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1.1 Policy

San Francisco State University is committed to providing a safe and healthful environment for the campus community. SF State has established this written Injury and Illness Prevention Program (IIPP) in accordance with Title 8, California Code of Regulations, Section 3203, of the General Industry Safety Orders. The University’s IIPP includes the following elements:

- Authority and Responsibilities
- Compliance
- Communication
- Hazard Assessment
- Accident Investigation
- Hazard Correction
- Training and Instruction
- Record Keeping

This document describes the SF State IIPP and associated management systems used to maintain a safe and healthful campus environment for students, faculty and staff and establishes minimum requirements for implementing operation-specific safety plans to prevent occupational injuries and illness. All employees are required to comply with this program and related safety and health policies and practices.

2.0 Scope

The IIPP covers SF State employees in all job classifications, including student employees, faculty, staff, administrators, and workers controlled or directly supervised by SF State employees (e.g. volunteers, contractors, etc.).

2.1 Exemptions

- Students and student organizations governed by equivalent programs, policies, or procedures are not subject to the requirements of the SF State IIPP
- Employees working off-site for extended periods of time will comply with the IIPP of their host institution but are subject to the injury and illness reporting requirements of the SF State IIPP
- Members of the public, emergency response personnel, and service providers whose presence on campus will not likely involve exposure to operation-specific hazards are not subject to the requirements of the SF State IIPP
- University Corporation (UCorp) and Auxiliary organizations that maintain an effective IIPP are only subject to the injury and illness reporting requirements of the SF State IIPP

1 8 CCR §3203, Injury and Illness Prevention Program
3.0 Authority and Responsibilities

Every SF State employee is responsible for his or her personal safety, and for complying with and supporting the safety and health policies, programs, procedures and practices of the University. This section describes the specific roles and responsibilities for SF State employees.

3.1 SF State President

The SF State President has ultimate authority and responsibility for the implementation and maintenance of the University’s IIPP. The President has delegated the authority for program to Ron Cortez, Vice President, Administration and Finance and CFO, who has delegated responsibility for developing, implementing and maintaining the SF State IIPP to Marc Majewski, Director, Environment, Health, and Safety.

3.2 SF State President’s Cabinet

Members of the President’s Cabinet provide leadership, resources, and support within their sphere of responsibility and influence. Cabinet members are responsible for the implementation and maintenance of the University IIPP within their areas of responsibility.

3.3 Vice President, Administration and Finance and CFO

The Vice President, Administration and Finance and CFO, is responsible for:

- Implementing directives issued by the Office of the Chancellor, California State University
- Providing executive management oversight of the IIPP
- Providing the Director, Environment, Health and Safety (EHS) with the delegated authority to develop, implement and enforce the University’s IIPP
- Establishing University EHS performance goals and objectives
- Implementing EHS programs designed to achieve optimal reduction of risk while achieving optimal program performance
- Ensuring all operational units comply with the elements of the University’s IIPP, as well as other compliance and risk management programs designed to reduce the risks of injury and illness
- Ensuring the SF State IIPP is evaluated annually
- Reviewing and evaluating requests for resources to achieve IIPP implementation and success

2 California State University –Occupational Health & Safety Policy, Executive Order No. 1039
3.4 Director, Environment, Health and Safety

The Director, Environment, Health and Safety is responsible for:

- Developing, administering, maintaining, and enforcing the SF State IIPP
- Advising the SF State administration regarding their roles and responsibilities for the IIPP as well as other EHS programs
- Monitoring changes in EHS regulatory requirements and providing updates to operational units as appropriate
- Coordinating or managing University communications with regulatory agencies, such as Cal/OSHA, Cal/EPA and the Department of Public Health
- Establishing and maintaining an Integrated SF State Safety Committee
- Ensuring:
  - Loss analysis information for operational units is made available to encourage, support and maintain the University community’s focus on safety, ongoing hazard identification, corrective actions and training
  - College and operation-specific IIPPs are consistent and compliant with the SF State IIPP and the requirements of California Code of Regulations, Title 8
  - IIPP documentation is appropriately updated, maintained and made immediately available upon request
  - The routine dissemination of EHS information
  - EHS staff are available to assist colleges and operational units in developing, maintaining and updating operation-specific IIPPs
- Auditing:
  - College and organizational unit IIPP compliance on a periodic basis
  - Integrated Safety Committee activities
  - Effectiveness of hazard mitigation activities
  - Employee/Student Hazard Report investigations and corrective actions
- Supporting:
  - Operational units in the:
    - Development of additional college and operation-specific EHS and risk management policies and programs
    - Identification of accident prevention training needs
    - Coordination of EHS training
  - Human Resources in the provision of new employee orientation services to ensure access to current, relevant and/or required safety and health training, materials, resources and information
- Providing:
  - Health and safety consultation services to colleges and operational units
  - Information, assistance, training and leadership for college and organizational unit safety committees, work teams and individuals
  - Annual report of IIPP program performance and critical trends, issues and incidents to the SF State President, Vice President and CFO, Administration and Finance, and University Auditor
- Participating in loss incident investigations as appropriate
- Preparing the Cal/OSHA Form 300 and posting the Cal/OSHA Form 301 annually

3.4.1 Environmental Compliance Manager

The Environmental Compliance Manager is responsible for all environmental compliance issues for the University including:
- Compliance with hazardous materials storage regulations
o Arranging for the proper removal and disposal of hazardous waste
o Training of hazardous waste generators and handlers
o Payment of environmental fees and permits
o Escorting environmental regulatory inspectors
o Tracking closure of environmental issues
o Working with the Sustainability group to minimize the University’s environmental footprint
o Consulting with stakeholders on environmental issues
o Waste minimization
o Maintaining an environmental regulatory calendar

3.5 Deans and Senior Organizational Unit Senior Administrators

Deans and senior organizational unit administrators are responsible for:

- Developing, implementing, and enforcing college/organizational unit-specific IIPPs that comply with the University’s IIPP
- Assigning a Make Safety Happen-Point of Contact for the college/organizational unit to assist in implementing the college/organization’s IIPP
- Submitting unit-specific IIPPs to the EHS Director for consultation, review and approval
- Informing the EHS Director of significant safety, health and environmental incidents, concerns and/or issues
- Establishing annual, measurable safety performance criteria, for the college/organizational unit
- Promoting the development of effective college/organizational unit-specific safety and risk management programs
- Providing:
  - Leadership and resources appropriate to implement the IIPP within areas of responsibility
  - Resources to ensure employees have the knowledge and ability to comply with EHS policies and related regulations applicable to college/organizational unit operations
  - Routine, appropriate safety communications in staff meetings and through other forms of communication
- Auditing:
  - Job-specific hazard assessments and ensuring necessary revisions
  - Corrective actions for effectiveness
- Ensuring:
  - Prompt and thorough investigations of employee work-related injuries and illnesses, property damage incidents and near miss incidents
  - Accident investigation reports include appropriate corrective actions designed to decrease the likelihood of or prevent recurrence
  - Prompt and thorough review of Employee/Student Hazard Reports
  - Hazards identified by inspections, accident investigations or Employee/Student Hazard Reports are corrected or mitigated and that an appropriate after action report is generated
  - Implementation of procedures for appropriately documenting periodic and ad hoc college/organizational unit inspections
  - The development and implementation of processes and management systems to guide and document IIPP compliance
  - Work-related injuries and/or illness are reported to EHS within twenty-four hours of notification
- Reviewing and signing Employee/Student Hazard Reports in the manner specified in Section 6.3 of this program – Employee/Student Hazard Reporting
- Signing the annual review and update of college/organizational unit IIPP and ensuring it accurately addresses local operations and exposures
- Designating and supporting a college/organizational unit Safety Committee for the purposes of monitoring and coordinating the routine IIPP activities for the college/organizational unit and keeping the Dean/organizational unit senior Administrator informed of matters of concern.

3.6 Building Coordinators, (BCs), Building Emergency Response Coordinators, (BERCs), and Make Safety Happen-Points of Contact (MSH-POCs)

3.6.1 Building Coordinators (BCs)

Each occupied building shall have a single BC designated by agreement among the Deans of the colleges with operations in the building. BC’s function as the single point of contact between the building occupants and the Facilities group for building-related issues such as maintenance and access. Additionally BCs are responsible for ensuring that periodic scheduled safety inspections are carried out for all areas of the building and for all safety equipment in the building according to the schedule in Appendix H.

3.6.2 Building Emergency Response Coordinators (BERCs)

Each occupied building shall have a single BERC designated by agreement among the Deans of the colleges with operations in the building. BERC’s are the persons responsible for emergency plans, evacuation drills, and emergency training for the occupants of the building. BERCs should be located in the building they serve.

3.6.3 Make Safety Happen – Points of Contact (MSH-POCs)

Each college shall have a MSH-POC designated by the Dean of the college. The MSH-POC is responsible for assisting the Dean in creating and implementing the College’s Injury Illness Prevention Program (IIPP). They will assist in communicating IIPP requirements throughout their organizations and assisting with defining training requirements and arranging training.

3.6.4 Current List of BCs, BERCs, and MSH-POCs

See Appendix J.

3.7 College and Organizational Unit Safety Committees

College/organizational unit safety committee functions will be described in the college/organizational unit’s IIPP. Functions will mirror those of the University/Campus Safety Committee, with the exception that when appropriate or necessary, the college/organizational unit safety committee chair, or designee, will address safety
concerns or issues proposed by the college/organizational unit safety committee directly to the Director, Environment, Health and Safety. A list of current college and organizational unit safety committees can be found in Appendix I.

The college/organizational unit will describe the safety committee’s administrative procedures in the unit’s IIPP. The described administrative procedures should include:

- Method by which committee members are selected or elected to ensure a balance of representation
- List of de-facto members including the MSH-POC and the BCs and BERCs serving buildings that house college/organizational unit employees
- Length of service for selected/elected committee members
- Methods by which the committee will conduct, record and report its business/activities

The college and organizational unit safety committee members should, as a collective, maintain adequate knowledge and skills in the following areas:

- College/organizational unit IIPP requirements
- EHS regulations and requirements relevant to assigned area/subject of responsibility
- Techniques and methods to build and administer effective EHS programs

College and organizational unit safety committee responsibilities include:

- Recommending college/organizational unit safety procedures and IIPP updates to maintain safe working conditions and safe work practices
- Coordinating safety information and training sessions and/or notifications as appropriate or required
- Assisting college/organizational unit management to:
  - Promote safety awareness and education programs
  - Conduct periodic audits of hazards, risks, and management systems
- Reviewing:
  - Incident investigation reports to ensure the root causes have been appropriately identified and corresponding corrective actions identified and implemented
  - Employee/Student Hazard Reports and monitoring corrective actions to completion as appropriate
  - Minutes and actions of the University/Campus Safety Committee.
- Collaborating with and assisting the EHS Director in the University’s responses to regulatory agency citations, notifications and required abatement activities
- Ensuring that periodic safety inspections are completed and documented as appropriate
  - Initiate and document corrective measures for hazards identified through inspections and investigations
  - Maintain required health and safety bulletin boards with current information, such as postings, bulletins, notices, and other pertinent information.

