University of California
Richmond Field Station

Injury and Illness Prevention Program

Effective Date: February 27, 2018

Department Name: Richmond Field Station

Department Head: Scott Shackleton

Assistant Dean of Facilities and Capital Projects

Department Safety Coordinator: Kathryn Hetzner

510.665.3507

Computer Workstation Evaluator: CSS-IT

510.643.6966

Safety Related Items:

Safety Meeting Binder / and on server
Location of minutes from Safety Committee Meeting (see Section II)

Front Office, Bldg. 478
Blank 'Report of Unsafe Condition' – Pickup and Turn-in locations (see Section III)

Staff Bulletin Board / Binder in Staff Lunch Room
Location of other safety-related items (see Section IV)

Justin Cocke
Person who assists injured employees with appropriate paperwork (see Section VI)

IIPP Binder / and on server
Documents related to IIPP – safe, convenient record keeping location (see Section IX)

IIPP Binder
Location of Training Records for IIPP (see Section IX)

(Training Documentation Form can be found in Appendix A of this document.)
The Safety Committee meets: once a month

The Safety Committee members are:

Chair’s Name: Kathryn Hetzner
Member Name: Justin Cocke
Member Name: Erick Robleto
Member Name: Jesse Bonilla
Member Name: Dan Huss
Member Name: David Morejon
Member Name: Mike Campbell
Member Name: Mike Lackey
Member Name: Mike Devlin
Member Name: Paul Timiras
Member Name: Juanita Santillan
Member Name: John Fatfaw Lee
Member Name: Tenzin Chomphel

(If more space is needed to list Committee Members, please include a separate sheet.)
Buildings occupied by this department: (For off campus buildings, write the physical address of the building. Also, do not include buildings used only for storage.) Please note, this section will assist you in ensuring that all your staff are trained on the appropriate Building Emergency Plan(s) (BEP). While the Building Coordinator is required to create the BEP, you are responsible for ensuring your department’s personnel receive training on the applicable BEP. If you need assistance completing this section, please call EH&S at 642-3073.

1. Building name or address: B-478, 1301 South 46th St., Richmond, CA 94804
   Unit within your department (if applicable):

2. Building name or address: B-194, 1301 South 46th St., Richmond, CA 94804
   Unit within your department (if applicable): Receiving
   Building Coordinator and phone no at this location: Juanita Santillan, 665-3440

3. Building name or address:
   Unit within your department (if applicable):
   Building Coordinator and phone no at this location:

4. Building name or address:
   Unit within your department (if applicable):
   Building Coordinator and phone no at this location:

5. Building name or address:
   Unit within your department (if applicable):
   Building Coordinator and phone no at this location:

6. Building name or address:
   Unit within your department (if applicable):
   Building Coordinator and phone no at this location:

(Add more building names or addresses as necessary.)
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APPENDICES
University of California, Berkeley
Injury and Illness Prevention Program

I. INTRODUCTION AND PURPOSE

It is the policy of the University of California, Berkeley to maintain a safe and healthy work environment for each employee (including student and contract employees), and to comply with all applicable occupational health and safety regulations. This Injury and Illness Prevention Program (IIPP) is intended to establish a framework for identifying and correcting workplace hazards within the department, while addressing legal requirements for a formal, written IIPP.

II. RESPONSIBILITIES

Department Head

The Department Head has primary authority and responsibility to ensure departmental implementation of the IIPP and to ensure the health and safety of the department's faculty, staff and students. This is accomplished by communicating the Berkeley campus's emphasis on health and safety, analyzing work procedures for hazard identification and correction, ensuring regular workplace inspections, providing health and safety training, and encouraging prompt employee reporting of health and safety concerns without fear of reprisal.

Department Safety Committee

The Safety Committee has the ongoing responsibility to maintain and update this IIPP, to assess departmental compliance with applicable regulations and campus policies, to evaluate reports of unsafe conditions, and to coordinate any necessary corrective actions. The Safety Committee meets at least quarterly and includes representatives from various sections or subunits of the department. Each employee has a designated representative on the committee. The Safety Committee membership may rotate periodically.

Unsafe conditions that cannot be immediately corrected by an employee or his/her supervisor should be reported to the Department Safety Coordinator or any Safety Committee member by filling out a "Report of Unsafe Condition or Hazard" form (IIPP Form 1).

Timely correction of workplace hazards will be tracked by the Safety Committee which will receive and review reports of unsafe conditions, workplace inspection reports, and injury reports. Specifically, the Safety Committee will:

• Review the results of periodic, scheduled workplace inspections to identify any needed safety procedures or programs and to track specific corrective actions.
• Review supervisors’ investigations of accidents and injuries to ensure that all causes have been identified and corrected.

• Where appropriate, submit suggestions to department management for the prevention of future incidents.

• Review alleged hazardous conditions brought to the attention of any committee member, determine necessary corrective actions, and assign responsible parties and correction deadlines.

• When determined necessary by the Committee, the Committee may conduct its own investigation of accidents and/or alleged hazards to assist in establishing corrective actions.

• Submit recommendations to assist department management in the evaluation of employee safety suggestions.

The Safety Committee must prepare and make available to all department personnel written minutes of issues discussed at the meetings. The Committee meeting minutes must be documented on IIPP Form 2, “Safety Committee Meeting Documentation,” or a similar form. These minutes must be posted or made available in a convenient location and must be maintained on file for at least one year.

The Safety Committee can seek assistance in the remediation of a hazard from other departments, including the Office of Environment, Health & Safety (EH&S) for campus health, safety, radiation, and laser issues, University Health Services (UHS) for ergonomic and workers’ compensation issues, or the University of California Police Department (UCPD) for personal security concerns.(see Section X).

**Department Safety Coordinator**

The Safety Coordinator is responsible for:

• Ensuring that the Safety Committee is aware of all accidents which have occurred, and all hazards which have been observed since the last meeting.

• Working with the Building Coordinator to address facility-related safety concerns.

• Assisting in the coordination of required health and safety training.

• Serving as liaison with EH&S and other campus safety resources on issues the department cannot resolve.

• Maintaining copies of Safety Committee minutes and other safety-related records.
The Safety Coordinator may seek assistance from other members of the department as necessary to meet these responsibilities.

