opportunity to formally communicate his/her information relating to the accident.

**II. SUPERVISOR RESPONSIBILITY**

1. Before removal of items from accident scene contact the Safety Officer.
2. Communicate to employee the purpose for the investigation.
3. Discuss the accident with employee. Should there be a witness get their information.
4. Take action as indicated on the form.
5. When an injury occurs, fill out the current Supervisors Accident Investigation Report Form within one working day of the injury, even if employee does not return to work. The supervisor is to fill out the form with whatever information they have and update later if necessary.
6. Supervisor then signs, dates, and returns the original form to safety officer for record keeping.

**III. SAFETY OFFICER RESPONSIBILITY**

1. Safety officer if warranted will further investigate the injury and forward findings in the appropriate channel for action.
2. Maintain records.

**SUPERVISOR'S ACCIDENT/  
INCIDENT INVESTIGATION FORM**

**INJURY AND ILLNESS PREVENTION PLAN**

**I. IDENTIFYING INFORMATION:**

- 1. Name of employee: \_\_\_\_\_
- 2. Department: \_\_\_\_\_ Job Title: \_\_\_\_\_
- 3. Date: \_\_\_\_\_ Time: \_\_\_\_\_ (A.M./P.M.) of accident
- 4. Date: \_\_\_\_\_ Time: \_\_\_\_\_ (A.M./P.M.) reported to supervisor
- 5. Location of accident: \_\_\_\_\_

**II. DESCRIPTION OF ACCIDENT/INCIDENT:**

- 1. Describe how accident happened. Be specific, include what employee was doing, what equipment was being used and why the accident happened. (Use additional page if necessary). \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- 2. Nature of injury and/or property damage. (Body part, equipment or facility involved and the extent and type of injury and/or property damage).

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- 3. Did employee receive professional medical care? YES / NO
- 4. Did employee miss any work time other than the date of injury? YES / NO
- 5. Recurrence of injury? YES / NO

**III. Corrective action:**

- 1. Action taken to eliminate hazard or prevent reoccurrence (explain in detail).

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**SUPERVISOR SIGNATURE:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Work Telephone:** \_\_\_\_\_

**RETURN COMPLETED FORM TO SAFETY OFFICER-2000 CARLETON TRAILER**

IIPP - Form Completed (originals of this form must be maintained in the Department files for at least three years).

# SAFETY TAILGATE MEETING FORM

Berkeley Physical Plant -Campus Services

## APPENDIX C

### PROCEDURES FOR IMPLEMENTATION

#### I. PURPOSE

Provide a system for communicating with employees in a manner readily understandable by all effected employees on matters relating to occupational safety and health.

#### II. SUPERVISOR RESPONSIBILITY

1. Assign topic, date, place, time, up to one hour a month, for employee safety tailgate meetings.
2. Ensure communication with employees related to occupational safety and health. Contact safety officer for assistance as needed.
3. Discuss during the tailgate meetings near misses or actual accidents or injuries and/or safety related work practices for related craft.
4. Take action as indicated on the form.
5. Return completed form to safety officer and department head for review and record keeping.

#### III. SAFETY OFFICER

1. Contact safety officer for assistance as needed.
2. Contact for meeting topic suggestion, videos and technical experts.
3. Review of minutes and attendance for tailgate meetings.

**SAFETY TAILGATE MEETING  
ATTENDANCE SIGN-IN SHEET**

DATE: \_\_\_\_\_ TIME: \_\_\_\_\_ UNIT(S) OR ZONES(S): \_\_\_\_\_

PLACE OF MEETING: \_\_\_\_\_ SUPERVISOR: \_\_\_\_\_

**NOTE: OPERATIONS & MAINTENANCE OF BUILDINGS AND UTILITIES STAFF  
CHARGE ALL MEETINGS TO: \_\_\_\_\_**

SIGNATURE

PRINT NAME

WORK TITLE

|     |       |       |       |
|-----|-------|-------|-------|
| 1.  | _____ | _____ | _____ |
| 2.  | _____ | _____ | _____ |
| 3.  | _____ | _____ | _____ |
| 4.  | _____ | _____ | _____ |
| 5.  | _____ | _____ | _____ |
| 6.  | _____ | _____ | _____ |
| 7.  | _____ | _____ | _____ |
| 8.  | _____ | _____ | _____ |
| 9.  | _____ | _____ | _____ |
| 10. | _____ | _____ | _____ |
| 11. | _____ | _____ | _____ |
| 12. | _____ | _____ | _____ |
| 13. | _____ | _____ | _____ |
| 14. | _____ | _____ | _____ |
| 15. | _____ | _____ | _____ |

TOPICS: \_\_\_\_\_

GUESTS, TEACHING AIDS, ASSISTANCE: \_\_\_\_\_

**PROBLEMS AND RECOMMENDATIONS (USE BACK OF THIS PAGE IF NEEDED):**

**SUPERVISORS: PLEASE COPY THIS SHEET FOR YOUR OWN RECORDS, THEN FORWARD THIS ORIGINAL SAFETY TRAINING SIGN-IN SHEET TO THE SAFETY OFFICER AT 2000 CARLETON. A SECOND COPY MUST BE SENT TO DEPARTMENT HEAD FOR RECORD KEEPING. THANK YOU.**

IIPP - Form Completed (originals of this form must remain in Department files for at least three years).

**INJURY AND ILLNESS PREVENTION PLAN**

**APPENDIX D****PROCEDURES FOR IMPLEMENTATION****I. PURPOSE**

Provide a system for the supervisor and the safety officer to conduct inspections/ investigations to identify unsafe work conditions and practices. PP-CS believes that everyone benefits from a safe and healthful work environment.