3.8 Chairs and Administrators

Chairs and Administrators are responsible for:

- Implementing, complying with and enforcing the college’s/organizational unit’s IIPP
- Developing procedures to ensure effective compliance with IIPP programs
- Informing outside contractors working in areas under their jurisdiction of the hazards to which the contractors may be exposed
- Reporting all work-related injuries and/or illness to EHS within 8 hours of notification
- Responding to Employee/Student Hazard Reports within 5 days in the manner specified in Section 6.3 of this program – Employee/Student Hazard Reporting

3.9 Principal Investigators and Supervisors

Principal investigators and supervisors are responsible for:

- Complying with all University and college/organizational unit EHS policies, programs and procedures
- Ensuring:
  - The safety and health of college/organizational unit employees through education about, implementation and enforcement of the SF State and local IIPPs and promotion of associated EHS policies, programs and procedures
- Informing unit employees of the hazards associated with routine tasks, non-routine tasks and those foreseeable in emergency situations
- Providing:
  - Operation and hazard-specific safety training to unit employees at the time of their initial assignment, when their assignments change and when a new hazard is introduced to the work area
  - Personal protective equipment to unit employees appropriate for known and anticipated hazards
- Performing and documenting:
  - Routine safety and health training for unit employees
  - Investigations of work-related injuries and illness and identifying control measures designed to prevent recurrence
  - Investigations of Employee/Student Hazard Reports
  - Periodic safety inspections
  - Reporting all work related injuries and/or illness to EHS upon notification
  - Responding to Employee/Student Hazard Reports within 10 days in the manner specified in Section 6.3 of this program – Employee/Student Hazard Reporting.

3.10 Employees

All employees and volunteers, regardless of position, are responsible for:

- Complying with all federal, state, and local regulations and standards, as well as University and college/organizational unit EHS policies, training, programs and procedures
- Reporting:
  - Work-related injuries and illnesses as soon as reasonably possible after the injury or illness occurs or becomes known
  - Health and safety concerns to supervisors, EHS or through use of the University's Employee/Student Hazard Report system
  - Recommendations for ways to improve the IIPP and other EHS programs
- Cooperating with injury and illness investigations and assisting with the identification of control measures to reduce the likelihood of or prevent recurrences
- Discouraging and reporting any activity that could reasonably lead to injury, illness, or damage to property
- Wearing appropriate personal protective equipment (PPE) in the prescribed manner

3.11 University/Campus Safety Committee

SF State will maintain an active University/Campus Safety Committee to reduce the likelihood of or prevent accidents, injuries and illnesses by means of continuous program improvement. The SF State Integrated Safety Committee provides a collegial, effective forum for management and employee representatives to communicate and exchange information on matters of EHS, loss prevention and regulatory compliance. College and operational unit safety committee chairs will normally participate in the University/Campus Safety Committee. The University/Campus Safety Committee is responsible for:

- Promoting interests of health and safety consistent with the objectives of the University’s IIPP
- Reviewing and discussing:
  - The current status of EHS activities conducted by the University and/or college/organizational units
  - EHS issues of common interest to the Committee members
  - EHS inspection reports, incident investigations, EHS incident investigations, Employee/Student Hazard Reports, and Loss trends
- Distributing EHS training, resources, and information to facilitate EHS program implementation and regulatory compliance
- Soliciting SF State campus community input on EHS program initiatives and administration

3.11.1 University/Campus Safety Committee Membership

The University/Campus Safety Committee is chaired by the Director, Environment, Health and Safety and includes members from each college and organizational unit. Each college/organizational unit Safety Committee will appoint at least one member to attend and participate on the Committee. Environment, Health, and Safety will maintain a current list of Committee members. Members will attend, actively participate and contribute to all Committee proceedings and activities as reasonably possible.

3.11.2 University/Campus Safety Committee Functions

University Safety Committee Functions Include:

- Promoting the interests of health and safety consistent with the objectives of the University’s EHS policies and IIPP
- Reviewing and discussing the current status of EHS activities conducted by the University, colleges and organizational units
- Identifying needs for EHS training, resources, and information to facilitate program implementation and regulatory compliance
• Reviewing and discussing EHS issues of common interest to the Committee members
• Soliciting campus community input on SF State EHS program initiatives and administration

As appropriate or necessary, the Director, Environment, Health and Safety will discuss safety concerns or issues proposed by the University/Campus Safety Committee directly with the Vice President and CFO, Administration and Finance.

3.11.3 University/Campus Safety Committee Administration

The Director, Environment, Health and Safety is responsible for administration and coordination of the University/Campus Safety Committee by providing leadership and guidance on all EHS matters.

• The Director, Environment, Health and Safety or designee will chair all meetings and develop and distribute meeting agendas.
• Meeting agendas will address current program initiatives, pertinent regulatory changes, relevant health and safety issues or topics proposed by Committee members.
• The Director, Environment, Health and Safety will provide meeting announcements to all Committee members, alternates, Deans, Organizational unit senior administrators, and the Vice President Administration and Finance/CFO.
• The Director, Environment, Health and Safety will ensure the minutes of all meetings are maintained and copies distributed in a timely manner.
• The University/Campus Safety Committee will hold scheduled, quarterly meetings
• Additional meetings or sessions may be scheduled as deemed appropriate or necessary by the Director, Environment, Health and Safety.

4.0 Compliance

All employees, regardless of position or rank, are responsible for upholding safe work practices, EHS directives, policies and procedures; and assisting in the maintenance of a safe and healthful work environment.

The system to ensure that employees are informed about and comply with IIPP requirements includes the following:

• Informing and educating employees about the purpose and requirements of the IIPP
• Training employees on general safety policies, rules and work practices
• Providing additional training to employees whose safety performance is deficient
• Developing a variety of programs to encourage and incentivize colleges, organizational units and employees to improve and/or promote safe and healthful work practices
• Disciplining employees in accordance with the provisions of the collective bargaining agreements and University disciplinary policies for failure to comply with safe and healthful work policies, programs, procedures or practices

College/organizational unit IIPPs will outline college/organizational unit methods for encouraging and ensuring compliance.
5.0 Communication

Each college and organizational unit will develop effective, two-way, management/employee communication systems regarding safety and health issues in a manner understandable by employees. Specific communication methods, as described in each college/organizational unit IIPP, shall include, but are not limited to:

- New employee orientation, including a discussion of safety and health policies and procedures
- Review of the University’s IIPP, as well as the college’s or organizational unit’s IIPP, during staff and/or safety meetings
- EHS training programs
- Posted and/or electronically distributed written safety and health information
- Anonymous reporting of hazard and safety concerns (see Section 6.3 – Employee/Student Hazard Reporting)
- The formation of safety committees that include employee participation

6.0 Hazard Identification

A variety of methods will be used to identify hazards, including but not limited to:

- Periodic Safety and Health Inspections
- Job Hazard Assessments
- Area Hazard Surveys
- Hazardous Work Permits
- Industrial Hygiene Monitoring
- Employee/student Accident / Incident / Near Miss Reports and Investigations
- Employee/student Make Safety Happen - Hazard Reporting
- Analysis of Loss Data

6.1 Periodic Inspections

Periodic inspections are performed to evaluate physical hazards, use of hazardous materials, safe work practices, and employee compliance. Inspections shall occur at least annually but may be required more frequently depending on the hazard and dynamics of the area or operation.

A description of periodic inspections, and their required frequency appears in Appendix H. Building Coordinators with the assistance of the college/organizational unit safety committee are responsible for ensuring that inspections take place according to an inspection schedule included in each college/organizational unit’s IIPP. Responsibilities for performing inspections shall be described in each college/organizational unit’s IIPP.

EHS will perform inspections, as reasonably appropriate, to verify college/organizational unit inspections. Inspections shall be documented. Findings of the inspections should be shared with:

- the Director, Environment, Health and Safety
- the Dean or organizational unit senior administrator
- the college/organizational unit safety committee

In addition to the college’s/organizational unit’s routine inspections, additional inspections shall be performed:

- When relevant changes are made to the SF State IIPP
- When new substances, processes, procedures, or equipment, presenting potential new hazards, are introduced to the work and/or educational environment
- When new, previously unidentified hazards are recognized
- When occupational injuries and illnesses occur
- When workplace/educational conditions reasonably warrant an inspection

College and organizational units should develop customized safety inspection forms to ensure areas and safety issues of special concern are included in each inspection. The EHS group can provide assistance with the development of safety inspection checklists.

Supervisors, PIs, and lab managers shall develop methods for inspecting or otherwise identifying hazards of operations or field studies conducted off-site or outside their base of operations. Identified hazards must then be evaluated to identify risks that require effective control measures to be in place before activities may be permitted to begin.

### 6.2 Job Hazard Assessments

Job hazard assessments form the foundation for developing effective safe work practices, identifying and specifying appropriate exposure control measures and establishing EHS training requirements. College and organizational unit IIPPs shall include a description of how and when job-specific hazard assessments will be conducted.

Job hazard assessments are ongoing processes. Assessments should be conducted when:

- New or previously unrecognized hazards are identified
- New substances, equipment, or operations are introduced
- An occupational illness or injury occurs
- Conditions or employee conduct indicate a need for re-evaluation
- As requested by the Director, Environment, Health and Safety

Job hazard assessments should follow the example in Appendix B.

#### 6.2.1 Job Hazard Assessment for Field Studies or Other Work Conducted Off-Site

Supervisors, PIs, and lab managers shall develop methods for inspecting or otherwise identifying hazards of operations or field studies conducted off-site or outside their base of operations. Identified hazards must then be evaluated to identify risks that require effective control measures to be in place before activities may be permitted to begin.

### 6.3 Area Hazard Surveys

Area hazard surveys are similar to Job Hazard Analysis but have a slightly different focus. Area Hazard Surveys
6.4 Employee/Student “Make Safety Happen” - Hazard Reporting

Managers and supervisors should encourage employees to report workplace hazards without fear of retaliation and shall provide prompt reports on the status of hazard corrective measures. Colleges and organizational units are responsible for ensuring that the University’s Employee/Student Hazard Report form (Appendix C) is readily available to employees and students on line to facilitate the formal reporting of safety hazards and concerns. College/organizational unit IIPPs should clearly describe where the report forms are located and the methods for employees and students to submit a hazard report.