**Supervisors**

Supervisors play a key role in the implementation of the department’s IIPP. Supervisors may be Management Services Officers, Senior Research Associates, Department Chairs, Principal Investigators, or others. They are responsible for:

- Communicating to their staff and students the Berkeley campus's emphasis on health and safety.
- Ensuring periodic, documented inspection of workspaces under their authority.
- Promptly correcting identified hazards.
- Modeling and enforcing safe and healthful work practices.
- Providing appropriate safety training and personal protective equipment.
- Implementing measures to eliminate or control workplace hazards.
- Stopping any employee’s work that poses an imminent hazard to either the employee or any other individual.
- Encouraging employees to report health and safety issues to the Safety Committee without fear of reprisal.

**All Employees**

It is the responsibility of all faculty and staff to comply with all applicable health and safety regulations, UC policies, and established work practices. This includes, but is not limited to:

- Observing health and safety-related signs, posters, warning signals and directions.
- Reviewing the building emergency plan and assembly area.
- Learning about the potential hazards of assigned tasks and work areas.
- Taking part in appropriate health and safety training.
- Following all safe operating procedures and precautions.
- Using proper personal protective equipment.
• Warning coworkers about defective equipment and other hazards.

• Reporting unsafe conditions immediately to a supervisor, and stopping work if an imminent hazard is presented.

• Participating in workplace safety inspections.

III. IDENTIFYING WORKPLACE HAZARDS

Regular, annual workplace safety inspections of all departmental administrative, shop and laboratories must be conducted. By law, the first of these inspections must take place when the department first adopts the IIPP. The inspections should be noted on IIPP Form 3 or other documentation, and the department should maintain copies of this documentation. These regular inspections will be supplemented with additional inspections whenever new substances, processes, procedures, or equipment introduced into the workplace represent a new occupational safety and health hazard or whenever supervisors are made aware of a new or previously unrecognized hazard.

Generally, supervisors are responsible for identification and correction of hazards that their staff and/or students face and should ensure that work areas they exercise control over are inspected at least annually. Supervisors should check for safe work practices with each visit to the workplace and should provide immediate verbal feedback where hazards are observed.

The "Report of Unsafe Condition" Form 1 should be filled out when a referral is made to the Safety Committee as a result of a condition discovered during an inspection for which the responsible supervisor could not determine an immediate remedy. The "Report of Unsafe Condition" form can also be obtained by any employee, filled out and turned in anonymously.

IV. COMMUNICATING WORKPLACE HAZARDS

Supervisors are responsible for communicating with all workers about safety and health issues in a form readily understandable by all workers. All department personnel are encouraged to communicate safety concerns to their supervisor without fear of reprisal. The Safety Committee is another resource for communication regarding health and safety issues for department employees. Each employee has a representative on the committee that will inform him or her of hazard corrections and committee activities. Additionally, Safety Committee minutes and other safety-related items are posted or made available at a convenient location. Employees will also be informed about safety matters by e-mail, voice mail, distribution of written memoranda, or by articles in the internal Departmental newsletter (if applicable). Occasionally, the Safety Committee may also sponsor seminars or speakers or coordinate other means to communicate with employees regarding health and safety matters.
Supervisors are responsible for ensuring that employees are supplied access to hazard information pertinent to their work assignments. Information concerning the health and safety hazards of tasks performed by department staff is available from a number of sources. These sources include, but are not limited to, Material Safety Data Sheets (MSDSs, see below), equipment operating manuals, the Department Safety Coordinator, EH&S, campus libraries, container labels and work area postings.

Material Safety Data Sheets

Material Safety Data Sheets (MSDSs) provide information on the potential hazards of products or chemicals. Hard copies of MSDSs for the chemicals used in the department are available to all employees in a convenient location. If an MSDS is found to be missing, a new one can be obtained by faxing a written request to the manufacturer. A copy of this request should be kept until the MSDS arrives.

MSDSs are also available over the Internet from a variety of sources. They can be obtained by accessing the EH&S web page (http://www.ehs.berkeley.edu) and clicking on “MSDS.” For further information, contact EH&S for a fact sheet explaining how to use MSDSs. Videos and training on how to read and understand the information presented on an MSDS are also available from EH&S.

Equipment Operating Manuals

All equipment is to be operated in accordance with the manufacturer’s instructions, as specified in the equipment’s operating manual. Copies of operating manuals should be kept with each piece of equipment in the department. Persons who are unfamiliar with the operation of a piece of equipment and its potential hazards must at least read the operating manual before using the equipment. Training should also be sought from an experienced operator or supervisor.

V. CORRECTING WORKPLACE HAZARDS

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 item 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 a supervisor or Building Coordinator.

Supervisors should use the "Hazard Correction Report" (IIPP Form 4) to document corrective actions, including projected and actual completion dates. If necessary, supervisors can seek assistance in developing appropriate corrective actions by submitting a "Report of Unsafe Condition" to the Safety Committee. If the Safety Committee requires assistance from other campus resources such as EH&S, PP-CS, or UCPD, these resources should be contacted immediately.

If an imminent hazard exists, work in the area should 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 be removed from the area except those qualified and necessary to correct the condition. These qualified individuals will be equipped with necessary safeguards before addressing the situation.

VI. INVESTIGATING INJURIES AND ILLNESSES

Injury Reporting

Employees who are injured at work must report the injury immediately to their supervisor. Students who are not employees who are injured or involved in an accident should report the incident to their instructor. In either case, if immediate medical treatment beyond first aid is needed, call 911. The injured party will be taken to the appropriate hospital or medical center. If non-emergency medical treatment for work-related injuries or illnesses is needed, call the Tang Center’s Occupational Health Clinic (2-6891) or Urgent Care Clinic (2-3188).

The supervisor of the injured employee must work with a designated department personnel to ensure that the "Employer's Report of Occupational Injury or Illness" and a "Workers' Compensation Claim Form" are completed properly and submitted to the Workers' Compensation Office (Tang Center, Suite 2100).