**II. SUPERVISOR RESPONSIBILITY**

1. Must conduct monthly shop inspection with his/her staff.
2. Must conduct quarterly machine rooms and other work areas inspections with his/her staff.
3. Communicate to employees the purpose and procedures for the shop inspection.
4. Instruct employees in the proper use of hand and power tools, equipment, machinery, PPE, housekeeping, fire protection and others.
5. Inform employees of procedures for correcting unsafe conditions.
6. Must inspect and train whenever new substances, processes, procedures or equipment are introduced into the workplace that present a new occupational safety and health hazard.
7. Take action as indicated on the form.
8. Supervisor then signs, dates and returns a copy to the safety office for record keeping.

**III. SAFETY OFFICER RESPONSIBILITY**

1. Perform the inspection with the supervisor and/or department head.
2. Respond to the violation for correction completion.
3. In written form, inform supervisor of the violations.
4. In written form, inform the building coordinator of violations.
5. Follow up with re-inspection within 6 weeks.
6. Maintain completed copies at safety office.

**IV. EMPLOYEE RESPONSIBILITY**

1. Employee shall report all unsafe conditions and equipment to the supervisor or safety officer.
2. Employee is to abide by all policy and procedures as instructed.
3. Willful violations of safe work practices may result in disciplinary action in accordance with PP-CS policies.

# GENERAL SAFETY INSPECTION REPORT

• FOR PP-CS MACHINE ROOMS •  
QUARTERLY INSPECTION

Zone: \_\_\_\_\_

Machine Room #: \_\_\_\_\_

Manager: \_\_\_\_\_

Building: \_\_\_\_\_

Inspector: \_\_\_\_\_

Job Title: \_\_\_\_\_

Date: \_\_\_\_\_

**Instructions:** Mark each item **Y** (Yes), **N** (No) or **NA** (Not Applicable). All **No** responses require documented corrective actions (attach additional sheets if necessary). Also look for other unsafe acts and conditions and recommend corrective action that can be taken. Corrective actions should be documented once complete. The results of this self-assessment must be kept on file at the Safety Office for at least three years.

## HOUSEKEEPING

1. Are electrical panels accessible and clearly identified? Y N N/A

**Corrective Action:** Ensure there is a minimum of 36 inches of clearance in front of each electrical panel.

Date Complete:

2. Are all work areas kept including, floors and equipment surfaces maintained in an orderly condition? Y N N/A

**Corrective Action:** Include housekeeping as part of regular machine room activities (e.g., the job isn't finished until all tools and materials are put away, the work area swept, and waste is disposed of.)

Date Complete:

3. Are work surfaces kept dry and/or are appropriate means taken to assure that the surfaces are slip-resistant? Y N N/A

**Corrective Action:** Eliminate all standing water or install slip resistant material on work surfaces.

Date Complete:

4. Are spilled materials or liquids cleaned up immediately? Y N N/A

**Corrective Action:** Establish and enforce procedures for cleaning up all spilled material immediately.

Date Complete:

5. Are storage units more than 5 feet tall adequately secured to prevent tipping or falling? Y N N/A

**Corrective Action:** Secure all storage units more than 5 feet tall to prevent tipping and falling.

Date Complete:

6. Are the tops of storage units and equipment more than 5 feet tall free of material that could fall and cause injury? Y N N/A

**Corrective Action:** Prohibit storage on the tops of shelving units, file cabinets and furniture more than 5 feet tall, or ensure that precautions have been made to eliminate the potential for materials to fall and cause injury.

Date Complete:

7. Do work areas have adequate ventilation and illumination? Y N N/A

**Corrective Action:** Contact the Safety Office, 642-9348 to have ventilation or illumination evaluated if there is a concern. Provide additional ventilation for operations that create dust, fumes, mists or vapors.

Date Complete:

8. Are broken, unguarded or otherwise dangerous tools, equipment, or furniture promptly removed or disabled so it cannot cause bodily injury? Y N N/A

**Corrective Action:** Use "out of service" tags to identify and prevent the use of dangerous items.

Date Complete:

9. Are tools and materials properly stored after use? Y N N/A

**Corrective Action:** Include housekeeping as part of regular machine room activities (e.g. the job isn't finished until all tools and materials are put away, the work area swept and waste is disposed of.)

Date Complete:

10. Are all ladders maintained in safe operating condition and stored properly? Y N N/A

**Corrective Action:** Ensure that ladders are inspected prior to each use and damaged ladders are removed from service immediately.

Date Complete:

11. Are compressed gas cylinders adequately secured with non-combustible restraints to keep them from falling during an earthquake? (If chains are used, two should be present) Y N N/A

**Corrective Action:** Install proper gas cylinder restraints. Bench clamps are prohibited.

Date Complete:

12. Are incompatible chemicals stored separately? Y N N/A

**Corrective Action:** Contact the safety office, 642-9348 for assistance with chemical storage and segregation.

Date Complete:

## **FIRE/EMERGENCY SAFETY**

13. Is the Machine room free of stored combustible material (including air filters, cardboard boxes, wood, and paper)? Y N N/A

**Corrective Action:** Remove combustible material from the machine room.

Date Complete:

14. Are there emergency exit door signs; is the building evacuation route clearly posted? Y N N/A

**Corrective Action:** Ensure that exit door signs equipped with emergency illumination are installed above exit doors and that the building evacuation route is clearly posted in or just outside the machine room.

Date Complete:

15. Are fire alarm pull boxes clearly identifiable and unobstructed?

Y N N/A

**Corrective Action:** Ensure that fire alarm pull boxes are well marked and maintain at least 36 inches of clearance in front of them.

Date Complete:

16. Are fire hose stations and/or extinguishers clearly identifiable and unobstructed? Y N N/A

**Corrective Action:** Ensure that fire hose stations and extinguishers are well marked and maintain at least 36 inches of clearance in front of them.