Reports may be submitted anonymously. Reports may be submitted to supervisors, instructors, Deans, senior Administrators or to the Director, Environment, Health and Safety. The IIPP shall describe a method for elevating safety issues up to the Dean/organizational senior Administrator and the Director, Environment, Health and Safety as desired or appropriate.

Personnel who receive an Employee/Student Hazard Report are responsible for responding to the reporting person (when known) or forwarding the report to the appropriate responder for a response, within 10 days. The response will include the findings and/or the status of the hazard investigation. Management personnel and/or the Dean/organizational unit senior Administrator who review the response will sign and acknowledge it and forward the completed document to the Director, Environment, Health and Safety.

- Hazardous Work Permits
- Industrial Hygiene Monitoring
- Employee/student Accident / Incident / Near Miss Reports and Investigations
- Employee/student Make Safety Happen - Hazard Reporting

6.5 Analysis of Loss Data

Environment, Health, and Safety will perform routine statistical analysis of loss data to identify loss trends. This data will be shared with the colleges, operational unit senior administrators and the University/Campus Safety Committee. Colleges and operational units will investigate their loss trends to identify root causes and appropriate corrective measures as appropriate. Environment, Health, and Safety will assist with investigations and identification of corrective measures.

7.0 Incident Investigations

Employees are responsible for immediately reporting work-related injuries and illnesses to their supervisor. Supervisors shall provide injured/ill employees with an "Employee’s Claim for Workers’ Compensation Benefits" Form, DWC Form 1 (see Appendix D) or request that Workers Compensation provide the form within one working day of an injury/illness report.

In the event of a workers’ compensation claim, supervisors shall complete an "Employer's Report of Occupational Injury or Illness," Form 5020 (see Appendix E) within 48 hours of receiving notice of the injury/illness and submit the completed Form 5020 to Workers Compensation.

If an injured employee is treated at the Student Health Services (SHS), a copy of documentation which describes the circumstances, nature, time and location of the injury/illness shall be
forwarded to EHS for review and statistical purposes.

The required notice to employees (Appendix F) will be posted in locations that are accessible to all employees to ensure employees and supervisors are aware of their responsibilities with regard to reporting work-related injuries and illnesses. Appendix F will be posted in both its English and Spanish versions.

Procedures for investigating workplace injuries, illnesses, property damage, hazardous substance exposures, and near miss incidents may include, but are not limited to:

- Interviewing involved employees, students, and witnesses
- Examining the workplace for factors associated with the incident
- Determining the root causes of the incident
- Taking corrective actions to prevent the incident from reoccurring
- Recording the findings and actions taken on the University’s Incident Investigation Report form (Appendix G)
- Submitting the Incident Investigation Report within two days to the:
  - College/organizational unit Safety Committee and the Dean/organizational unit senior administrator
  - Environment, Health, and Safety

College/organizational-specific investigation and reporting procedures shall be described in the corresponding IIPP. Supervisors shall follow-up on corrective measures to ensure they are effective. Deans/organizational unit senior administrators and Environment, Health, and Safety will periodically audit corrective measures, as appropriate, to ensure effectiveness.

In the event that serious injury or death results due to an incident, college/organizational units shall immediately (in no case longer than 8 hours after the occurrence of the incident) inform the Director, Environment Health, and Safety. The process for this notification will be described in each college/organizational unit’s IIPP.

A serious injury is defined by Cal/OSHA as any injury or illness occurring in a place of employment or in connection with any employment:
that requires inpatient 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
- where the employee suffers any serious degree of permanent disfigurement

Serious injury does not include any injury, illness, or death caused by the commission of a Penal Code violation (except the violation of Section 385 of the Penal Code) or an accident on a public street or highway.

8.0 Hazard Correction

When unsafe or unhealthful work conditions, practices or procedures are observed or discovered, they shall be brought to the attention of the appropriate supervisor for corrective action as soon as reasonably possible. Supervisors will abate hazards when feasible or enlist the assistance of appropriate SF State operational personnel, Facilities and Service Enterprises, and/or EHS staff to facilitate corrections. Corrective measures may include, but are not limited to:

- Operational changes
- Physical changes
- Work orders
- Training sessions
- Minor state-funded capital improvements

In the event that an imminent hazard cannot be immediately corrected, at-risk employees and students shall be removed from the immediate hazard, except those needed to correct the condition and address security issues, and the Director, Environment, Health and Safety will be notified immediately. Employees required to correct hazardous conditions or address security issues will be provided with necessary training and protection prior to exposure to hazardous conditions.

9.0 Training and Instruction

All employees shall participate in designated EHS training on general and job-specific hazards and safe work practices. Supervisors and managers shall be trained on all relevant EHS hazards to which employees under their immediate direction and control are at-risk.

In addition to hazard-specific EHS training, training will be provided when:

- The SF State or college/organizational unit IIPPs are significantly revised
- New employees and volunteers are hired
- Employees or volunteers are reassigned to new areas or tasks to which they have little or no prior training
- New substances, operations, equipment, or procedures are introduced

College/organizational unit-specific training procedures shall be described in local IIPPs. In addition, college/organizational units shall develop training matrices identifying training topics and training frequencies required for each job title within the college/organizational unit. Job hazard assessments will be used in the development of training matrices.
10.0 Record Keeping

Records will be maintained in accordance with the following table:

<table>
<thead>
<tr>
<th>Document</th>
<th>Minimum Length of Retention</th>
</tr>
</thead>
<tbody>
<tr>
<td>Safety Inspections</td>
<td>Three Years</td>
</tr>
<tr>
<td>Employee/Volunteer Training</td>
<td>Three Years</td>
</tr>
<tr>
<td>Safety Committee Agendas &amp; Minutes</td>
<td>Three Years</td>
</tr>
<tr>
<td>Revised IIPP</td>
<td>Indefinite archive</td>
</tr>
<tr>
<td>Industrial Hygiene Monitoring</td>
<td>Length of employment of the monitored employees plus 30 years</td>
</tr>
<tr>
<td>Employee Medical Reports</td>
<td>Length of employment of the monitored employees plus 30 years</td>
</tr>
<tr>
<td>Incident Investigation</td>
<td>Indefinite archive</td>
</tr>
</tbody>
</table>

Training documentation shall include:

- The employee's name
- The training date
- The training topic
- The identity of the training providers

Inspection documentation shall include:

- The name of the person(s) conducting the inspection
- The unsafe conditions and work practices identified
- The corrective actions taken
- The follow up on the corrective actions

Incident investigations shall include:

- The name of the involved employee(s) and witnesses
- The date of injury/illness
- A detailed description of the incident leading to the injury/illness
- Initial causational factors
- Contributing factors
- Corrective measures and actions needed
- The corrective action plan identifying who is responsible and when the actions must be completed
- The name of the investigative report reviewer

11.0 Program Evaluation

The effectiveness of the each college/organizational unit’s IIPP shall be reviewed on an annual basis by the Dean/organizational senior administrator. The review shall be shared with the Director, Environment Health and Safety.

The effectiveness of the SF State IIPP shall be evaluated on an annual basis by the Director, Environment, Health and Safety.
A report summarizing the effectiveness of the college/organizational unit and SF State IIPPs shall be submitted to the Vice President Administration and Finance/CFO, annually by the Director, Environment, Health and Safety. The report will include a plan to improve college/organizational unit and SF State IIPP performance and will be used to develop University-wide safety goals, objectives and implementation timing for the ensuing year.

12.1 Appendices
Appendix A – College/Organizational Unit IIPP Outline

College and organizational unit IIPP documents must be consistent with the University’s IIPP and approved by the Director, Environment, Health and Safety.

NAME OF COLLEGE/ORGANIZATIONAL UNIT IIPP

Responsibilities

Describe position responsibilities, and include responsibilities identified in the University’s IIPP.

Compliance

The following methods will be used to reinforce employee compliance with safe work practices and procedures:

- Distribution of policies and procedures
  - ENTER THE NAME AND/OR LOCATION WHERE THE DOCUMENTS CAN BE FOUND/ACCESSSED
- Communicating IIPP responsibilities with all employees
- Employee training programs
- Recognizing employees who perform safe work practices
- Disciplinary process outlined in Enter Name of Document.

Communication

Effective communications with employees will be maintained using the following methods:

- Department safety committee
- Staff meetings every 00 days
- Tailgate meetings every 00 days
- Specific policies/procedures
- Department hazard assessment
- Employee safety training
- Safety newsletter, handouts
- Employee safety recognition
- Material safety data sheets/safety data sheets
- Posters and warning labels
- Other

(List what the other will be)

Employees and students are encouraged to report any potential health and safety hazard that may exist in the workplace or educational environment. The Employee/Student Hazard Report form (see Appendix ENTER APPENDIX NUMBER) is located at ENTER LOCATION. Forms should be submitted to ENTER JOB TITLE or to the Environment, Health and Safety Department.

Hazard Identification

Periodic Workplace Inspections
Periodic inspections will be conducted to evaluate physical hazards, use of hazardous materials, safe work practices, and employee compliance.

Building Coordinators will develop customized safety inspection forms designed to ensure areas and safety issues of special concern are included in each inspection.
Supervisors will develop methods for inspecting operations conducted off-site or outside their base of operations. All identified hazards will be evaluated to identify effective controls.

Inspections at the specified frequencies will be conducted for the following facilities or workplaces:

<table>
<thead>
<tr>
<th>Facilities and Workplaces</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
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<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

In addition to the routinely scheduled inspection, inspections will be conducted as required in the following situations:

- When significant changes are made to the University’s or college/organizational unit IIPP
- When new substances, processes, procedures, or equipment that present potential new hazards are introduced to the work and/or educational environment
- When new, previously unidentified hazards are recognized
- When occupational injuries and illnesses occur
- Whenever workplace/educational conditions warrant an inspection
- When directed to do so by the Environment, Health and Safety Department

Department inspection forms are located at ENTER PHYSICAL LOCATION and add hyperlink.

**Job Hazard Assessments**

Describe how and when job-specific hazard assessments are conducted. In addition, the job hazard assessments will be included in the college/organizational unit’s program appendix. These job assessments will form the foundation for developing effective safe work practices, identifying and specifying exposure control methods, and developing training schedules.