If the injured employee saw a physician, the supervisor should obtain a medical release form before allowing the employee to return to work. The health care provider may stipulate work tasks that must be avoided or work conditions that must be altered before the employee resumes his or her full duties.
Injury Investigation

The employee’s supervisor or student’s instructor is responsible for performing an investigation to determine and correct the cause(s) of the incident. Specific procedures that can be used to investigate workplace accidents and hazardous substance exposures include:

- Interviewing injured personnel and witnesses.
- Examining the injured employee’s workstation for causative factors.
- Reviewing established procedures to ensure they are adequate and were followed.
- Reviewing training records of affected employees.
- Determining all contributing causes to the accident.
- Taking corrective actions to prevent the accident/exposure from reoccurring.
- Recording all findings and actions taken.

The supervisor’s findings and corrective actions should be documented and presented to the Safety Committee using the "Occupational Accident, Injury or Illness Investigation Report" (IIPP Form 5). If the supervisor is unable to determine the cause(s) and appropriate corrective actions, other resources should be sought. Available resources include the department’s Safety Committee, EH&S, and other campus safety organizations (see Section X).

The Safety Committee will review each accident or injury report to ensure that the investigation was thorough and that all corrective actions are completed. Investigations and/or corrective actions that are found to be incomplete will be routed back to the supervisor for further follow-up, with specific recommendations noted by the committee. The Department Safety Coordinator will bring corrective actions that are not implemented in a reasonable period of time to the attention of the Department head.

VII. EMPLOYEE HEALTH AND SAFETY TRAINING

Employee safety training is provided at no cost to the employee and is conducted during the employee’s normal working hours on University time. Safety training may be presented by a knowledgeable supervisor, other department personnel, or by representatives from other relevant campus departments. Regardless of the instructor, all safety training should be documented using the “Safety Training Attendance Record” (IIPP Form 6) or an equivalent record that includes all the information required on IIPP Form 6.
Initial IIPP Training

When the IIPP is first implemented, all department personnel will be trained on the structure of the IIPP (Appendix A), including individual responsibilities under the program, and the availability of the written program. Training will also be provided on how to report unsafe conditions, how to access the Safety Committee, and where to obtain information on workplace safety and health issues.

Personnel hired after the initial training session will be oriented on this material as soon as possible by the Safety Coordinator or appropriate supervisor. These individual training sessions should be documented using IIPP Form 7, “New Employee Safety Training Record,” or the equivalent.

Training on Specific Hazards

Supervisors are required to be trained on the hazards to which the employees under their immediate control may be exposed. This training aids a supervisor in understanding and enforcing proper protective measures.

All supervisors must ensure that the personnel they supervise receive appropriate training on the specific hazards of work they perform, and the proper precautions for protection against those hazards. Training is particularly important for new employees and whenever a new hazard is introduced into the workplace. Such hazards may include new equipment, hazardous materials, or procedures. Health and Safety training is also required when employees are given new job assignments on which they have not previously been trained and whenever a supervisor is made aware of a new or previously unrecognized hazard.

Specific topics which may be appropriate to department personnel include, but are not limited to, the following:

• Fire prevention techniques and fire extinguisher use.
• Obtaining emergency medical assistance and first aid.
• Disaster preparedness and response, including building evacuation procedures.
• Health and safety for computer users.
• Back care, body mechanics, and proper lifting techniques.
• Hazard communication, including training on MSDSs, chemical hazards and container labeling.
• Proper housekeeping.
• Chemical spill reporting procedures.

**Safety Videos**

A list of workplace safety videos that are available for borrowing can be obtained by contacting EH&S. Videos are available on a wide range of topics, including hazard communication, chemical safety, and various physical hazards. You can read descriptions of the videos and order them on-line via the EH&S web site at [http://ehs.berkeley.edu](http://ehs.berkeley.edu) by clicking on “Videos” under the “Publications” heading. Videos should be used to supplement, not replace, face-to-face safety instruction, so that trainees have an opportunity to ask questions of a knowledgeable instructor.

**VIII. ENSURING COMPLIANCE**

All department personnel have the responsibility for complying with safe and healthful work practices, including applicable regulations, campus policy, and departmental safety procedures. Overall performance in maintenance of a safe and healthy work environment should be recognized by the supervisor and noted in performance evaluations. Employees will not be discriminated against for work-related injuries, and injuries will not be included in performance evaluations, unless the injuries were a result of an unsafe act on the part of the employee.

Standard progressive disciplinary measures in accordance with the applicable personnel policy or labor contract will result when employees fail to comply with applicable regulations, campus policy, and/or departmental safety procedures. Faculty members will be disciplined for unsafe practices in accordance with the Faculty Code of Conduct. Students not employed by the University will be disciplined for unsafe practices in accordance with the Student Code of Conduct. All personnel will be given instruction and an opportunity to correct unsafe behavior. Repeated failure to comply or willful and intentional noncompliance may result in disciplinary measures up to and including termination.

**IX. RECORD KEEPING**

Documents related to the IIPP are maintained in a safe and convenient location for record keeping. Documents that should be kept on file include:

• Records of scheduled and periodic workplace inspections, including the persons conducting the inspection, any identified unsafe conditions or work practices, and corrective actions (IIPP Form 3 or equivalent).

• Employee safety training records, including the names of all attendees and instructors, the training date, and material covered (IIPP Forms 6 and 7 or equivalent).
• Reports of Unsafe Conditions or Hazards (IIPP Form 1).
• Safety Committee Meeting Documentation (IIPP Form 2).
• Hazard Correction Reports (IIPP Form 4).
• Accident, Injury or Illness Investigation Reports (IIPP Form 5).

X. CAMPUS SAFETY RESOURCES

A number of University programs and service organizations have been established to address injury and illness prevention and to maintain and promote a safe and healthful work environment for the campus community. A list is provided below, please use the Campus Telephone Directory for up-to-date telephone numbers.

**Chancellor’s Office** - For information on campus policies.
642-7464

**Office of Emergency Preparedness** - For information on disaster preparedness.
642-9036
http://public-safety.berkeley.edu/oepweb/

**Office of Environment, Health & Safety** - For information on various safety topics, including hazard evaluations and employee training.
642-3073
http://www.ehs.berkeley.edu

**Office of Risk Management** - For safety issues that may generate lawsuits against the University.
642-5141

**Office of the Academic Ombudsperson** - Assistance for academic appointees in dealing with supervisory issues.
642-4226
Office of the Ombudsperson for Staff - Assistance for staff employees in dealing with supervisory issues.

642-7823
http://stfombuds.berkeley.edu/

Office of Human Resources - For information on personnel policies and labor contracts.