Date Complete:

17. Are fire extinguishers tagged with current annual inspections?

Y N N/A

**Corrective Action:** Contact the fire extinguisher unit to service, inspect and properly tag fire extinguishers.

Date Complete:

18. Are exit doors and stairwells kept clear and unobstructed?

Y N N/A

**Corrective Action:** Remove any stored items from stairwells and in front of exit doors.

Date Complete:

19. Are eyewash and/or emergency shower stations maintained and free of any obstructions which would prevent access or quick use of the equipment? Y N N/A

**Corrective Action:** Ensure that eyewash and emergency shower stations are tested monthly, and that at least 36 inches of clearance is maintained in front of them.

Date Complete:

20. Do self-closing devices and door latches on fire doors work freely and do doors open from both sides? (Door stops are not permitted.) Y N N/A

**Corrective Action:** Repair or replace damaged or missing self-closing devices and door latches.

Date Complete:

21. Are flammable materials stored in approved safety cabinets?

Y N N/A

**Corrective Action:** Remove all flammable materials unless they are stored in approved safety cabinets.

Date Complete:

## ELECTRICAL SAFETY

22. Is electrical equipment grounded?

Y N N/A

**Corrective Action:** Inspect all electrical connections for grounding plugs or wires. Test circuits to verify the integrity of ground.

Date Complete:

23. Does all electric powered equipment and machinery have permanent electrical wiring? (Electrical extension cords and wall outlet adapters should not be used.) Y N N/A

**Corrective Action: Eliminate temporary wiring including extension cords and wall outlet adapters. Cords should never run through doorways.**

Date Complete:

24. Are electrical appliances in/near wet locations such steam or plumbing leaks, protected with a GFCI (Ground Fault Circuit Interrupter)? Y N N/A

**Corrective Action: Install GFCI protection in/near wet areas, or use an in-line (plug attached) GFCI for locations that are temporarily wet.**

Date Complete:

25. Are electrical cords in good condition (no broken insulation or missing ground prong on the plugs)? Y N N/A

**Corrective Action: Ensure that power cords are inspected regularly, and extension cords before each use.**

Date Complete:

26. Are proper lockout/tagout procedures for electrical systems followed? Y N N/A

**Corrective Action: Use only PP-CS (or contractor's equivalent) lockout/tagout procedures. Notify the zone supervisor if there is a lock and/or tag that doesn't meet the minimum requirements.**

Date Complete:

## MACHINERY, EQUIPMENT AND BUILDING SYSTEMS

27. Is equipment provided with adequate point of operation, rotating parts, nip points and v-belt guards? Y N N/A

**Corrective Action: Replace missing guards or install new guards to protect against contact with machine pinch and nip hazards.**

Date Complete:

28. Is equipment or machinery securely placed and anchored? Y N N/A

**Corrective Action: Ensure equipment or machinery that can move from its operation or vibration or the vibration of nearby equipment or machinery is securely placed and anchored.**

Date Complete:

29. Are all pieces of equipment and machinery kept clean and properly maintained? Y N N/A

**Corrective Action: Establish maintenance logs and ensure that equipment and machinery receive regular maintenance.**

Date Complete:

30. Are proper lockout/tagout procedures for machinery and equipment followed? Y N N/A

**Corrective Action:** Use only PP-CS (or contractor's equivalent) lockout/tagout procedures. Notify the zone supervisor if there is a lock and/or tag that doesn't meet the minimum requirements.

Date Complete:

31. Do pressure vessels which require inspection have up to date certifications? (ask lead stationary engineer) Y N N/A

**Corrective Action:** Ensure that pressure vessels are inspected and that certifications are promptly posted. Contact the lead stationary engineer to schedule inspections.

Date Complete:

32. Are there any visible leaks, corrosion, or other damage on the plumbing or steam systems? Y N N/A

**Corrective Action:** Repair all leaks and other damage to plumbing and steam systems.

Date Complete:

**Additional Observations and Comments:**

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**SIGNATURE OF INSPECTOR:** \_\_\_\_\_ **Date** \_\_\_\_\_

# GENERAL SAFETY INSPECTION REPORT

• FOR PP-CS SHOPS •

## MONTHLY INSPECTION

Zone: \_\_\_\_\_

Machine Room #: \_\_\_\_\_

Manager: \_\_\_\_\_

Building: \_\_\_\_\_

Inspector: \_\_\_\_\_

Job Title: \_\_\_\_\_

Date: \_\_\_\_\_

**Instructions:** Mark each item **Y** (Yes), **N** (No) or **NA** (Not Applicable). All **No** responses require documented corrective actions. (Attach additional sheets if necessary.) Also look for other unsafe acts and conditions and recommend corrective action that can be taken. Corrective actions should be documented once complete. The results of this self-assessment should be kept on file at with the safety office for at least three years.

### ADMINISTRATIVE

1. Are training records maintained to indicate which employees are trained and qualified to use each power tool, piece of powered equipment, or machine?

Yes (Satisfactory)    No (Needs Correction)    N/A (Not Applicable)

**Corrective Action:** Establish a training file. Prohibit personnel from using power tools and equipment that they have not been qualified on.

Date Complete:

2. Are operators' manuals or other written safe operating procedures available for each power tool, piece of equipment, and machine?

Yes (Satisfactory)    No (Needs Correction)    N/A (Not Applicable)

**Corrective Action:** Obtain operators' manuals from the manufacturer or write safe operating procedures for each power tool, piece of equipment, and machine.

Date Complete:

3. Is there a lockout/tagout program in place to prevent accidental energizing of equipment, machines, or electrical systems that are being repaired, adjusted, or undergoing tool changes?