Job hazard assessment is an ongoing process and evaluations are conducted whenever:

- New or previously unrecognized hazards are identified
- New substances, equipment, or operations are introduced
- An occupational illness or injury occurs
- Conditions and employee behaviors indicate a need for re-evaluation
- Directed by the Environment, Health and Safety Department

Job hazard assessments will follow the outline specified in Appendix B
Employee/Student Hazard Reporting
All managers and supervisors will encourage employees to report workplace hazards without fear of retaliation and will provide prompt reports on the status of hazard correction. To facilitate the formal reporting of safety hazards and concerns the University’s Employee/Student Hazard Report form (Appendix C) is available to employees and students on line at the EHS Website [http://ehs.sfu.edu/sites/sites7.sfu.edu.ehs/files/Employee_Student%20Hazard%20Report%20(a).pdf](http://ehs.sfu.edu/sites/sites7.sfu.edu.ehs/files/Employee_Student%20Hazard%20Report%20(a).pdf). The Employee/Student Hazard Report form can be submitted anonymously on line directly to the Environment, Health and Safety Department. DESCRIBE the method of elevating safety concerns through the department up to and including the ENTER JOB TITLE and the Environment, Health and Safety Department.

Personnel who receive an Employee/Student Hazard Report are responsible for responding to the reporting person (when known) or posting the response on workplace bulletin boards (when the report is anonymous) within 10 days. Prior to publishing their response to the hazard report, they will review their response with their immediate supervisor. The response will include the findings and/or the status of the hazard investigation.

The management personnel who review the response and/or the ENTER JOB TITLE will sign off on the response and submit the completed document to the Environment, Health and Safety Department.

Incident Investigation

Employees are responsible for immediately reporting work-related injuries and illness to their immediate supervisor. The supervisor will immediately provide the employee with an "Employee’s Claim for Workers’ Compensation Benefits” Form, DWC Form 1 (see Appendix D). The employee will complete the form within one working day of his or her report of the injury/illness and submit it to the Workers’ Compensation/Return-to-Work Manager.

The supervisor will complete the “Employer’s Report of Occupational Injury or Illness,” Form 5020 (see Appendix E), within 48 hours of receiving notice of the injury/illness and submit the completed Form 5020 to the Workers’ Compensation/Return-to- Work Manager. These forms begin the workers’ compensation claims process. In addition to completing these forms, the supervisor must investigate the injury/illness to identify its root causes and the corrective actions necessary to prevent recurrence.

If an injured employee is treated at the Student Health Services (SHS), a copy of documentation which describes the circumstances, nature, time and location of the injury/illness shall be forwarded to EHS for review and statistical purposes.

The required notice to employees, “Notice to Employee -- Injuries Caused by Work” (Appendix F) will be posted in locations that are accessible to all employees to ensure employees and supervisors are aware of their responsibilities in regard to reporting work-related injuries and illnesses. The notice to employees will be posted in both its English and Spanish versions.
After ensuring the medical attention needed to address the injury or illness, the supervisor will conduct a root cause incident investigation. Procedures for investigating workplace injuries, illnesses, property damage, hazardous substance exposures and near miss incidents include:

- Interviewing involved employees, students, and witnesses
- Examining the workplace for factors associated with the incident
- Determining the root causes of the incident
- Taking corrective actions to prevent the incident from reoccurring
- Recording the findings and actions taken on the University’s Incident Investigation Report form (Appendix G)
- Submitting the Incident Investigation Report within two days to the:
  - LIST TO WHOM THE REPORTS ARE SUBMITTED WITHIN THE COLLEGE/ORGANIZATIONAL UNIT
  - EHS Department

When serious injury or death results from the incident, INSERT JOB TITLE OF WHO will immediately inform the Director EHS who must inform Cal/OSHA with 8 hours of the occurrence of the incident. A serious injury is defined by Cal/OSHA as any injury or illness occurring in a place of employment or in connection with any employment:

- that requires inpatient 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
- where an employee suffers any serious degree of permanent disfigurement

However, serious injury does not include any injury, illness, or death caused by the commission of a Penal Code violation (except the violation of Section 385 of the Penal Code) or an accident on a public street or highway.

**Hazard Correction**

When unsafe or unhealthful work conditions, practices, or procedures are observed or discovered, they will be immediately brought to the attention of the supervisor and/or Safety Coordinator for corrective action. The supervisor and/or Safety Coordinator will abate the hazard, when feasible, or enlist the assistance of the campus operational personnel, Facilities Service Enterprises, and/or EHS Department. Corrective measures may include, but not be limited to:

- Operational changes
- Physical changes
- Work orders
- Training sessions
- Minor state-funded capital improvements

Supervisors will document corrective actions, including projected and actual completion dates.
When an imminent hazard exists that cannot be immediately corrected, the exposed employees and students will be removed from the immediate hazard, except those needed to correct the condition and to address security issues, and the Environment, Health and Safety Department will be notified immediately. Employees who are required to correct the hazardous condition or address security issues will be provided with the necessary training and protection prior to exposure to the hazardous condition. The following are designated to determine the appropriate action for imminent hazards:

LIST JOB TITLES OF THOSE DESIGNATED TO DETERMINE APPROPRIATE ACTION FOR IMMINENT HAZARDS.

Training and Instruction
Health and safety training covering both general work practices and job-specific hazard training is the responsibility of the supervisor and ENTER NAME(S) OF OTHER INDIVIDUALS, IF APPLICABLE.

General and department-specific safety training requirements are located at ENTER LOCATION OF TRAINING REQUIREMENTS/MATRIX. DESCRIBE WHO IS RESPONSIBLE FOR DEVELOPING THE TRAINING MATRIX AND WHERE THE TRAINING MATRIX IS LOCATED.

Record Keeping and Documentation
The following documents are located at ENTER COLLEGES/UNIT’S RECORDS LOCATION and will be maintained in accordance with the table below.

<table>
<thead>
<tr>
<th>Document</th>
<th>Minimum Length of Retention</th>
</tr>
</thead>
<tbody>
<tr>
<td>Safety Inspections</td>
<td>Three Years</td>
</tr>
<tr>
<td>Employee/Volunteer Training</td>
<td>Three Years</td>
</tr>
<tr>
<td>Safety Committee Agendas &amp; Minutes</td>
<td>Three Years</td>
</tr>
<tr>
<td>Revised IIPP</td>
<td>Indefinite archive</td>
</tr>
<tr>
<td>Environmental Monitoring</td>
<td>Length of employment of the monitored employees plus 30 years</td>
</tr>
<tr>
<td>Employee Medical Reports</td>
<td>Indefinite archive</td>
</tr>
<tr>
<td>Incident Investigation</td>
<td>Indefinite archive</td>
</tr>
</tbody>
</table>

Program Evaluation

The effectiveness of the IIPP will be evaluated on an annual basis by the ENTER JOB TITLE. A report summarizing IIPP status will be submitted to the Director, Environment, Health and Safety. The report will include a plan to improve performance and will be used to develop the ENTER THE NAME OF THE COLLEGE/ ORGANIZATIONNAL UNIT safety goals, objectives, and implementation timing for the ensuing year.
Appendix B – Job Hazard Assessment Format

All job hazard assessments will as a minimum:

- Contain a header that identifies the college or organizational unit and the specific department where applicable and the position title that experiences the task and/or hazard
- Will contain three columns:
  1. Hazard description
  2. Hazards
  3. Control measures
- The hazards listed in the hazard column will list the hazards exposures and not the injuries or illnesses that may result from hazard exposure.
- The control measures will include applicable:
  o Written programs
  o Assessments and evaluations
  o Safe laboratory procedures
  o Safe workplace procedures
  o Safety equipment
  o Personal protective equipment
  o Safety inspections
  o Employee training – list all applicable topics
<table>
<thead>
<tr>
<th>Hazard Category</th>
<th>Potential Hazards</th>
<th>Control</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ergonomics Risk Factors</td>
<td>• Computer workstation setup</td>
<td>• Ergonomics program</td>
</tr>
<tr>
<td></td>
<td>• Shared workstations - multiple users</td>
<td>• Workstation evaluations</td>
</tr>
<tr>
<td></td>
<td>• Office and desk layout</td>
<td>• Work task evaluations</td>
</tr>
<tr>
<td></td>
<td>• Repetitive activities (phone, keyboarding, copying, filing) for long periods</td>
<td>• Breaks and exercises</td>
</tr>
<tr>
<td></td>
<td>without breaks</td>
<td>• Material handling equipment</td>
</tr>
<tr>
<td></td>
<td>• Lifting equipment and materials</td>
<td>• Documented training regarding:</td>
</tr>
<tr>
<td></td>
<td>• Moving materials</td>
<td>o Ergonomics awareness</td>
</tr>
<tr>
<td></td>
<td>• Ergonomics program</td>
<td>o Back safety training</td>
</tr>
<tr>
<td></td>
<td>• Workstation evaluations</td>
<td>• Employee/Student Hazard Identification Forms</td>
</tr>
<tr>
<td></td>
<td>• Work task evaluations</td>
<td>• Routine documented safety inspections</td>
</tr>
<tr>
<td></td>
<td>• Breaks and exercises</td>
<td>• Power cord covers</td>
</tr>
<tr>
<td></td>
<td>• Material handling equipment</td>
<td>• Annual fire extinguisher servicing</td>
</tr>
<tr>
<td></td>
<td>• Documented training regarding:</td>
<td>• Corrective action tracking</td>
</tr>
<tr>
<td></td>
<td>o Ergonomics awareness</td>
<td>• Documented training regarding:</td>
</tr>
<tr>
<td></td>
<td>o Back safety training</td>
<td>o Safety inspections</td>
</tr>
<tr>
<td></td>
<td>• Fire &amp; Electrical Hazards</td>
<td>o Floor maintenance</td>
</tr>
<tr>
<td></td>
<td>• Lax housekeeping</td>
<td>o Basic electrical safety</td>
</tr>
<tr>
<td></td>
<td>• Defective power cords or equipment</td>
<td>• Employee/Student Hazard Identification Forms</td>
</tr>
<tr>
<td></td>
<td>• Improper extension cord, power strip use</td>
<td>• Routine documented safety inspections</td>
</tr>
<tr>
<td></td>
<td>• Inadequate electrical outlets</td>
<td>• Power cord covers</td>
</tr>
<tr>
<td></td>
<td>• Faulty fire extinguishers</td>
<td>• Annual fire extinguisher servicing</td>
</tr>
<tr>
<td></td>
<td>• Lack of fire alarms/smoke detectors</td>
<td>• Corrective action tracking</td>
</tr>
<tr>
<td></td>
<td>• Slippery, wet surfaces</td>
<td>• Documented training regarding:</td>
</tr>
<tr>
<td></td>
<td>• Damaged carpeting, floor materials</td>
<td>o Safety inspections</td>
</tr>
<tr>
<td></td>
<td>• Stairs</td>
<td>o Floor maintenance</td>
</tr>
<tr>
<td></td>
<td>• Low lighting</td>
<td>o Basic electrical safety</td>
</tr>
<tr>
<td></td>
<td>• Lax housekeeping (aisles, stairs)</td>
<td>• General Office Safety Program</td>
</tr>
<tr>
<td></td>
<td>• Storage practices</td>
<td>• Provision of appropriate sized ladders and step stools</td>
</tr>
<tr>
<td></td>
<td>• Improper use of extension or power cords in aisles</td>
<td>• Routine documented inspections:</td>
</tr>
<tr>
<td></td>
<td>• Extension or power cords in or across aisles</td>
<td>o Safety</td>
</tr>
<tr>
<td></td>
<td>• Step ladders</td>
<td>o Ladders</td>
</tr>
<tr>
<td></td>
<td>• Step stools</td>
<td>• Documented training regarding:</td>
</tr>
<tr>
<td></td>
<td>• Improper ladder setup and use</td>
<td>o Department orientation</td>
</tr>
<tr>
<td></td>
<td>• Inappropriate ladder for the task</td>
<td>o Office safety</td>
</tr>
<tr>
<td></td>
<td>• Damaged or broken ladder</td>
<td>o Ladder safety</td>
</tr>
<tr>
<td></td>
<td>• Ladder Usage</td>
<td>o Safety inspection</td>
</tr>
<tr>
<td>Hazard Category</td>
<td>Potential Hazards</td>
<td>Control</td>
</tr>
<tr>
<td>-------------------------</td>
<td>----------------------------------------------------------------------------------</td>
<td>-------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Office Equipment</td>
<td>• Conducting maintenance or repairs on energized electrical equipment</td>
<td>• Secure filing cabinets, bookcases and storage cabinets</td>
</tr>
<tr>
<td></td>
<td>• Sharp edges/points/corners: paper cutters, paper shredders, Exacto knives,</td>
<td>• Routine documented safety inspections</td>
</tr>
<tr>
<td></td>
<td>hole punchers, staplers</td>
<td>• Assess storage practices</td>
</tr>
<tr>
<td></td>
<td>• Unsecured file cabinets, bookcases, and storage cabinets</td>
<td>• Provision of appropriate sized ladders and step stools</td>
</tr>
<tr>
<td></td>
<td>• Open file drawers</td>
<td>• Documented training regarding:</td>
</tr>
<tr>
<td></td>
<td>• Damaged furnishings; i.e., chairs, desks</td>
<td>○ Department orientation</td>
</tr>
<tr>
<td></td>
<td>• Overhead storage practices</td>
<td>○ Office safety</td>
</tr>
<tr>
<td>Chemical Exposure</td>
<td>• Lack of appropriate safety data sheets (SDS)</td>
<td>○ Ladder safety</td>
</tr>
<tr>
<td></td>
<td>• Unlabeled chemical containers</td>
<td>○ Safety inspection</td>
</tr>
<tr>
<td></td>
<td>• Improper use of chemicals</td>
<td>○ Basic electrical safety</td>
</tr>
<tr>
<td></td>
<td>• Lack of adequate ventilation</td>
<td></td>
</tr>
<tr>
<td>Emergency situations</td>
<td>• Incomplete/un-posted evacuation plans</td>
<td>• Hazard Communication Program</td>
</tr>
<tr>
<td>(such as: Fire, Earthquake, Severe weather, Bomb threat)</td>
<td>• Lack of procedures</td>
<td>• Labels for secondary containers</td>
</tr>
<tr>
<td></td>
<td>• Lack of employee training for fire extinguishers, evacuation procedures,</td>
<td>• SDS system</td>
</tr>
<tr>
<td></td>
<td>emergency response</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Lack of equipment for emergency response</td>
<td>• Documented training regarding:</td>
</tr>
<tr>
<td></td>
<td>• Lack of equipment for emergency response</td>
<td>○ Emergency response</td>
</tr>
<tr>
<td></td>
<td>• Emergency Action Plan</td>
<td>○ Fire extinguisher</td>
</tr>
<tr>
<td>Hazard Category</td>
<td>Potential Hazards</td>
<td>Control</td>
</tr>
<tr>
<td>-------------------------</td>
<td>----------------------------------------------------------------------------------</td>
<td>--------------------------------------------------------------</td>
</tr>
<tr>
<td>Workplace Violence</td>
<td>• Assaults from:</td>
<td>• Workplace Security Program</td>
</tr>
<tr>
<td></td>
<td>• Co-workers</td>
<td>• Security assessment</td>
</tr>
<tr>
<td></td>
<td>• Relatives</td>
<td>• Worksite modifications</td>
</tr>
<tr>
<td></td>
<td>• Members of the public</td>
<td>• Routine documented inspections:</td>
</tr>
<tr>
<td></td>
<td>• Vendors</td>
<td>• Safety</td>
</tr>
<tr>
<td></td>
<td>• Limited parking lot lighting</td>
<td>• Parking lot lighting</td>
</tr>
<tr>
<td></td>
<td>• Landscape design</td>
<td>• Documented training regarding:</td>
</tr>
<tr>
<td></td>
<td>• Working/leaving/arriving alone</td>
<td>• Workplace violence prevention</td>
</tr>
</tbody>
</table>
# San Francisco State University

## Employee / Student Hazard Report

Employees/students will complete the top portion and provide it to their supervisor, instructor, manager, Dean, or Director or submit it to the Environment, Health and Safety Department

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1.</strong> Date of Hazard/Concern Report</td>
<td><strong>2.</strong> Location of Hazard</td>
</tr>
<tr>
<td><strong>3.</strong> Employee/Student Name: (Optional)</td>
<td><strong>4.</strong> Name of Person/Department Hazard Report Submitted to:</td>
</tr>
<tr>
<td><strong>5.</strong> Describe the Hazard or Concern:</td>
<td></td>
</tr>
<tr>
<td><strong>6.</strong> Corrective Action Recommendation:</td>
<td></td>
</tr>
</tbody>
</table>

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### For Supervisor Use

7. Review the employee/student hazard reporting procedure to obtain applicable timelines and complete this form. Investigate and analyze the reported hazard. Review your conclusions with your manager, Dean, Managing Director, or Environment, Health and Safety Department. Record your analysis and response below. Use additional sheets if necessary.

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>8.</strong> Manager’s Name:</td>
<td><strong>9.</strong> Date Reviewed with the Manager:</td>
</tr>
<tr>
<td><strong>10.</strong> Dean’s/Managing Director’s Name</td>
<td><strong>11.</strong> Date Reviewed with the Dean/Managing Director:</td>
</tr>
<tr>
<td><strong>12.</strong> Responding Person:</td>
<td><strong>13.</strong> Date Response Posted or Delivered to Employee/Student:</td>
</tr>
</tbody>
</table>
Appendix D – DWC Form 1
The full form is located on the next page. This form will be completed by the employee and submitted to the Workers’ Compensation/Return-to-Work Manager within 24 hours.

The form is available from Workers Compensation or via this link to the California Department of Industrial Relations.
Workers’ Compensation Claim Form (DWC 1) & Notice of Potential Eligibility

If you are injured or become ill, whether physically or emotionally, because of your job, including injuries resulting from a workplace illness, you may be entitled to workers’ compensation benefits. Use the attached form to file a workers’ compensation claim with your employer. You should read all of the information below. Keep all receipts and other papers that you have for your records. You may be eligible for some or all of the benefits listed depending on the nature of your claim. If you file a claim, the claims administrator, who is responsible for handling your claim, must notify you within 14 days whether your claim is accepted or whether additional information is needed.

To file a claim, complete the “Employer” section of the form, keep one copy and give the rest to your employer. Do this right away to avoid problems with your claim. In some cases, benefits will not start until you inform your employer about your injury by filing a claim form. Describe your injury completely. Include every part of your body affected by the injury. If you fail to file the form to your employer, you are actually waiving your case. You cannot file a case if you lose your right to recover. When you are able to prove that the claim form was made and when it was delivered. Within one working day after you file the claim form, your employer must complete the “Employer” section, give you a signed copy, keep one copy, and send one to the claims administrator.

Medical Care: Your claims administrator will pay for all reasonable and necessary medical care for your work injury or illness. Medical benefits are subject to approval and may include treatment by a doctor, hospital services, physical therapy, lab tests, x-rays, medicines, equipment, and medical costs. Your claims administrator will pay the cost of approved medical services directly so you should never see a bill. There are limits on chiropractic, physical therapy, and other occupational therapy visits.

The Primary Treatment Physician (PTP) is the doctor with the overall responsibility for treatment of your injury or illness:
- If you previously designated your personal physician or a medical group, you may see your personal physician or the medical group after you are seen.
- If your employer is using a medical provider network (MPN) or Health Care Organization (HCO), in most cases, you will be treated in the MPN or HCO unless you predecessor designated your personal physician or a medical group. An MPN is a group of health care providers who provide treatment to workers injured on the job. You should receive information from your employer if you are seen by an MPN or HCO. Contact your employer for more information.
- If your employer is not using an MPN or HCO, in most cases, the claims administrator can choose the doctor who first treats you unless you predecessor designated your personal physician or a medical group.
- If your employer is not using an MPN or HCO, in most cases, the claims administrator can choose the doctor who first treats you unless you predecessor designated your personal physician or a medical group.
- If your employer is not using an MPN or HCO, in most cases, the claims administrator can choose the doctor who first treats you unless you predecessor designated your personal physician or a medical group.

Within one working day after you file a claim form, your employer or the claims administrator must authorize up to $10,000 in treatment for your injury, consistent with the approved treatment guidelines until the claim is accepted or rejected. If the employer or claims administrator does not authorize treatment within 8 days, talk to your supervisor, someone else at your company, or the claims administrator. Ask for treatment to be authorized right away, while waiting for a decision on your claim. If the employer or claims administrator does not authorize treatment, use your own health insurance or pay for medical care. Your health insurer will seek reimbursement from the claims administrator. If you do not have health insurance, use doctors, clinics, or hospitals that will treat you without immediate payment. They will seek reimbursement from the claims administrator.

Switching to a Different Doctor as Your PTP:
- If you are listed treated as a Medical Provider Network (MPN), you may switch to other doctors within the MPN after the first visit.
- If you are being treated as a Health Care Organization (HCO), you may switch at least one time in another doctor within the HCO. You may switch to a doctor outside the HCO 60 or 105 days after your initial report to your employer (depending on whether you are covered by employer-sponsored health insurance).
- If you are not being treated as an MPN or HCO and do not predesignate, you may switch to a new doctor one time during the first 30 days after your injury is reported to your employer. Contact the claims administrator to switch doctors. After 30 days, you may switch to a doctor of your choice if you have a new employer or your current employer is no longer in business.