642-9046
http://hrweb.berkeley.edu/hrhome.htm

Physical Plant - Campus Services - For installation and repair of facility safety equipment.

642-1032

Police Department (UCPD) - For information on personal security at the workplace.

642-6760
http://public-safety.berkeley.edu/police

School of Optometry: Vision Care Services - For assistance with safety eyewear.

643-2020

Student Life Advising Services - Assistance for student employees.

642-7224

University Health Services - For assistance on various topics, including psychological counseling, medical evaluations and treatment, ergonomic issues, worksite wellness, and Workers’ Compensation programs.

642-2000
http://www.uhs.berkeley.edu
## I. Unsafe Condition or Hazard

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<tr>
<th>Name: (optional)</th>
<th>Job:</th>
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<tr>
<td>Title:</td>
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**Location of Hazard:**

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<tr>
<th>Building:</th>
<th>Floor:</th>
<th>Room:</th>
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**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

<table>
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<th>Name of person investigating unsafe condition or hazard:</th>
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**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 Form 4)

**Signature of Investigating Party:**

**Date:**

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**IIPP - Form 1**

Completed copies of this form should be routed to the appropriate supervisor and department Safety Committee, and must be maintained in department files for at least one year.
# GENERAL SELF-ASSESSMENT FORM
for Administrative Areas

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<th>Area Location (Rm/Bldg)</th>
<th>Type of Area</th>
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<tr>
<th>Department</th>
<th>Date of Inspection</th>
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<th>Assessor’s Name (print)</th>
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<th>Supervisor’s Name (print)</th>
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## 1. Is the Cal/OSHA poster “Safety and Health Protection on the Job” displayed in the building and accessible to all employees?

- [ ] Yes (Satisfactory)
- [ ] No (Needs Correction) Date Corrected: __________
- [ ] N/A

**Corrective Action:** Contact EH&S (642-3073) to obtain posters.

## 2. Is documentation of safety training, workplace self-assessments, and hazard corrections maintained and accessible where indicated in your department’s IIPP?

- [ ] Yes (Satisfactory)
- [ ] No (Needs Correction) Date Corrected: __________
- [ ] N/A

**Corrective Action:** Confirm location listed in the IIPP and ensure that records are stored there.

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

- [ ] Yes (Satisfactory)
- [ ] No (Needs Correction) Date Corrected: __________
- [ ] N/A

**Corrective Action:** Contact your Department Safety Coordinator to obtain the BEP, or contact your Building Coordinator if a BEP is not available.

## 4. Are evacuation diagrams posted?

- [ ] Yes (Satisfactory)
- [ ] No (Needs Correction) Date Corrected: __________
- [ ] N/A
Corrective Action: Contact your Department Safety Coordinator, Building Coordinator, or EH&S (642-3073) for assistance in preparing diagrams as required by the BEP.

5. Are fire alarm pull boxes clearly identifiable and unobstructed?
   - Yes (Satisfactory)
   - No (Needs Correction)
   - N/A
   Date Corrected: ____________

Corrective Action: Clear area of obstructions.

6. Are fire hose stations and/or portable extinguishers clearly identifiable and unobstructed?
   - Yes (Satisfactory)
   - No (Needs Correction)
   - N/A
   Date Corrected: ____________

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

7. Are fire extinguishers tagged with inspections at least annually?
   - Yes (Satisfactory)
   - No (Needs Correction)
   - N/A
   Date Corrected: ____________

Corrective Action: Contact your Building Coordinator to arrange for a fire extinguisher inspection by PP-CS. Ensure that the extinguisher is properly tagged after the inspection.

8. Do self-closing devices and door latches on fire-rated doors (doors that open into corridors or stairwells) work properly? (Doorstops are not permitted.)
   - Yes (Satisfactory)
   - No (Needs Correction)
   - N/A
   Date Corrected: ____________

Corrective Action: Contact your Department Safety Coordinator to arrange for door repairs.

9. Are there at least 18 inches (47 cm) of vertical clearance maintained between all stored items and any ceiling equipped with fire sprinklers?
   - Yes (Satisfactory)
   - No (Needs Correction)
   - N/A
   Date Corrected: ____________

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

10. Are electrical panels accessible and circuit breakers clearly identified?
    - Yes (Satisfactory)
    - No (Needs Correction)
    - N/A
    Date Corrected: ____________

Corrective Action: Label circuit breakers as to their function, and clear area in front of electrical panels by 36 inches.
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) Date Corrected: _____________
☐ N/A

Corrective Action: Remove obstructions from aisles, exits, and adjoining hallways. Contact your Department Safety Coordinator if help is needed cleaning adjoining hallways.

12. Has all electrical equipment that is required to be grounded (e.g., copiers and computers) been grounded? (Ensure that the grounding pin has not been removed and that 3-pin to 2-pin adapters are not used.)

☐ Yes (Satisfactory)  ☐ No (Needs Correction) Date Corrected: _____________
☐ N/A

Corrective Action: Contact your supervisor or Department Safety Coordinator to arrange for installation of appropriate outlets and plugs.

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) Date Corrected: _____________
☐ N/A

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.

14. Has all broken, unguarded, or otherwise dangerous equipment and furniture been repaired or removed? (Example: A papercutter without a guard to keep fingers away from the blade.)

☐ Yes (Satisfactory)  ☐ No (Needs Correction) Date Corrected: _____________
☐ N/A

Corrective Action: Contact your supervisor or Department Safety Coordinator to arrange for removal or repair of equipment or furniture.

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

☐ Yes (Satisfactory)  ☐ No (Needs Correction) Date Corrected: _____________
☐ N/A

Corrective Action: Work with your supervisor, Department Safety Coordinator, or Safety Committee to address this issue.
16. Is furniture and equipment over four feet tall braced to prevent tipping in an earthquake?

☐ Yes (Satisfactory) ☐ No (Needs Correction) Date Corrected: ____________

☐ N/A

Corrective Action: Contact your supervisor or Department Safety Coordinator for assistance in installing seismic restraints, or remove items in question.