Yes (Satisfactory)    No (Needs Correction)    N/A (Not Applicable)

**Corrective Action:** Institute a lockout/tagout (or equivalent) program. Contact the Safety Office at 642-9348 for assistance if needed.

Date Complete:

## HOUSE KEEPING

4. Are work areas (including equipment and machinery) kept clean and orderly, so as to prevent trip and fire hazards?

Yes (Satisfactory)    No (Needs Correction)    N/A (Not Applicable)

**Corrective Action:** Include housekeeping as part of regular shop activities (e.g. the job is not finished until all tools and materials are put away, the work area swept and waste is disposed of.)

Date Complete:

5. Have employees been advised that they should not consume food or drinks in shop areas?

Yes (Satisfactory)    No (Needs Correction)    N/A (Not Applicable)

**Corrective Action:** Prohibit consuming food or beverages in shop areas; post signs if necessary.

Date Complete:

6. Are work surfaces dry and/or made slip-resistant?

Yes (Satisfactory)    No (Needs Correction)    N/A (Not Applicable)

**Corrective Action:** Keep surfaces dry or install slip-resistant material on surfaces that cannot be kept dry.

Date Complete:

7. Are there procedures for cleaning up spilled materials immediately?

Yes (Satisfactory)    No (Needs Correction)    N/A (Not Applicable)

**Corrective Action:** Establish and enforce procedures for cleaning up all spilled material immediately.

Date Complete:

8. Are shelves, file cabinets, and furniture more than 4 feet tall adequately secured to prevent tipping or falling during an earthquake?

Yes (Satisfactory)    No (Needs Correction)    N/A (Not Applicable)

**Corrective Action:** Secure all furnishings and equipment more than 4 feet tall.

Date Complete:

9. Do all work areas have adequate ventilation, particularly for hazardous operations?

Yes (Satisfactory)    No (Needs Correction)    N/A (Not Applicable)

**Corrective Action:** Contact the Safety Office 642-9348 to have ventilation evaluated if there is a concern. Provide additional exhaust ventilation for operations that create dust, fumes, mists or vapors.

Date Complete:

10. Do all work areas have adequate illumination?

Yes (Satisfactory)    No (Needs Correction)    N/A (Not Applicable)

**Corrective Action:** Contact the Safety Office 642-9348 to have the lighting evaluated if there is a concern.

Date Complete:

11. Is there a procedure for removing dangerous (damaged, broken, unguarded) tools, equipment, or furniture from service?

Yes (Satisfactory)    No (Needs Correction)    N/A (Not Applicable)

**Corrective Action:** Establish a procedure such as using “out of service” tags to identify and prevent the use of dangerous items.

Date Complete:

12. Are all ladders maintained in safe operating condition and properly stored?

Yes (Satisfactory)    No (Needs Correction)    N/A (Not Applicable)

**Corrective Action:** Ensure that ladders are inspected prior to each use and damaged ladders are removed from service immediately.

Date Complete:

13. Are all compressed gas cylinders adequately secured with non-combustible restraints to keep the cylinder(s) from falling during an earthquake? (If chains are used, two should be present for each cylinder.) Also, are all compressed gas cylinders capped when not in use?

Yes (Satisfactory)    No (Needs Correction)    N/A (Not Applicable)

**Corrective Action:** Contact the Safety Office for advice on how to properly secure cylinders, or visit the Q-BRACE page at [www.ehs.berkeley.edu](http://www.ehs.berkeley.edu). Bench clamps may not be used for securing cylinders. Train shop personnel to cap compressed gas cylinders when not in use.

Date Complete:

14. Are incompatible chemicals stored separately (e.g., acids separate from bases, oxidizers separate from flammables)?

Yes (Satisfactory)    No (Needs Correction)    N/A (Not Applicable)

**Corrective Action:** Contact the Safety Office 642-9348 for assistance with chemical storage and segregation.

Date Complete:

## FIRE/EMERGENCY SAFETY

15. Are emergency telephone numbers clearly posted?

Yes (Satisfactory)    No (Needs Correction)    N/A (Not Applicable)

**Corrective Action:** Post emergency telephone numbers (police, fire, ambulance) near the telephone(s).

Date Complete:

16. Are building evacuation routes clearly posted, and are all exits marked with exit signs?

Yes (Satisfactory)    No (Needs Correction)    N/A (Not Applicable)

**Corrective Action:** Post evacuation routes at shop exits, and ensure that exits are marked. A fact sheet regarding Building Evacuation Signs is available at [www.ehs.berkeley.edu](http://www.ehs.berkeley.edu).

Date Complete:

17. Are fire alarm pull boxes clearly identifiable and unobstructed?

Yes (Satisfactory)    No (Needs Correction)    N/A (Not Applicable)

**Corrective Action:** Ensure that all fire alarm pull boxes are clearly labeled. Clear any obstructions in front of fire alarm pull boxes.

Date Complete:

18. Are fire hose stations and portable extinguishers clearly identifiable and unobstructed?

Yes (Satisfactory)    No (Needs Correction)    N/A (Not Applicable)

**Corrective Action:** Ensure that all fire hoses and extinguishers are clearly identifiable. Clear any obstructions in front of fire hoses and extinguishers.

Date Complete:

19. Are portable fire extinguishers tagged with current annual inspections?

Yes (Satisfactory)    No (Needs Correction)    N/A (Not Applicable)

**Corrective Action:** Contact PP-CS fire extinguisher unit to have fire extinguishers inspected if they have not been within the last 12 months.

Date Complete:

20. Are fire escapes, exit doors, stairwells, and corridors kept clear and unobstructed?

Yes (Satisfactory)    No (Needs Correction)    N/A (Not Applicable)

**Corrective Action:** Remove any stored equipment and materials from exit doors, stairwells and corridors. Prohibit storage in these areas.