Si Ud. se lesionó o se enfermó, ya sea biométicamente o emocionalmente, debido a su trabajo, incluyendo lesiones que resultan de un evento en el lugar de trabajo, es posible que Ud. tenga derecho a compensación de trabajadores. Utilice el formulario adjunto para presentar un reclamo de compensación de trabajadores con su empleador. Ud. debe leer toda la información y firmarla. Guardar arriba y todas las demás documentos para su archivo. En algunos casos, los beneficios no se iniciaran hasta que Ud. le informe a su empleador de su lesión mediante la presentación de un formulario de reclamo. Deben llenarse por completo. Incluya cada parte de su cuerpo afectada por la lesión. Si Ud. le envía su formulario a su empleador, utilice primera clase o correo certificado. Si Ud. comprueba un accidente de auto, Ud. podrá notar que el formulario de reclamo fue enviado por correo y cuando fue entregado. Dentro de un día laborable después de presentar el formulario de reclamo, su empleador debe completar la sección designada para el “primero de la fecha”. A la dirección a Ud., una copia escaneada, guardar como una copia, y enviar a la administradora de reclamos.

Atención Médica: Su administrador de reclamos pagará por toda la atención médica razonable y necesaria para su lesión o enfermedad relacionado con el trabajo. Los beneficios médicos cubrirán costos de la atención médica y otros costos relacionados con el trabajo de su empleador. El administrador de reclamos pagará directamente los costos de los servicios médicos razonables que se determinen según la naturaleza de su lesión o enfermedad. Hay límites en los servicios quirúrgicos.

El Médico Primario que le Atiende (Primary Treatment Physician—PTP) es el médico con la responsabilidad total para tratar su lesión o enfermedad:
- Si su empleador designó a un médico personal o a un grupo médico, usted podrá ver a un médico personal o grupo médico después de la lesión.
- Si su empleador está utilizando una red de proveedores médicos (Medical Provider Network—MPN) o una organización de cuidado médico (Health Care Organization—HCO), en la mayoría de los casos, el trabajo se registrará en la MPN o HCO a menos que usted haya designado a un médico personal o grupo médico. Una MPN es una red de proveedores de asistencia médica que da tratamiento a los trabajadores lesionados en el trabajo. Usar otros servicios médicos no se cubrirá por una MPN o HCO. Hable con su empleador para más información.
- Si su empleador no designó a un médico personal o grupo médico, en la mayoría de los casos, el trabajo se registrará en la MPN o HCO a menos que Ud. haya designado a un médico personal o grupo médico. Un médico personal o grupo médico debe ser designado por Ud. para que la atención médica se cubra por una MPN o HCO.
- Si su empleador no designó a un médico personal o grupo médico, el trabajo se registrará en la MPN o HCO a menos que Ud. haya designado a un médico personal o grupo médico. Un médico personal o grupo médico debe ser designado por Ud. para que la atención médica se cubra por una MPN o HCO.

Dentro de un día laborable después de que Ud. presente un formulario de reclamo, su empleador o su administrador de reclamos debe autorizar hasta $10,000 en tratamiento para su lesión, de acuerdo con los planes de tratamiento aplicables, hasta que el reclamo se acepte o rechace. Si su empleador o administrador de reclamos no autoriza el tratamiento de inmediato, hable con su supervisor, que se le notifica a su administrador de reclamos. Podrá que el tratamiento sea autorizado ya mismo, siempre cuando sea una decisión sobre su reclamo. Si su empleador o administrador de reclamos no autoriza el tratamiento de inmediato, hable con su supervisor, que se le notifica a su administrador de reclamos. Podrá que el tratamiento sea autorizado ya mismo, siempre cuando sea una decisión sobre su reclamo. Si su empleador o administrador de reclamos no autoriza el tratamiento de inmediato, hable con su supervisor, que se le notifica a su administrador de reclamos. Podrá que el tratamiento sea autorizado ya mismo, siempre cuando sea una decisión sobre su reclamo. Si su empleador o administrador de reclamos no autoriza el tratamiento de inmediato, hable con su supervisor, que se le notifica a su administrador de reclamos. Podrá que el tratamiento sea autorizado ya mismo, siempre cuando sea una decisión sobre su reclamo. Si su empleador o administrador de reclamos no autoriza el tratamiento de inmediato, hable con su supervisor, que se le notifica a su administrador de reclamos. Podrá que el tratamiento sea autorizado ya mismo, siempre cuando sea una decisión sobre su reclamo. Si su empleador o administrador de reclamos no autoriza el tratamiento de inmediato, hable con su supervisor, que se le notifica a su administrador de reclamos. Podrá que el tratamiento sea autorizado ya mismo, siempre cuando sea una decisión sobre su reclamo.
your employer or the claims administrators have not created or selected an
LDR.
Disclosure of Medical Records: After you make a claim for workers’
compensation benefits, your medical records will not have the same level of
privacy that you usually expect. If you don’t agree to voluntarily release medical
records, a workers’ compensation judge may decide what records will be released.
If you request privacy, the judge may “set” (keep private) certain medical records.
Problems with Medical Care and Medical Reports: At some point during your
claim, you might disagree with your PTP about what treatment is necessary. If
this happens, you can consult with other doctors as described above. If you cannot
reach an agreement with another doctor, the steps to take depend on whether you are
receiving care in an MRO, EHC, or other. For more information, see "Learn More About Workers’ Compensation," below.
If the claims administrator denies treatment recommended by your PTP, you may
request independent medical review (IMR) using the form included with
the claims administrator’s written decision to deny treatment. The IMR process
is similar to the group health IMR process, and takes approximately 40 to 60 days
to arrive at a determination so that appropriate treatment can be given. Your
attorney or your physician may assist you in the IMR process. IMR is not
available to resolve disputes over matters other than the medical necessity of a
particular treatment requested by your physician.
If you disagree with your PTP on matters other than treatment, such as the
course of your injury or how severe the injury is, you can consult with other doctors
as described above. If you cannot reach agreement with another doctor, notify the
claims administrator in writing as soon as possible. In some cases, you risk losing
the right to challenge your PTP’s opinion unless you do this promptly. If you do
not have an attorney, the claims administrator must send you instructions on how
to be seen by a doctor called a qualified medical evaluator (QME) to help resolve
the dispute. If you have an attorney, the claims administrator may try to reach
agreement with your attorney on a doctor called an agreed medical evaluator
(AME). If the claims administrator disagrees with your PTP on matters other than
treatment, the claims administrator may require you to be seen by a QME or AME.
Payment for Temporary Disability (Lost Wages): If you can’t work while you
are recovering from a job injury or illness, you may receive temporary disability
payments for a limited period. These payments may change or stop when your
doctor says you are able to return to work. These benefits are tax free. Temporary
disability payments are a third of your average weekly pay, within maximums
and minimums set by state law. Payments are not made for the first three
weeks you are off the job unless you are hospitalized overnight or cannot work for
more than 14 days.
Ease at Work or Return to Work: Being injured does not mean you must stop
working. If you can continue working, you should. If not, it is important to go
back to work with your current employer as soon as you are medically able. Status
shows that the longer you are off work, the harder it is to get back to your
original job and wages. While you are recovering, your PTP, your employer,
your employees (supervisors or others in management), the claims administrator,
and your attorney (if you have one) will work with you to decide how you will stay at
work or return to work and what work you will do. Active communication
with your PTP, your employer, and the claims administrator about the work you did
before you were injured, your medical condition, and the kind of work you can do
now, and the kinds of work that your employer could make available to you.
Payment for Permanent Disability: If a doctor says you have not recovered
completely from your injury and you will always be limited in the work you can
do, you may receive additional payments. The amount will depend on the type of
injury, extent of impairment, your age, occupation, date of injury, and your wages
before you were injured.
Supplemental Job Displacement Benefit (SJDB): If you were injured on or
after 1/1/08, and your injury results in a permanent disability and your employer
does not offer reasonable, modified, or alternative work, you may qualify for a
nonrefundable cashable payable for remaining and/or skilled unemployment. If you
qualify, the claims administrator will pay the cash up to the maximum set by state
law.
Death Benefit: If the injury or illness causes death, payments may be made to a
(Medical Provider Network - MPN), used to pay claims to other medical
providers that are not part of the MPN. If you use a non-MPN provider,
the claims administrator may reimburse you for reasonable and necessary
medical expenses up to the amount your medical provider charges.

Page 2 of 3
 snaps and other relatives or household members who were financially dependent on the deceased worker.

It is illegal for your employer to punish or fire you for having a job injury or illness, filing a claim, or testifying in another person’s workers’ compensation case (Labor Code 1377b). If proven, you may receive lost wages, job reinstatement, increased benefits, and costs and expenses up to $750 by the union.

Resolve Problems or Disputes: You have the right to disagree with decisions affecting your claim. If you have a disagreement, contact your employer or claims administrator first to see if you can resolve it. If you are not receiving benefits, you may be able to get State Disability Insurance (SDI) or unemployment insurance (UI) benefits. Call the State Employment Development Department at (800) 480-5287 or (800) 355-4006, or go to their website at www.edd.ca.gov.

You Can Contact an Information & Assistance (I&A) Officer: State I&A officers answer questions, help injured workers, provide forms, and help resolve problems. Some I&A officers hold workshops for injured workers. To obtain important information about the workers’ compensation claims process and your rights and obligations, go to www.dwc.ca.gov or contact an I&A officer of the State Division of Workers’ Compensation. You can also hear recorded information and a list of local I&A offices by calling (800) 756-7401.

You can consult with an attorney. Most attorneys offer one free consultation. If you decide to hire an attorney, he or she will be taken out of some of your benefits. For names of workers’ compensation attorneys, call the State Bar of California at (877) 534-2120 or go to their website at www.californialegal.org.

Learn More About Workers’ Compensation: For more information about the workers’ compensation claims process, go to www.dwc.ca.gov. At the website, you can access a useful booklet, “Workers’ Compensation in California: A Guidebook for Injured Workers.” You can also contact an Information & Assistance Officer (above), or hear recorded information by calling 1-800-756-7401.

presse como usted pueda medianamente hacerlo. Los estudios demuestran que el ansia por trabajo es más fuerte en los días de trabajo que están obligados. Con una PTP, su empleador y el administrador de reclamos sobre el trabajo que hizo antes de lesión, su condición médica y los tipos de trabajo que usted puede hacer ahora y los tipos de trabajo que su empleador podría poner a su disposición.