17. Are all work areas adequately illuminated?

☐ Yes (Satisfactory) ☐ No (Needs Correction) Date Corrected: ____________

☐ N/A

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

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

☐ Yes (Satisfactory) ☐ No (Needs Correction) Date Corrected: ____________

☐ N/A

Corrective Action: Contact your supervisor or Department Safety Coordinator to have a trained workstation evaluator assess the workstation. If your department does not have an evaluator, contact University Health Services, Ergonomics@Work Program (642-8410).
HAZARD CORRECTION REPORT

Department: ____________________________

This form should be used in conjunction with the “Report of Unsafe Condition” form (IIPP Form 1), 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, remove personnel from the area and restrict access until the hazard can be addressed.

Supervisor/Safety Coordinator Name: ____________________________ Telephone Ext.: ____________________

Supervisor/Safety Coordinator Signature ____________________________ Date ____________________________

<table>
<thead>
<tr>
<th>Description and Location of Unsafe Condition</th>
<th>Date Discovered</th>
<th>Required Action and Responsible Party</th>
<th>Completion Date</th>
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</table>

IIPP - Form 4
Rev. 10/02/01  Completed copies of this form should be routed to the department Safety Committee and kept in department files for at least one year.
OCCUPATIONAL ACCIDENT, INJURY OR ILLNESS INVESTIGATION REPORT

Department: ____________________________

Supervisor's Name/Phone: ____________________________

Person(s) involved: (include titles)

__________________________________________________________________________

Location: ____________________________ Time: __________ Date: __________

Task being performed when accident occurred:

__________________________________________________________________________

NOTE: This form is intended to serve only as a local record of the investigation conducted within the department. Should an injury or illness occur, required forms must be submitted to the Department of Workers Compensation (DWC) as outlined in the Workers’ Compensation Manual for Supervisors. Call 643-7921 if copies are not available in your department. Also, an IIPP Form 4, "Hazard Correction Report" must be completed in conjunction with any accident, injury or illness.

*Describe the accident, illness, or injury and the probable root cause(s) of the incident. Include the nature of the injury or illness, any eyewitness accounts, and any property damage which may have occurred. Be sure to include the names and phone numbers of any witnesses. Attach a separate sheet if necessary.

__________________________________________________________________________

*Describe what corrective actions need to be taken to ensure this type of incident does not recur. Also, include the name(s) and phone number(s) of those who will ensure that these corrective actions are done in a timely manner.

__________________________________________________________________________

Signature of Supervisor Conducting Investigation ____________________________ Date __________

Signature of Department Safety Coordinator ____________________________ Date __________

(Do not sign until a thorough review of the incident by the Safety Committee is complete and corrective actions are in place.)

IIPP—Form 5 Completed copies of this form must be routed to the Safety Committee and kept on file for at least one year.

Rev. 10/02/01
University of California, Berkeley

2011 LABORATORY SELF-ASSESSMENT

As part of a Cal/OSHA requirement for an effective Injury and Illness Prevention Program (IIPP) as well as a requirement by the Federal Environmental Protection Agency (EPA), all campus workspaces are required to perform and document self-assessments annually. The attached Laboratory Self-Assessment Form will help document laboratory safety assessments and will assist laboratory researchers in identifying and correcting many common, unsafe practices and conditions. The unsafe practices and conditions identified on this form are prohibited by state laws or campus policies, or are not generally accepted as safe laboratory practices.

The procedures for completing this form are as follows:

1. Designate a qualified\(^1\) individual to assess each laboratory using this form, or an equivalent.
2. Send a photocopy of the completed form to your Department Safety Coordinator (DSC).
3. Share the completed form with the Principal Investigator (PI) and other laboratory users. Discuss the findings and corrective actions in a laboratory meeting and encourage others to voice their safety concerns.
4. Correct each identified deficiency as soon as possible and document the correction on the original form.
5. Keep the original form on file in the laboratory for at least one year, so that it will be available to Cal/OSHA, granting agencies, or campus research oversight groups, if requested.
6. If you need assistance correcting conditions identified during the self-assessment, have any questions or concerns about laboratory safety, whether they pertain to this assessment or not, contact your DSC or the Office of Environment, Health & Safety (642-3073).

\(^1\) Qualified: The Principal Investigator (PI), laboratory manager, or a person designated by the PI, who by reason of training, experience, or instruction has demonstrated the ability to identify potential hazards.
This form was designed to help ensure compliance with Cal/OSHA, EPA, and other regulations. During some recent Cal/OSHA inspections, laboratories that were able to provide this completed form avoided monetary fines. However, completion of this form and correction of any findings noted herein does not guarantee that these agencies will not issue citations.

EH&S plans to spot check many of the returned forms, comparing notations with actual conditions in the laboratory. Additionally, EH&S will periodically verify that completed self-assessment forms are being kept on file in the laboratory or department. These actions are done to ensure that questions are not misinterpreted and this program remains effective.

Please note:
This form does not address specific activities involving research animals, biohazardous agents, lasers, radioactive materials or radiation-producing machines, which have separate and unique assessment requirements that are part of their approval process.
**GENERAL SAFETY**

1. **Chemical Hygiene Plan (CHP) in laboratory has been completed or updated within the last 12 months.**

   **Corrective Action:** Contact your Department Safety Coordinator or EH&S if you need a CHP flipchart. Select and assign a Chemical Hygiene Officer for the laboratory and have him/her read, fill out, and follow the guidance in the flipchart. EH&S recommends posting the CHP in the laboratory by the telephone.

   Completion Date: ________________________________

   □ Yes □ No □ N/A

2. **All laboratory personnel have reviewed the CHP and documented their understanding by signing the last page.**

   Completion Date: ________________________________

   □ Yes □ No □ N/A

3. **The Laboratory Specific Standard Operating Procedure (SOP) section of the CHP has been updated. There are written SOPs for the most hazardous operations of the laboratory. There is documentation that members performing these hazardous operations are familiar with the SOP.**

   **Corrective Action:** All lab personnel, including SOP authors, who perform highly hazardous operations need to document that they have read and understand all SOPs relevant to their research. Keep your SOPs and training documentation in a safe place nearby. If you need to develop new SOPs, see the SOP Fact Sheet: [http://www.ehs.berkeley.edu/images/ehs/pubs/46labspecificsops.pdf](http://www.ehs.berkeley.edu/images/ehs/pubs/46labspecificsops.pdf) and go to the CalShare site to find SOPs your lab can modify for your specific purposes: [https://calshare.berkeley.edu/sites/EHS/HostedCampusGroups/sop](https://calshare.berkeley.edu/sites/EHS/HostedCampusGroups/sop)