Date Complete:

21. Are emergency eyewashes checked monthly and kept in good working condition (so that water flows clear)?

Yes (Satisfactory)    No (Needs Correction)    N/A (Not Applicable)

**Corrective Action:** Schedule monthly eyewash inspections, and document these tests in a logbook or on an attached tag.

Date Complete:

22. Are all eyewash and emergency shower stations free of obstructions which would prevent quick access by someone temporarily blinded by a chemical splash?

Yes (Satisfactory)    No (Needs Correction)    N/A (Not Applicable)

**Corrective Action:** Action: Remove all obstructions from emergency eyewashes and showers.

Date Complete:

17. Are fire alarm pull boxes clearly identifiable and unobstructed?

Yes (Satisfactory)    No (Needs Correction)    N/A (Not Applicable)

**Corrective Action:** Ensure that all fire alarm pull boxes are clearly labeled. Clear any obstructions in front of fire alarm pull boxes.

Date Complete:

18. Are fire hose stations and portable extinguishers clearly identifiable and unobstructed?

Yes (Satisfactory)    No (Needs Correction)    N/A (Not Applicable)

**Corrective Action:** Ensure that all fire hoses and extinguishers are clearly identifiable. Clear any obstructions in front of fire hoses and extinguishers.

Date Complete:

19. Are portable fire extinguishers tagged with current annual inspections?

Yes (Satisfactory)    No (Needs Correction)    N/A (Not Applicable)

**Corrective Action:** Contact PP-CS fire extinguisher unit to have fire extinguishers inspected if they have not been within the last 12 months.

Date Complete:

20. Are fire escapes, exit doors, stairwells, and corridors kept clear and unobstructed?

Yes (Satisfactory)    No (Needs Correction)    N/A (Not Applicable)

**Corrective Action:** Remove any stored equipment and materials from exit doors, stairwells and corridors. Prohibit storage in these areas.

Date Complete:

21. Are emergency eyewashes checked monthly and kept in good working condition (so that water flows clear)?

Yes (Satisfactory)    No (Needs Correction)    N/A (Not Applicable)

**Corrective Action:** Schedule monthly eyewash inspections, and document these tests in a logbook or on an attached tag.

Date Complete:

22. Are all eyewash and emergency shower stations free of obstructions which would prevent quick access by someone temporarily blinded by a chemical splash?

Yes (Satisfactory)    No (Needs Correction)    N/A (Not Applicable)

**Corrective Action:** Action: Remove all obstructions from emergency eyewashes and showers.

Date Complete:

23. Are flammable materials stored in approved safety containers or safety cabinets?

Yes (Satisfactory)    No (Needs Correction)    N/A (Not Applicable)

**Corrective Action:** Ensure that flammable materials are stored in approved safety containers or cabinets. Prohibit storage of flammable materials outside safety containers or cabinets.

Date Complete:

24. Are flammable gas cylinders and oxygen cylinders separated by a fire-rated wall or at least 35 feet?

Yes (Satisfactory)    No (Needs Correction)    N/A (Not Applicable)

**Corrective Action:** Separate flammable gasses from oxygen by a firewall or a distance greater than 35 feet. Temporary storage of welding carts with oxygen and acetylene is permitted.

Date Complete:

25. Are covered metal containers provided for oily and paint-soaked waste?

Yes (Satisfactory)    No (Needs Correction)    N/A (Not Applicable)

**Corrective Action:** Ensure that covered metal containers are provided and used for the disposal of oily and paint soaked rags.

Date Complete:

26. Are combustible materials kept at least 35 feet away from welding operations, or is fireproof covering provided?

Yes (Satisfactory)    No (Needs Correction)    N/A (Not Applicable)

**Corrective Action:** Move combustible material at least 35 feet from welding operations or place fireproof covering over them. A fact sheet regarding Welding and Cutting Operations is available at [www.ehs.berkeley.edu](http://www.ehs.berkeley.edu).

Date Complete:

## ELECTRICAL SAFETY

27. Are electrical panels accessible and are circuit breakers clearly labeled?

Yes (Satisfactory)    No (Needs Correction)    N/A (Not Applicable)

**Corrective Action:** Ensure that there is a minimum of 36 inches of clearance in front of all electrical panels, and label each circuit breaker with its use.

Date Complete:

28. Is all electrical shop equipment including properly grounded?

Yes (Satisfactory)    No (Needs Correction)    N/A (Not Applicable)

**Corrective Action: Inspect all electrical connections for grounding plugs or wires.**

Date Complete:

29. Are extension cords and power strips in good condition (e.g., no breaks or exposed wiring), used only as temporary wiring (<30 days), and not connected in series?

Yes (Satisfactory)    No (Needs Correction)    N/A (Not Applicable)

**Corrective Action: Remove all extension cords connected in series, permanent use power strips, and permanent use extension cords. Contact PP-CS to arrange for installation of permanent wiring. Dispose of or repair all electrical cords that are not in good condition.**

Date Complete:

30. Are electrical tools and appliances in or near wet areas such as sinks protected with a GFCI (Ground Fault Circuit Interrupter)?

Yes (Satisfactory)    No (Needs Correction)    N/A (Not Applicable)

**Corrective Action: Install GFCI protection in/near wet areas. Use an in-line (plug attached) GFCI for locations where permanent GFCI outlets are unavailable.**

Date Complete:

## PERSONAL PROTECTIVE EQUIPMENT

31. Have employees who work around inhalation hazards been monitored to determine whether they need to be enrolled in the respiratory protection program?