Para incapacidades permanentes: Si un médico dice que no se le recuperará completamente en un año y se quedará en el trabajo que puede hacer, es posible que Ud. reciba pagos adicionales. La cantidad depende de la gravedad de la lesión, grado de discapacidad, edad, ocupación, fecha de la lesión y sus antecedentes de lesiones.

Beneficios Suplementarios por Desempleo (Supplemental Job Displacement Benefits, SJD): Si Ud. se lesionó o después del 1/1/04, y su lesión resulta en una incapacidad permanente y su empleador no ofrece un trabajo regular, modularizado, o alternativo, usted podría cumplir los requisitos para recibir sus reemplazos pagaderos a una escala para recibir un nuevo en el mismo tipo de ocupación y/o mejorar su habilidad. Si Ud. cumple con los requisitos, el administrador de reclamos pagará un máximo estipulado por sus beneficios.

Beneficios por Muerte: Si la lesión o enfermedad causa la muerte, es posible que los pagos se lancen a un cónyuge o otro paciente a las personas que vivían en el hogar que dependían económicamente del trabajador difunto.

En caso de que su empleador le contrate o despida para evitar una lesión o enfermedad laboral, para presentar un reclamo o para desahogarse en caso de compensación de trabajadores de otra persona (Código Laboral, sección 333.2), dé porprobado, usted puede recibir pagos por pérdida de empleo, reemplazo del trabajo, sumario de beneficios y gastos hasta los límites establecidos por el estado.

Reclamando problemas o disputas: Ud. tiene derecho a estar en contacto con las decisiones que afectan su reclamo. Si Ud. tiene un desacuerdo, primero comuníquese con su empleador o administrador de reclamos para ver si usted puede resolverlo. Si usted no está de acuerdo, es posible que Ud. pueda obtener beneficios del seguro Estatal de Incapacidad (State Disability Insurance—SDI) o beneficiarios del desempleo (Unemployment Insurance—UI). Llame al Departamento del Desarrollo del Empleo al 1-800-480-5287 o 264-3333 y 4666, o visite su página Web en www.edd.ca.gov.

Puede Contactar a su Oficial de Información y Asistencia (I&A): Los Oficiales de Información y Asistencia (I&A) entran en contacto para ayudar a los trabajadores lesionados, proporcionar información y ayudar a resolver problemas. Algunos oficiales de I&A tienen licencias para reclamar reclamos. Para obtener información importante sobre el proceso de la compensación de trabajadores y sus derechos y obligaciones, vaya a www.dwc.ca.gov o comuníquese con un oficial de información y asistencia de la División Estatal de Compensación de Trabajadores. También puede escribir información gratuita y una lista de los oficiales de I&A locales llamando al (800) 756-7401.

Usted puede consultar con un abogado. La mayoría de los abogados ofrecen una consulta gratuita. Si Ud. decide contratar a un abogado, los honorarios serán tenidos a cuenta por sus beneficios. Para obtener nombres de abogados de compensación de trabajadores, llame a la Asociación Estatal de Abogados de California (State Bar) al (800) 518-2120, o consulte su página Web en www.californialegal.org.

**Workers' Compensation Claim Form (DWC 1)**

**Employee—Complete this section and see note above**

1. Name: ____________________________  
   Today's Date: ________________________

2. Home Address: ____________________  
   State: __________________  
   Zip: _____________

3. City, County: _____________________

4. Date of Injury:  
   Date of Injury: _______  
   Nature of Injury: _______  
   Time of Injury: _______ a.m. _______ p.m.

5. Address and description of the place of injury:  
   State: __________________  
   Zip: _____________  
   Location: __________________

6. Describe injury and part of body affected:  
   State: __________________  
   Zip: _____________  
   Description: __________________

7. Social Security Number: ____________

8. Check if you agree to receive notices about your claim by mail only:  
   ☑️  
   Address: __________________

9. E-mail: __________________

10. Signature of employee:  
    State: __________________  
    Zip: _____________

**Employer—Complete this section and see note above**

11. Name of employer: ____________________

12. Address: __________________

13. Date of Injury:  
   Date: _______  
   Nature of Injury: _______  
   Time: _______ a.m. _______ p.m.

14. Address and description of the place of injury:  
   State: __________________  
   Zip: _____________  
   Location: __________________

15. Describe injury and part of body affected:  
   State: __________________  
   Zip: _____________  
   Description: __________________

16. Social Security Number: ____________

17. E-mail: __________________

18. Signature of employer's representative:  
   State: __________________  
   Zip: _____________

19. Title: __________________

20. Telephone: __________________

---

**Employer**  
You are required to file this form and provide copies to your insurer or claims administrator and to the employee, dependent, or representative who filed the claim within one working day of receipt of the form from the employee.

**Signature of Employer**  
I certify that the information on this form is true and correct.

**Signature of Employee**  
I certify that the information on this form is true and correct.

---

This form is not an admission of liability.

☐ Employee copy/Copia del Empleado  
☐ Employer copy/Copia del Empleado  
☐ Claims Administrator/Administrador de Reclamos  
☐ Temporary Receipt/Recibo del Empleado

Rev. 1/1/2016

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Appendix E – Form 5020
The full form is located on the next page. This form will be completed by the supervisor and submitted to the Workers’ Compensation/Return-to-Work Manager within 48 hours.

The form is available from Workers Compensation or via this link to the California Department of Occupational Safety and Health:
https://www.dir.ca.gov/dosh/DoshReg/Form5020.pdf
The full form is located on the next page. This notice will be posted in locations that are accessible to all employees and will be posted in both English and Spanish.

Additional notices can be obtained from Workers Compensation or at this link from the Department of Industrial Relations.
STATE OF CALIFORNIA - DEPARTMENT OF INDUSTRIAL RELATIONS  
Division of Workers' Compensation  

Notice to Employees--Injuries Caused By Work

You may be entitled to workers' compensation benefits if you are injured or become ill because of your job. Workers' compensation covers most work-related physical or mental injuries and illnesses. An injury or illness can be caused by one event (such as hurting your back in a fall) or by repeated exposures (such as hurting your wrist from doing the same motion over and over).

Benefits. Workers' compensation benefits include:
- Medical Care: Doctor visits, hospital services, physical therapy, lab tests, x-rays, and medicine that are reasonably necessary to treat your injury. You should never see a bill. There is a limit on some medical services.
- Temporary Disability (TD) Benefits: Payments if you lose wages while recovering. For most injuries, TD benefits may not be paid for more than 104 weeks within five years from the date of injury.
- Permanent Disability (PD) Benefits: Payments if your injury causes a permanent disability.
- Supplemental Job Displacement Benefit: A nontransferable voucher payable to a state approved school if your injury arises on or after 1/1/04 and results in a permanent disability that prevents you from returning to work within 60 days after TD ends, and your employer does not offer you modified or alternative work.
- Death Benefits: Paid to dependents of a worker who dies from a work-related injury or illness.

Naming Your Own Physician Before Injury or Illness (Predesignation). You may be able to choose the doctor who will treat you for a job injury or illness. To be eligible, you must tell your employer, in writing, the name and address of your personal physician or medical group before you are injured and your physician must agree to treat you for your work injury. For instructions, see the written information about workers' compensation that your employer is required to give to new employees.

If You Get Hurt:
1. Get Medical Care. If you need emergency care, call 9-1-1 for help immediately from the hospital, ambulance, fire department or police department. If you need first aid, contact your employer.

2. Report Your Injury. Report the injury immediately to your supervisor or to an employer representative. Don't delay. There are time limits. If you wait too long, you may lose your right to benefits. Your employer is required to provide you with a claim form within one working day after learning about your injury. Within one working day after you file a claim form, your employer shall authorize the provision of all treatment, consistent with the applicable treating guidelines, for your alleged injury and shall be liable for up to ten thousand dollars ($10,000) in treatment until the claim is accepted or rejected.

3. See Your Primary Treating Physician (PTP). This is the doctor with overall responsibility for treating your injury or illness. If you predesignated by naming your personal physician or medical group before injury (see above), you may see him or her for treatment in certain circumstances. Otherwise, your employer has the right to select the physician who will treat you for the first 30 days. You may be able to switch to a doctor of your choice after 30 days. Different rules apply if your employer offers a Health Care Organization (HCO) or a Medical Provider Network (MPN). You should receive information from your employer if he is covered by an HCO or a MPN. Contact your employer for more information.

4. Medical Provider Networks. Your employer may be using a MPN, which is a selected network of all care providers to provide treatment to workers injured on the job. If your employer is using a MPN, a MPN notice should be posted next to this poster to explain how to use the MPN. You can request a copy of this notice by calling the MPN number below. If you have predesignated a personal physician prior to your work injury, then you may receive treatment from your predesignated doctor. If you have not predesignated and your employer is using a MPN, you are free to choose an appropriate provider from the MPN list after the first medical visit directed by your employer. If you are treating with a non-MPN doctor for an existing injury, you may be required to change to a doctor within the MPN. For more information, see the MPN contact information below:

Current MPN's toll free number:  __________________________  MPN website:  __________________________

MPN Effective Date:  __________________________  Current MPN's address:  __________________________

Discrimination. It is illegal for your employer to punish or fire you for having a work injury or illness, for filing a claim, or testifying in another person's workers' compensation case. If proven, you may receive lost wages, job reinstatement, increased benefits, and costs and expenses up to limits set by the state.

Questions? Learn more about workers' compensation by reading the information that your employer is required to give you at time of hire. If you have questions, ask your employer or the claims administrator (who handles workers' compensation claims for your employer):

Claims Administrator:  __________________________  Phone:  __________________________

Workers' compensation insurer:  __________________________  (Enter "self-insured" if appropriate)

Policy Expiration Date:  __________________________

If the workers' compensation policy has expired, contact the Labor Commissioner at the Division of Labor Standards Enforcement (DLSE). You can also get free information from a State Division of Workers' Compensation Information & Assistance Officer. The nearest Information & Assistance Officer can be found at location:  __________________________  or by calling toll-free (800) 736-7001. Learn more information about DWC and DLSE online:  www.dwc.ca.gov  or  www.dir.ca.gov/dlse.

False claims and false denials. Any person who makes or causes to be made any knowingly false or fraudulent material statement or material representation for the purpose of obtaining or denying workers' compensation benefits or payments is guilty of a felony and may be fined and imprisoned.