   Completion Date: ________________________________

   □ Yes □ No □ N/A

4. **Aisles, exits and hallways are clear of obstructions and slipping or tripping hazards. There should be at least 36 inches of clearance for aisles.**

   Completion Date: ________________________________

   □ Yes □ No □ N/A
<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>5. Are there 18 inches of clearance from the top of stored materials to</td>
<td></td>
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<tr>
<td>the ceiling in laboratories with fire sprinklers (24 inches if no</td>
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<td>sprinklers are present)?</td>
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<td>Completion Date:</td>
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<tr>
<td>6. Excess materials are stored in neat, secure manner that provides</td>
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<tr>
<td>easy access and reduces the potential for falling, collapsing, rolling</td>
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<td>or spreading of the material.</td>
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<tr>
<td>Completion Date:</td>
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<tr>
<td>7. Overhead storage is limited to lightweight, non-hazardous items,</td>
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<td>minimizing risk during a seismic event</td>
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<tr>
<td>Completion Date:</td>
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<tr>
<td>8. Equipment, chemicals, glassware and supplies not in regular use</td>
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<tr>
<td>are stored in areas other than workstations.</td>
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<tr>
<td><strong>Corrective Action:</strong> Remove unwanted chemicals through EH&amp;S and</td>
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<tr>
<td>unwanted materials through Cal Overstock 2-1186,</td>
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<tr>
<td><a href="http://businessservices.berkeley.edu/overstock">http://businessservices.berkeley.edu/overstock</a>.</td>
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<tr>
<td>Completion Date:</td>
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<tr>
<td>9. Food is eaten or stored away from hazardous materials. Either in</td>
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<td>separate lunch room or - in designated areas (demarcated with blue</td>
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<tr>
<td>tape and “clean area” sign).</td>
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<tr>
<td><strong>Corrective Action:</strong> Contact EH&amp;S for tape and labels to designate</td>
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<tr>
<td>clean areas where food can be eaten. There must be no eating of food</td>
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<tr>
<td>in areas where hazardous materials are used. Go to <a href="http://campuspol.chance.berkeley.edu/policies/foodinlabs.pdf">http://campuspol.chance.berkeley.edu/policies/foodinlabs.pdf</a> to review the complete policy.</td>
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<tr>
<td>Completion Date:</td>
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<tr>
<td>10. Spills are cleaned up promptly. No puddles, powders, chemical</td>
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<td>stains or unknown materials on floors or work surfaces.</td>
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<td>Completion Date:</td>
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<tr>
<td>11. Personal desk spaces and other “clean areas” near or in the</td>
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<tr>
<td>laboratory are kept free of all hazardous research materials.</td>
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<tr>
<td>Completion Date:</td>
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<tr>
<td>12. Laboratory trash waste container(s) is labeled with “Trash Only”</td>
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<td>sticker. If not request from your Department or contact EH&amp;S.</td>
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<td>Completion Date:</td>
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<tr>
<td>13. Does your laboratory have a land line that can be used in case of</td>
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<tr>
<td>an emergency?</td>
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<td><strong>Corrective Action:</strong> No action required - EH&amp;S and the campus’</td>
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<tr>
<td>Laboratory Operations and Safety Committee are examining the issue of</td>
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<td>land lines in labs which are useful in identifying a caller’s location</td>
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<td>when 911 is used in an emergency.</td>
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<tr>
<td>Completion Date:</td>
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</tbody>
</table>
HAZARDOUS MATERIALS

The term “hazardous material” refers to hazardous chemicals, biological, or radiological materials; or research materials that have not been thoroughly evaluated for toxicity or environmental effects.

14. Proper Personal Protective Equipment (PPE) is worn in the laboratory. Eye protection, gloves and lab coats are worn when working with hazardous materials.

**Corrective Action:** Eye protection, lab coats, and gloves should be worn in the laboratory, and must be worn when working with hazardous materials. The UC system has negotiated a contract with Mission Linen (contact Brooke Moylan: (707)590-5510; bmoylan@missionlinen.com) that provides lab coats and laundering services to UC campuses at a discounted price.

Completion Date: ____________________________

15. All chemical containers (including squirt bottles and hazardous waste containers) are clearly labeled with contents and primary hazard(s) and are in good condition (not corroded or leaking).

**Corrective Action:** Label all chemical containers and replace those that are corroded or leaking. Chemical containers must be kept closed when not in use.

Completion Date: ____________________________

16. Chemical containers, supplies and equipment are stored away from the edges of benches and shelves unless shelf lips or other restraints are in place. Precariously stored items are to be relocated.

Completion Date: ____________________________

17. Corrosives are stored below eye level.

Completion Date: ____________________________

18. An appropriate amount of flammable liquids are stored in approved flammable storage cabinets and less than 10 gallons of flammable liquids are stored in the lab outside of flammable storage cabinets. For more information, see the EH&S Fact Sheet “Storage of Flammable Liquids in Laboratories” at http://www.ehs.berkeley.edu/pubs/factsheets/38flammables.pdf

Completion Date: ____________________________

19. Containers of hazardous chemicals [1-gallon (4-liters) or larger] are stored in secondary containment to contain a spill.

**Corrective Action:** Provide secondary containment such as chemically resistant tubs or coated bottles. The container should be equal or greater in size than the primary container.

Completion Date: ____________________________

Yes □ No □ N/A
20. Containers of hazardous chemicals are not stored on the floor. When unavoidable, all containers are to be stored in plastic tubs or other secondary containment.  

Completion Date: ____________________________  

☐ N/A

21. Peroxide formers (such as isopropyl ether, tetrahydrofuran and diethyl ether) are stored away from light and heat and labeled with the date they were opened and with the expiration date. 

Corrective Action: Label all peroxide formers with opening date and expiration date. (Labels are available from EH&S – (642-3073).) These chemicals may become explosive after prolonged storage. If any of these chemicals are present and have not been used for a long time, do not handle; contact EH&S (642-3073) and ask for potentially-explosive-chemical assistance. Visit the web site, [http://ehs.berkeley.edu/images/ehs/pubs/pecguidelines.pdf](http://ehs.berkeley.edu/images/ehs/pubs/pecguidelines.pdf), for a more complete list of peroxide forming chemicals and information. Most peroxide forming chemicals must be disposed of 12 months after opening unless stabilized. 