Yes (Satisfactory)    No (Needs Correction)    N/A (Not Applicable)

**Corrective Action: A fact sheet regarding respiratory protection is available at [www.ehs.berkeley.edu](http://www.ehs.berkeley.edu). Contact the Safety Office 642-9348 to coordinate employee exposure assessments and determine the necessity for respiratory protection.**

Date Complete:

32. Have employees who work in noisy areas been monitored to determine whether they need to be enrolled in the hearing conservation program?

Yes (Satisfactory)    No (Needs Correction)    N/A (Not Applicable)

**Corrective Action: A fact sheet regarding hearing conservation is available at [www.ehs.berkeley.edu](http://www.ehs.berkeley.edu). Contact EH&S 642-3073 to provide employee noise monitoring and determine the necessity for hearing protection. Provide hearing protection to employees who request it.**

Date Complete:

33. Are employees provided with eye and face protection where needed?

Yes (Satisfactory)    No (Needs Correction)    N/A (Not Applicable)

**Corrective Action:** Provide and ensure the use of approved eye protection for all shop employee and visitors upon entry to shop work areas. Ensure that face protection is used when flying materials could cause injury to the face.

Date Complete:

## HAND TOOLS

34. Are all tools free of defects (such as cracked handles) that make them unsafe?

Yes (Satisfactory)    No (Needs Correction)    N/A (Not Applicable)

**Corrective Action:** Ensure that tools are inspected prior to each use, and defective tools are removed from service until they have been repaired or replaced.

Date Complete:

## PORTABLE POWER-OPERATED TOOLS

35. Are power tools grounded or double insulated?

Yes (Satisfactory)    No (Needs Correction)    N/A (Not Applicable)

**Corrective Action:** Ensure that power tools are inspected prior to each use. Repair or replace power tools that are not grounded or identified as double insulated.

Date Complete:

36. Are rotating or moving parts of equipment or tools guarded?

Yes (Satisfactory)    No (Needs Correction)    N/A (Not Applicable)

**Corrective Action:** Ensure that all guards are in place and used during tool operation.

Date Complete:

## SHOP EQUIPMENT AND MACHINES

37. Are abrasive wheel grinders equipped with a work rest adjusted to within 1/8 inch of the wheel, and side guards that cover the spindle, nut, flange and 75% of the wheel diameter?

Yes (Satisfactory)    No (Needs Correction)    N/A (Not Applicable)

**Corrective Action:** Prohibit the use of wheel grinders until work rests and proper side guards are installed and/or properly adjusted.

Date Complete:

38. Are radial arm saws provided with a spreader and automatic return?

Yes (Satisfactory)    No (Needs Correction)    N/A (Not Applicable)

**Corrective Action: Prohibit the use of radial arm saws until spreaders and automatic returns are installed.**

Date Complete:

39. Are table saws equipped with an anti-kickback device?

Yes (Satisfactory)    No (Needs Correction)    N/A (Not Applicable)

**Corrective Action:: Prohibit the use of table saws until anti-kickback devices are installed.**

Date Complete:

40. Are all pieces of equipment and machinery provided with adequate guarding? (Rotating parts, nip points and v-belts must be guarded.)

Yes (Satisfactory)    No (Needs Correction)    N/A (Not Applicable)

**Corrective Action: Prohibit the use of equipment and machinery until adequate guards are installed.**

Date Complete:

41. Are pieces of equipment or machinery securely anchored?

Yes (Satisfactory)    No (Needs Correction)    N/A (Not Applicable)

**Corrective Action: Ensure equipment or machinery that can move from its operation or vibration or the vibration of nearby equipment or machinery is securely anchored.**

Date Complete:

42. Are forklift drivers certified and trained by EH&S?

Yes (Satisfactory)    No (Needs Correction)    N/A (Not Applicable)

**Corrective Action: Prohibit the use of forklifts by personnel who have not been certified as forklift operators by EH&S. Contact the Safety Office at 642-9348 for enrollment in campus forklift training.**

Date Complete:

43. Are crane and hoist operators and riggers trained or otherwise qualified?

Yes (Satisfactory)    No (Needs Correction)    N/A (Not Applicable)

**Corrective Action: Prohibit the use of cranes, hoists and rigging for personnel who have not been trained/qualified. Contact the Safety Office at 642-9348 for information about crane/hoist training.**

Date Complete:

44. Are documented daily inspections of forklifts, cranes, hoists and rigging kept on file?

Yes (Satisfactory)    No (Needs Correction)    N/A (Not Applicable)

**Corrective Action:** Establish equipment inspection files to maintain required inspections for forklifts, cranes, hoists, and rigging.

Date Complete:

## WELDING

45. Is adequate ventilation provided in areas where welding occurs?

Yes (Satisfactory)    No (Needs Correction)    N/A (Not Applicable)

**Corrective Action:** Contact the Safety Office 642-9348 to have ventilation evaluated if there is a concern.

Date Complete:

46. Are welders provided with appropriate personal protective equipment (e.g., eye protection, gloves, flame resistant clothing or leathers)?

Yes (Satisfactory)    No (Needs Correction)    N/A (Not Applicable)

**Corrective Action::** Ensure that welders are provided with and use the proper personal protective equipment. A fact sheet regarding Welding and Cutting Operations is available at [www.ehs.berkeley.edu](http://www.ehs.berkeley.edu).

Date Complete:

47. Are welders provided with a fire extinguisher within ten feet of their working area?

Yes (Satisfactory)    No (Needs Correction)    N/A (Not Applicable)

**Corrective Action::** Ensure that there is an A40BC fire extinguisher with a current inspection tag within 10 feet of welding work areas.

Date Complete:

## HAZARDOUS MATERIALS

48. Is there a Material Safety Data Sheet (MSDS) for each chemical stored in the shop?

Yes (Satisfactory)    No (Needs Correction)    N/A (Not Applicable)

**Corrective Action:** A fact sheet regarding MSDS's is available at [www.ehs.berkeley.edu](http://www.ehs.berkeley.edu). Obtain missing MSDS's.