Your employer may not be liable for the payment of workers' compensation benefits for any injury that arises from your voluntary participation in any off-duty, recreational, social, or athletic activity that is not part of your work-related duties.
# Appendix G

## San Francisco State University

**Accident/Incident Investigation Report of Occupational Injury or Illness**

*This report must be completed by the Supervisor and sent to EHS within 2 working days of the injury/illness.*

<table>
<thead>
<tr>
<th>1. Name of injured employee (last, first)</th>
<th>2. Employee ID #</th>
<th>3. Date of Injury</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</tbody>
</table>

4. How injury/illness occurred in detail. Describe sequence of events. Specify object or exposure which directly produced the injury/illness.

<table>
<thead>
<tr>
<th>5. Initial Factors</th>
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</thead>
<tbody>
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<td></td>
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</table>

<table>
<thead>
<tr>
<th>6. CONTRIBUTING FACTORS - Identify multiple contributing factors involved in the accident or incident</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Equipment / PPE</strong></td>
</tr>
<tr>
<td>Defect or malfunction</td>
</tr>
<tr>
<td>Improper for job</td>
</tr>
<tr>
<td>Improper use</td>
</tr>
<tr>
<td>Not readily available</td>
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<tr>
<td>Design/ quality contributed</td>
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<tr>
<td>to hazard</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>7. CORRECTIVE ACTIONS - Select possible corrective actions for each contributing factor identified</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Equipment / PPE</strong></td>
</tr>
<tr>
<td>Develop inspection</td>
</tr>
<tr>
<td>procedure</td>
</tr>
<tr>
<td>Identify proper equipment</td>
</tr>
<tr>
<td>(JSA)</td>
</tr>
<tr>
<td>Train employees on proper equipment use</td>
</tr>
<tr>
<td>Evaluate equipment needs and access</td>
</tr>
<tr>
<td>Review equipment</td>
</tr>
<tr>
<td>design/quality for task</td>
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</table>

8. Corrective Action Plan

<table>
<thead>
<tr>
<th>Action</th>
<th>Who</th>
<th>When</th>
</tr>
</thead>
<tbody>
<tr>
<td>a)</td>
<td></td>
<td></td>
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<tr>
<td>b)</td>
<td></td>
<td></td>
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<tr>
<td>c)</td>
<td></td>
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</tbody>
</table>

9. Investigation Review and Approval

<table>
<thead>
<tr>
<th>Supervisor name</th>
<th>Supervisor approval signature</th>
<th>Date</th>
</tr>
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<tbody>
<tr>
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<table>
<thead>
<tr>
<th>Department Safety Coordinator name</th>
<th>Department Safety Coordinator approval signature</th>
<th>Date</th>
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<tbody>
<tr>
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<table>
<thead>
<tr>
<th>Director/Manager name</th>
<th>Director/Manager approval signature</th>
<th>Date</th>
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- Near Miss Investigation
## SAFETY INSPECTIONS AND FREQUENCIES LIST 7-1-2016

<table>
<thead>
<tr>
<th>To Be Filled Out By The Building Coordinator (BC)</th>
<th>Building Inspection By</th>
<th>Recommended Frequency</th>
<th>Other Inspection By</th>
<th>Recommended Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>SPACES</strong></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Research Labs</td>
<td>BC or designee</td>
<td>1 month</td>
<td>EHS</td>
<td>6 month</td>
</tr>
<tr>
<td>Teaching Labs</td>
<td>BC or designee</td>
<td>2 month</td>
<td>EHS</td>
<td>6 month</td>
</tr>
<tr>
<td>Classrooms</td>
<td>BC or designee</td>
<td>1 semester</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stockrooms</td>
<td>BC or designee</td>
<td>1 month</td>
<td>EHS</td>
<td>6 month</td>
</tr>
<tr>
<td>Offices</td>
<td>BC or designee</td>
<td>1 semester</td>
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<tr>
<td>Hallways</td>
<td>BC or designee</td>
<td>1 semester</td>
<td></td>
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<tr>
<td>Stairwells / Evacuation Escape Routes</td>
<td>BC or designee</td>
<td>1 month</td>
<td>EHS</td>
<td>6 month</td>
</tr>
<tr>
<td>Bathrooms</td>
<td>BC or designee</td>
<td>1 month</td>
<td>Custodians</td>
<td>daily</td>
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<tr>
<td>Break Rooms</td>
<td>BC or designee</td>
<td>1 month</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Shops</td>
<td>BC or designee</td>
<td>1 month</td>
<td>EHS</td>
<td>12 month</td>
</tr>
<tr>
<td>Conference Rooms</td>
<td>BC or designee</td>
<td>1 month</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Haz Material Storage &amp; Haz Waste Satellite Areas</td>
<td>BC or designee</td>
<td>1 month</td>
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</tr>
<tr>
<td>Haz Waste Storage Areas (COSE, RTC, Fine Arts)</td>
<td>BC or designee</td>
<td>1 week</td>
<td>EHS</td>
<td>3 month</td>
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<tr>
<td>Stock Rooms</td>
<td>BC or designee</td>
<td>1 month</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Electrical/Mechanical Rooms</td>
<td>BC or designee</td>
<td>1 month</td>
<td></td>
<td></td>
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<tr>
<td>Roofs</td>
<td>BC or designee</td>
<td>1 semester</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Basements</td>
<td>BC or designee</td>
<td>1 semester</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Loading Docks</td>
<td>BC or designee</td>
<td>1 month</td>
<td></td>
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<tr>
<td>Courtyards</td>
<td>BC or designee</td>
<td>1 semester</td>
<td></td>
<td></td>
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<tr>
<td>Building Exterior</td>
<td>BC or designee</td>
<td>1 semester</td>
<td></td>
<td></td>
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<tr>
<td><strong>SAFETY EQUIPMENT</strong></td>
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<tr>
<td>Emergency Eyewash &amp; Deluge shower equipment</td>
<td>BC or designee</td>
<td>1 month</td>
<td>Facilities</td>
<td>1 month</td>
</tr>
<tr>
<td>Spill kits</td>
<td>BC or designee</td>
<td>1 month</td>
<td>n/a</td>
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<tr>
<td>First Aid kits</td>
<td>BC or designee</td>
<td>1 month</td>
<td>n/a</td>
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</tr>
<tr>
<td>Local exhaust equipment</td>
<td>BC or designee</td>
<td>1 month</td>
<td>EHS</td>
<td>Contractor 12 month</td>
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<tr>
<td>Fire extinguishers</td>
<td>BC or designee</td>
<td>1 month</td>
<td>Facilities</td>
<td>1 &amp; 12 month</td>
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<tr>
<td>Automatic Electronic Defibrillators (AEDs)</td>
<td>BC or designee</td>
<td>1 month</td>
<td>Facilities</td>
<td>1 month</td>
</tr>
<tr>
<td>Emergency Exit lighting</td>
<td>BC or designee</td>
<td>1 month</td>
<td>Facilities</td>
<td>12 month</td>
</tr>
<tr>
<td>Escape chairs</td>
<td>BC or designee</td>
<td>1 month</td>
<td>n/a</td>
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<tr>
<td>Departmental Emergency Go Bags</td>
<td>BC or designee</td>
<td>1 month</td>
<td>ePrep Coord</td>
<td>12 month</td>
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<tr>
<td>Exterior Building Lighting</td>
<td></td>
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<td>Facilities</td>
<td>4 month</td>
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<td>Fire suppression systems</td>
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<td>Facilities</td>
<td>12 month</td>
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<tr>
<td>Smoke detectors</td>
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<td></td>
<td>Facilities</td>
<td>4 month</td>
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<tr>
<td>Backup generators</td>
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<td></td>
<td>Facilities</td>
<td>1 month</td>
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</tbody>
</table>
BC Inspections are basic layman’s inspections for cleanliness and order. “Other inspections” may include functional testing by professionals. Checklists are advised to document and standardize the activity and are available from EHS upon request.

Appendix I – College and Organizational Unit Safety Committees as of July 1, 2016

College of Science & Engineering
  - Science Council
  - Radiation Safety Committee (RSC)
  - BioSafety Committee (BSC)
  - Institutional Biosafety Committee (IBC) (will replace the BioSafety Committee)
  - Institutional Review Board (IRB)
  - Laser Safety Committee

College of Liberal & Creative Arts
  - Theatre and Dance Safety Committee

Organization Research Protocol
  - Institutional Animal Care and Use Committee (IACUC)

Facilities & Engineering Services (FES)
  - Facilities Safety Committee (in formation)

University Lab Safety Committee

University/Campus Safety Committee
Appendix J – List of Building Coordinators, Building Emergency Response Coordinators and Make Safety Happen – Points of Contact as of July 1, 2016
<table>
<thead>
<tr>
<th>Building Coordinator</th>
<th>Building Emergency Response Coordinator (BERC)</th>
<th>Make Safety Happen Point of Contact (NSH/POC) List</th>
</tr>
</thead>
<tbody>
<tr>
<td>College Administrative</td>
<td>Library</td>
<td>College Administrative</td>
</tr>
<tr>
<td>Location</td>
<td>Location</td>
<td>Location</td>
</tr>
<tr>
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<td>Phone</td>
<td>Email</td>
</tr>
<tr>
<td>Coordinator</td>
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<tr>
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</tr>
<tr>
<td></td>
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<tr>
<td></td>
<td>Location</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Location</td>
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</table>

**Legend:**
- College Administrative: [Name, Phone, Email, Location]
- Library: [Name, Phone, Email, Location]
- College Administrative: [Name, Phone, Email, Location]
- Library: [Name, Phone, Email, Location]
- College Administrative: [Name, Phone, Email, Location]
- Library: [Name, Phone, Email, Location]
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- Library: [Name, Phone, Email, Location]
- College Administrative: [Name, Phone, Email, Location]
- Library: [Name, Phone, Email, Location]
- College Administrative: [Name, Phone, Email, Location]
- Library: [Name, Phone, Email, Location]
- College Administrative: [Name, Phone, Email, Location]
- Library: [Name, Phone, Email, Location]
- College Administrative: [Name, Phone, Email, Location]
- Library: [Name, Phone, Email, Location]
- College Administrative: [Name, Phone, Email, Location]
- Library: [Name, Phone, Email, Location]
- College Administrative: [Name, Phone, Email, Location]
- Library: [Name, Phone, Email, Location]
- College Administrative: [Name, Phone, Email, Location]
- Library: [Name, Phone, Email, Location]
- College Administrative: [Name, Phone, Email, Location]
- Library: [Name, Phone, Email, Location]
- College Administrative: [Name, Phone, Email, Location]
- Library: [Name, Phone, Email, Location]
- College Administrative: [Name, Phone, Email, Location]
- Library: [Name, Phone, Email, Location]
- College Administrative: [Name, Phone, Email, Location]
- Library: [Name, Phone, Email, Location]