Completion Date: ____________________________  

☐ Yes ☐ No ☐ N/A

22. Incompatible chemicals are stored appropriately (e.g., acids separate from bases, oxidizers separate from flammables) 

Corrective Action: Segregate chemicals by hazard class. Contact EH&S (642-3073) for assistance with chemical segregation or to obtain a copy of the booklet, “Safe Storage of Hazardous Chemicals.” [http://ehs.berkeley.edu/pubs/chemicalstoragebooklet.pdf](http://ehs.berkeley.edu/pubs/chemicalstoragebooklet.pdf) 

Completion Date: ____________________________ 

☐ Yes ☐ No ☐ N/A

23. Chemical containers are not stored directly on top of one another (unless in original shipping boxes that can be safely stacked), or with incompatible chemicals.  

Completion Date: ____________________________  

☐ Yes ☐ No ☐ N/A

24. Each refrigerator and freezer in the laboratory is labeled as either “safe” or “unsafe” for storage of flammables.  

Corrective Action: Contact EH&S (642-3073) for assistance in determining if refrigerators are suitable for storage of flammables. The EH&S Fact Sheet “Storing Flammable Liquids in Refrigerators and Freezers” is available at [http://ehs.berkeley.edu/images/ehs/pubs/31labfridge.pdf](http://ehs.berkeley.edu/images/ehs/pubs/31labfridge.pdf). Contact EH&S for labels, or use an indelible marker.  

Completion Date: ____________________________  

☐ Yes ☐ No ☐ N/A

25. Hazardous materials are not stored in refrigerators that contain food.  

Corrective Action: Label all refrigerators and microwave ovens as “Food Only” or “No Food.” Contact EH&S (642-3073) for labels, or use an indelible marker.  

Completion Date: ____________________________  

☐ Yes ☐ No ☐ N/A

26. The laboratory’s chemical inventory has been completed or updated within the last year (or within 30 days of a significant change - such as a move to a new location or addition of new chemicals), and submitted to the EH&S Chemical Inventory database.  

Corrective Action: Update and submit the chemical inventory, Review the EH&S Chemical Inventory Fact Sheet at [http://ehs.berkeley.edu/images/ehs/pubs/02cheminv.pdf](http://ehs.berkeley.edu/images/ehs/pubs/02cheminv.pdf) or contact EH&S (642-3073) with any questions, or for assistance regarding the Chemical Inventory Program or the affiliated Hazardous Materials Door Sign Program.  

☐ Yes ☐ No ☐ N/A
27. A current, colored, hazardous materials door sign been posted at the laboratory entrance.

Corrective Action: See # 26.

Completion Date: ______________________________

28. Bench areas containing radioactive materials are clearly marked with radiation tape and absorbent pads.

Completion Date: ______________________________

29. All lab personnel that work with hazardous material have completed the online Hazardous Materials Spill Response training within the last year.

Corrective Action: All lab personnel that work with hazardous materials are required to take annual Hazardous Materials Spill Response online training. This training is available through the UC Learning Center. Go to [http://tinyurl.com/ucblms](http://tinyurl.com/ucblms), search for “Spill Response” and complete the 15-minute training. Non-employees can access the training at the EH&S website: [http://ehs.berkeley.edu/images/ehs/trainnoemployee/hazmaterials-spill/viewer.swf](http://ehs.berkeley.edu/images/ehs/trainnoemployee/hazmaterials-spill/viewer.swf).

Completion Date: ______________________________

<table>
<thead>
<tr>
<th>LABORATORY EQUIPMENT</th>
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<tbody>
<tr>
<td>30. Access to Emergency Eyewash/safety shower access is free of obstructions.</td>
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<tr>
<td>Completion Date: ______________________________</td>
</tr>
</tbody>
</table>

| 31. Emergency eyewashes tested (flushed) monthly and tests documented. |
| Completion Date: ______________________________ |

| 32. All compressed gas cylinders are adequately secured with non-combustible restraints to keep the cylinders from falling. (Bench clamps are not adequate to secure large cylinders. Gas cylinders should be capped when not in use.) |
| Completion Date: ______________________________ |

Yes
<table>
<thead>
<tr>
<th>33. Fire extinguisher access is free of obstructions.</th>
<th>completion date:</th>
<th>□ No □ N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>34. Fume hoods are free of clutter and not used for long-term storage of equipment, chemicals or supplies not regularly used. Storage of large equipment can adversely affect proper airflow and containment of fume hood (always work more than 6” in from the front of the hood).</td>
<td>completion date:</td>
<td>□ Yes □ No □ N/A</td>
</tr>
<tr>
<td>35. Fume hood users know how to check their airflow monitor to verify that the hood airflow is functioning properly.</td>
<td>completion date:</td>
<td>□ Yes □ No □ N/A</td>
</tr>
<tr>
<td>Corrective Action: For information on proper use of the fume hood and its airflow monitor see <a href="http://www.ehs.berkeley.edu/images/ehs/pubs/09fumehood.pdf">http://www.ehs.berkeley.edu/images/ehs/pubs/09fumehood.pdf</a>. If you believe the hood is not functioning properly contact your building or facility manager to request a repair ASAP.</td>
<td>completion date:</td>
<td></td>
</tr>
<tr>
<td>36. Sharp objects are stored safely (to prevent accidental cuts or punctures).</td>
<td>completion date:</td>
<td>□ Yes □ No □ N/A</td>
</tr>
<tr>
<td>37. Are all vacuum systems (both house systems and stand alone vacuum pumps) fitted with vacuum traps?</td>
<td>completion date:</td>
<td>□ Yes □ No □ N/A</td>
</tr>
<tr>
<td>Corrective Action: For guidance on vacuum traps see <a href="http://www.ehs.berkeley.edu/images/ehs/pubs/71vacuumsystems.pdf">http://www.ehs.berkeley.edu/images/ehs/pubs/71vacuumsystems.pdf</a> and post a vacuum system sticker (available from EH&amp;S) on house vacuum spigots.</td>
<td>completion date:</td>
<td></td>
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<tr>
<td><strong>HAZARDOUS WASTE</strong></td>
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<tr>
<td>38. Laboratory waste container(s) access is clear.</td>
<td>completion date:</td>
<td>□ Yes □ No □ N/A</td>
</tr>
<tr>
<td>39. Approved sharps waste containers are available for disposal of needles, blades and other sharps.</td>
<td>completion date:</td>
<td>□ Yes □ No □ N/A</td>
</tr>
<tr>
<td>Corrective Action: Purchase a sharps container, if needed. Train all laboratory personnel to avoid bending, cutting, or re-capping syringe needles. The EH&amp;S Fact Sheet “Handling and Disposing of Sharps” is available at <a href="http://www.ehs.berkeley.edu">www.ehs.berkeley.edu</a>. (Do not put broken glass in the general laboratory trash; put it in a separate and properly labeled container that can be disposed of safely.)</td>
<td>completion date:</td>
<td></td>
</tr>
<tr>
<td>40. Containers of unwanted materials emptied on a regular basis and not overflowing.</td>
<td>completion date:</td>
<td>□ Yes □ No □ N/A</td>
</tr>
<tr>
<td>Corrective Action: If you are having problems with overflowing trash contact your building manager, for more frequent service. Contact EH&amp;S or appropriate departmental contact if your hazardous waste is not being picked up in a timely fashion.</td>
<td>completion date:</td>
<td></td>
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</table>
### ELECTRICAL SAFETY