Date Complete:

49. Are all containers of chemicals labeled with the contents and primary hazards?

Yes (Satisfactory)    No (Needs Correction)    N/A (Not Applicable)

**Corrective Action:** Properly label all chemical containers, including stored and temporary containers.

Date Complete:

50. Has the shop submitted an updated chemical inventory to EH&S within the last 12 months?

Yes (Satisfactory)    No (Needs Correction)    N/A (Not Applicable)

**Corrective Action:** Complete and submit a chemical inventory to EH&S. A fact sheet regarding completing the chemical inventory is available at [www.ehs.berkeley.edu](http://www.ehs.berkeley.edu). Contact the Safety Office at 642-9348 for further assistance if necessary.

Date Complete:

**Additional Observations and Comments:**

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**SIGNATURE OF INSPECTOR:** \_\_\_\_\_ **Date** \_\_\_\_\_

# GENERAL SAFETY INSPECTION REPORT

• FOR PP-CS WORK AREAS OTHER THAN SHOPS AND MACHINE ROOMS •  
ANNUAL INSPECTION REPORT

Zone: \_\_\_\_\_

Machine Room #: \_\_\_\_\_

Manager: \_\_\_\_\_

Building: \_\_\_\_\_

Inspector: \_\_\_\_\_

Job Title: \_\_\_\_\_

Date: \_\_\_\_\_

**Instructions:** Mark each item **Y** (Yes), **N** (No) or **NA** (Not Applicable). All **No** responses require comments and corrective actions in the space provided with each item (attach additional sheets if necessary). Also look for other unsafe acts and conditions and recommend corrective action that can be taken. Corrective actions should be documented once complete. The results of this self-assessment must be kept on file at the Safety Office for at least three years.

1. Is the Cal/OSHA poster “Safety and Health Protection on the Job” displayed in the building, accessible to all employees?

Yes (Satisfactory)     No (Needs Correction)     N/A (Not Applicable)

**Corrective Action: Contact the Safety Office 642-9348 to obtain posters.**

Date Complete:

2. Has documentation of safety training, workplace self-inspections, and hazard corrections been submitted to the Safety Office?

Yes (Satisfactory)     No (Needs Correction)     N/A (Not Applicable)

**Corrective Action: Ensure that records are sent to the Safety Office.**

Date Complete:

3. Have employees in the area been trained on the Building Emergency Plan (BEP)?

Yes (Satisfactory)     No (Needs Correction)     N/A (Not Applicable)

**Corrective Action: Contact the Safety Office 642-9348 to obtain a copy of the BEP or coordinate BEP training.**

Date Complete:

4. Are evacuation diagrams posted?

Yes (Satisfactory)     No (Needs Correction)     N/A (Not Applicable)

**Corrective Action: Contact Safety Office 642-9348 for assistance in preparing diagrams as required by the BEP.**

Date Complete:

5. Are fire alarm pull boxes clearly identifiable and unobstructed?

Yes (Satisfactory)     No (Needs Correction)     N/A (Not Applicable)

**Corrective Action: Clear area of obstructions.**

Date Complete:

6. Are fire hose stations and/or portable extinguishers clearly identifiable and unobstructed?

Yes (Satisfactory)     No (Needs Correction)     N/A (Not Applicable)

**Corrective Action: Label fire-fighting equipment and clear area of obstructions.**

Date Complete:

7. Are fire extinguishers tagged with current annual inspections?

Yes (Satisfactory)    No (Needs Correction)    N/A (Not Applicable)

**Corrective Action: Call the Safety Office 642-9348 to arrange for a fire extinguisher. Ensure that the extinguisher is properly tagged after the inspection.**

Date Complete:

8. Do self-closing devices and door latches on fire doors work freely? (Doorstops are not permitted.)

Yes (Satisfactory)    No (Needs Correction)    N/A (Not Applicable)

**Corrective Action: Contact your zone shop to arrange for door repairs.**

Date Complete:

9. Are there at least 18 inches (47 cm) of clearance maintained between all stored items and any ceiling equipped with fire sprinklers?

Yes (Satisfactory)    No (Needs Correction)    N/A (Not Applicable)

**Corrective Action: Remove stored items that do not meet the above criteria.**

Date Complete:

10. Are electrical panels accessible and circuit breakers clearly identified?

Yes (Satisfactory)    No (Needs Correction)    N/A (Not Applicable)

**Corrective Action: Contact your zone shop to label circuit breakers as to their function. Clear area in front of electrical panels by 36 inches.**

Date Complete:

11. Are aisles, exits, and adjoining hallways maintained free of obstructions so that the area can be easily evacuated or accessed in case of an emergency?

Yes (Satisfactory)    No (Needs Correction)    N/A (Not Applicable)

**Corrective Action: Remove obstructions from aisles, exits, and adjoining hallways. Contact the Safety Office 642-9348 if help is needed cleaning adjoining hallways.**

Date Complete:

12. Is electrical equipment (e.g., copiers and computers) grounded?

Yes (Satisfactory)    No (Needs Correction)    N/A (Not Applicable)

**Corrective Action: Contact your supervisor or the Safety Office 642-9348 to arrange for installation of appropriate outlets and plugs.**

Date Complete:

13. Are extension cords in good condition (e.g., no breaks or exposed wiring), used only as temporary wiring (less than 30 days), and not connected in series?

Yes (Satisfactory)    No (Needs Correction)    N/A (Not Applicable)

**Corrective Action: Do not connect extension cords in series. Dispose of or repair all electrical cords that are not in good condition, and replace those in use more than 30 days with permanent wiring.**

Date Complete:

14. Is broken, unguarded, or otherwise dangerous equipment or furniture present? (Example: A paper cutter without a guard to keep fingers away from the blade.)

- Yes (Satisfactory)     No (Needs Correction)     N/A (Not Applicable)

**Corrective Action:** Contact your supervisor or the Safety Office 642-9348 to arrange for removal or repair of equipment or furniture.

Date Complete:

15. Are floor surfaces kept dry and/or made slip-resistant?

- Yes (Satisfactory)     No (Needs Correction)     N/A (Not Applicable)

**Corrective Action:** Keep surfaces dry or install slip-resistant material on surfaces that cannot be kept dry

Date Complete:

16. Is furniture and equipment more than 4 feet tall braced to prevent tipping in an earthquake?

- Yes (Satisfactory)     No (Needs Correction)     N/A (Not Applicable)

**Corrective Action:** Contact your zone shop for assistance in installing seismic restraints, or remove items in question.

Date Complete:

17. Are all work areas adequately illuminated?

- Yes (Satisfactory)     No (Needs Correction)     N/A (Not Applicable)

**Corrective Action:** Contact your supervisor or Department Safety Coordinator for assistance in obtaining additional lighting.

Date Complete:

18. Have computer workstations been ergonomically evaluated for all employees who spend 4 or more hours at their computer each day?

- Yes (Satisfactory)     No (Needs Correction)     N/A (Not Applicable)

**Corrective Action:** Contact your supervisor the Safety Office 642-9348 to have a trained workstation evaluator assess the workstation.

Date Complete:

**Additional Observations and Comments:**

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**SIGNATURE OF INSPECTOR:** \_\_\_\_\_ **Date** \_\_\_\_\_

**APPENDIX E**

**PROCEDURES FOR IMPLEMENTATION**

**I. PURPOSE**

Provide new or reassigned employees information and guidelines for complying with PP-CS Health and Safety Policy and Procedures.

**II. SUPERVISOR RESPONSIBILITIES**

1. Must conduct employee safety orientation prior to assignment.
2. Inform employees of safety policy and procedures to be followed.
3. Inform employees of workplace hazards associated with job assignment.
4. Inform employees of emergency policies and procedures.
5. Instruct employees in the proper use of tools, equipment and /or vehicles.
6. Review with employees the II-PP, Health and Safety Manual, and the Code of Conduct.
7. After completing the orientation, the supervisor and employee must sign and date the form, indicating that the supervisor has instructed and the employee understands all policies and procedures.
8. Must conduct performance review during probationary period and periodically thereafter.
9. Must give a copy to employee and safety officer.

**III. SAFETY OFFICER RESPONSIBILITY**

1. Provide assistance at the request of the supervisor.
2. Maintain records.

**IV. EMPLOYEE RESPONSIBILITIES**

1. To abide by all policy and procedures as instructed.
2. Sign and date the form.

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**IV. EMPLOYEE RESPONSIBILITIES**

1. To abide by all policy and procedures as instructed.
2. Sign and date the form.

# NEW EMPLOYEE HIRE/REASSIGNMENT ORIENTATION CHECKLIST

\_\_\_\_\_  
Employee Name (Print: First, Middle, Last)

\_\_\_\_\_  
Job Title

\_\_\_\_\_  
Date Employed or Reassigned

\_\_\_\_\_  
Date Checklist Completed

This checklist is to be completed by the supervisor and new or reassigned employee prior to assignment after date of hire or reassignment and filed at the PP-CS safety office.

The supervisor and new employee are to review the following safety policies and procedures, check and discuss those that apply:

- \_\_\_\_\_ PP-CS Injury and Illness Prevention Program.
- \_\_\_\_\_ PP-CS Health and Safety Manual.
- \_\_\_\_\_ PP-CS Code of Conduct.
- \_\_\_\_\_ Accident/incident reporting policy and procedures.
- \_\_\_\_\_ Hazard reporting policy and procedures.
- \_\_\_\_\_ Medical treatment policy and procedures for work related injuries.
- \_\_\_\_\_ Job specific safety procedures and on-the-job training.
- \_\_\_\_\_ Proper use of personal protective equipment (PPE) while on the job.
- \_\_\_\_\_ Special hazards associated with job assignment (chemicals, equipment, etc).
- \_\_\_\_\_ Training on any toxic material, which the employee may be exposed.
- \_\_\_\_\_ Material Safety Data Sheets (MSDS) policy and location for obtaining.
- \_\_\_\_\_ Employee Safety Concern Form policy and location for obtaining.
- \_\_\_\_\_ Safety tailgate meeting policy and location.
- \_\_\_\_\_ Safety committee policy and introduction shop representative.
- \_\_\_\_\_ PP-CS safety officer and EH&S contact information.
- \_\_\_\_\_ Emergency and fire safety procedures.
- \_\_\_\_\_ Safe operation of vehicle(s).
- \_\_\_\_\_ Proper use of tools and equipment including guarding.
- \_\_\_\_\_ Proper use of lifting equipment, such as hoists and hand trucks.
- \_\_\_\_\_ Importance of good housekeeping on job sites and in the shop.
- \_\_\_\_\_ Performance Review - The supervisor will review the employee's safety performance during the probationary period and periodically thereafter.
- \_\_\_\_\_ The employee agrees to fully cooperate with the safety efforts of PP-CS; to follow all safety and health policies and procedures; and to use good judgment concerning safe work behavior.
- \_\_\_\_\_ The supervisor agrees to respond to all employee safety concerns in a timely manner; provide training on job related hazards; and to provide a safe and healthy work environment.

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Employee Signature

IIPP - Form Completed (original of this form must be maintained in Department files for at least three years.)