<table>
<thead>
<tr>
<th>41. Electrical panel access is clear (at least 36 inches in front).</th>
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<tbody>
<tr>
<td>Completion Date: ____________________________</td>
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<tr>
<td>□ Yes</td>
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<td>□ No</td>
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<tr>
<td>□ N/A</td>
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</table>

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<thead>
<tr>
<th>42. High voltage equipment is clearly labeled, properly guarded, and its use is restricted to trained personnel only.</th>
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<tbody>
<tr>
<td>Corrective Action: Label all high voltage equipment (with voltage &gt;600 volts) with appropriate warning. Restrict use of this equipment to properly trained personnel.</td>
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<tr>
<td>Completion Date: ____________________________</td>
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<td>□ Yes</td>
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<td>□ No</td>
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<tr>
<td>□ N/A</td>
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</table>

<table>
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<tr>
<th>43. Extension cords are used only as temporary wiring (&lt;30 days) and not connected in a series (daisy chained) with other extension cords or power strips. (Cords must be in good condition with no breaks in insulation or exposed wiring.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Corrective Action: Contact Physical Plant-Campus Services for installation of additional outlets where needed. Damaged cords must be replaced or repaired. <strong>Remove or relocate if they are a trip hazard.</strong></td>
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<tr>
<td>Completion Date: ____________________________</td>
</tr>
<tr>
<td>□ Yes</td>
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<td>□ No</td>
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<tr>
<td>□ N/A</td>
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</tbody>
</table>

<table>
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<tr>
<th>44. Is your lab familiar with the UC Berkeley Energy Isolation – Lock out Tag out (EI-LOTO) program? If your lab builds, repairs, modifies or otherwise works with or on equipment that is ‘hard wired’ or ‘hard plumbed’ to a facility, utility or other energy source you are required to follow the EI-LOTO Program. If no, EH&amp;S will contact you with information on UC Berkeley’s Energy Isolation – Lock out Tag out (EI-LOTO) Program.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Corrective Action: Review the requirements of the EI-LOTO Program at the following link: <a href="http://ehs.berkeley.edu/hs/88-energy-isolation-lock-outtag-out.html">http://ehs.berkeley.edu/hs/88-energy-isolation-lock-outtag-out.html</a>, EH&amp;S will contact you after the close of the self-assessment cycle.</td>
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<tr>
<td>Completion Date: ____________________________</td>
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<tr>
<td>□ Yes</td>
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<td>□ No</td>
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<td>□ N/A</td>
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</tbody>
</table>

### ERGONOMICS

<table>
<thead>
<tr>
<th>45. Ergonomic evaluations are done for laboratory employees who use a computer for four or more hours per day and for those who have requested an ergonomic evaluation.</th>
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</thead>
<tbody>
<tr>
<td>Corrective Action: Contact your supervisor or DSC to have a trained ergonomic evaluator assess the computer workstations and document the evaluations. If your department does not have an ergonomic evaluator, contact University Health Services, Ergonomics @ Work program (642-8410). Also, laboratory ergonomic information (such as microscope use and pipetting) is available at <a href="http://www.uhs.berkeley.edu/Facstaff/Ergonomics/lab/index.shtml">http://www.uhs.berkeley.edu/Facstaff/Ergonomics/lab/index.shtml</a></td>
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<tr>
<td>Completion Date: ____________________________</td>
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<td>□ Yes</td>
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<tr>
<td>□ No</td>
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<tr>
<td>□ N/A</td>
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<th>46. Leg space beneath benches and desks is not used for storage in a way that prevents proper ergonomic posture. For further information on proper laboratory ergonomics see <a href="http://www.uhs.berkeley.edu/FacStaff/Ergonomics/lab/postures.shtml">http://www.uhs.berkeley.edu/FacStaff/Ergonomics/lab/postures.shtml</a></th>
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<td>Completion Date: ____________________________</td>
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<td>□ Yes</td>
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<td>□ No</td>
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</table>
47. Laboratory tasks such as repetitive pipetting, prolonged awkward postures at a microscope, or frequent manipulation of knobs or small hand-held tools are reviewed to reduce ergonomic risk factors.

**Corrective Action:** For simple solutions to ergonomic risks in laboratories, visit Ergonomics@Work’s website at [http://www.uhs.berkeley.edu/facstaff/ergonomics/lab/index.shtml](http://www.uhs.berkeley.edu/facstaff/ergonomics/lab/index.shtml). Contact your Principal Investigator or Department Safety Coordinator if a more in-depth evaluation is needed.

Completion Date: ________________________________

**OTHER HAZARDS**

List any other hazardous conditions in need of correction or investigation that are not covered on this general laboratory self-assessment form. Assign and document correction of each hazardous condition or concern.

1. ___________________________________________________________________________
2. ___________________________________________________________________________
3. ___________________________________________________________________________
4. ___________________________________________________________________________
5. ___________________________________________________________________________