



**SAN FRANCISCO  
STATE UNIVERSITY**

# **San Francisco State University**

Environment, Health & Safety

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## **Make Safety Happen** (Injury - Illness Prevention Program)

**Last Update: April 13, 2021**

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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<sup>1</sup>. The University's IIPP includes the following elements:

- Authority and Responsibilities: 8 CCR §3203(a)1
- Compliance: 8 CCR §3203(a)2
- Communication: 8 CCR §3203(a)3
- Hazard Identification: 8 CCR §3203(a)4
- Accident Investigation: 8 CCR §3203(a)5
- Hazard Correction: 8 CCR §3203(a)6
- Training and Instruction: 8 CCR §3203(a)7
- Allow employee access to the program: 8 CCR §3203(a)8
- Record Keeping: 8 CCR §3203(b)

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

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<sup>1</sup> 8 CCR §3203, Injury and Illness Prevention Program

### **3.0 Authority and Responsibilities: 8 CCR §3203(a)1**

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 the Vice President, Administration and Finance and CFO, who has delegated responsibility for developing, implementing and maintaining the SF State IIPP to the Director, Environment, Health, and Safety:

SFSU President: Lynn Mahoney  
SFSU VP Administration & CFO: Jeff Wilson  
SFSU EHS Director: Marc Majewski

#### **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 executive orders<sup>2</sup> and 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 as needed
- Reviewing and evaluating requests for resources to achieve IIPP implementation and success

<sup>2</sup> 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
- Participating in loss incident investigations as appropriate
  
- Ensuring:
  - IIPP documentation is appropriately updated, maintained and made immediately available upon request
  - The routine dissemination of EHS information
- Supporting:
  - Operational units in the:
    - Development of additional college and operation-specific EHS management policies and programs
    - Identification and coordination of EHS training needs
- 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
  - Revisions of the IIPP written Program to the SF State President, Vice President and CFO, Administration and Finance, and University Auditor, as needed.

#### **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
- Arranging for the proper removal and disposal of hazardous waste
- Training of hazardous waste generators and handlers
- Payment of environmental fees and permits
- Escorting environmental regulatory inspectors
- Tracking closure of environmental issues
- Working with the Sustainability group to minimize the University's environmental footprint
- Consulting with stakeholders on environmental issues
- Waste minimization
- Maintaining an environmental regulatory calendar

### **3.5 Deans and Other Senior Organizational Unit Administrators (e.g. VP Facilities Services, Capital Planning, etc.)**

Deans and senior organizational unit administrators are responsible for implementing the University's IIPP as it applies to their organizations. As the senior administrator for their units, they must provide leadership and resources appropriate to implement the IIPP. This position sets the tone for the safety culture in their organizational unit by:

- 1) Providing leadership and resources appropriate to implement the IIPP within areas of responsibility.
- 2) Budgeting for annual organizational environmental and safety: training costs, equipment needs, and personal protective equipment requirements.
- 3) Assigning a Safety Point of Contact for the college/organizational unit to assist in implementing the college/organization's responsibilities under the University IIPP.
- 4) Participating in the assignment of a single Building Coordinator (liaison to Facilities Services), and a Building Emergency Response Coordinator, BEREC, (liaison to University Police Department) within each of the buildings their organization occupies.
- 5) Establishing annual, measurable safety performance criteria, for the college/organizational unit.
- 6) Enforcing environmental, health, and safety training requirements for faculty, staff, and student members of the college/organizational unit.
- 7) Communicating safety information and issues in staff meetings, emails, and postings.
- 8) Informing the EHS Director of significant safety, health and environmental incidents, concerns and/or issues.

#### **3.5.1 Department Chairs, Directors, Administrators, and Managers**

Department Chairs, Directors, Administrators, and Managers are responsible for:

- Implementing, complying with and enforcing the University's IIPP as it applies to their department
- Ensuring that hazards identified by inspections, accident investigations, etc. are effectively and promptly corrected or mitigated.
- Enforcing environmental, health, and safety training requirements for faculty, staff, and student members of the department.
  - Including the holding of at least one departmental safety orientation meeting at the start of each semester for new faculty and staff to review their responsibilities as described in this IIPP and ensure their knowledge of departmental safety and emergency procedures.

#### **3.5.2 Laboratory Supervisors and Principal Investigators**

Laboratory supervisors and Principal Investigators are responsible for:

- Implementing, complying with and enforcing the University's IIPP as it applies to their laboratories.
- Completing and maintaining the Laboratory's on-line "profile" to identify the lab's personnel and rooms whenever changes occur
- Understanding the hazards associated with: their work spaces, routine and non-routine tasks, procedures, projects, and foreseeable emergency situations.
  - Completing the on-line Lab Hazard Assessment at the start of each semester
  - Providing appropriate personal protective equipment to unit employees for known and anticipated hazards.

- Enforcing the proper use and care of personal protective equipment.
- Developing, providing, and enforcing safe work procedures
  - Communicating this information to other workers in the lab at the time of their initial assignment, when their assignments change, and when a new hazard is introduced to the work area.
  - Documenting initial lab-specific, and job-specific training for all new employees within 30 days of their start date.
- Ensuring additional training of lab personnel required by the EHS training matrix is completed
- Maintaining an accurate, current inventory of all hazardous materials in the lab
- Maintaining a copy of the current safety data sheet (SDS) for every hazardous materials in the inventory
- Storing hazardous materials appropriately segregated by hazard class.
- Ensuring hazardous wastes are properly segregated and have properly filled out, and dated hazardous waste labels
- Assist EHS in conducting periodic lab safety inspections.
  - Ensuring that hazards identified by inspections are effectively and promptly corrected or mitigated.
- Reporting all serious work-related injuries to the EHS director within 8 hours, and completing an incident report form for work related injuries or illnesses within 72 hours whether or not medical treatment was provided.

### **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.

#### **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 Safety Points of Contact (SPOCs)**

Each college shall have a SPOC designated by the Dean of the college. The SPOC is responsible for assisting the Dean in creating and implementing the College's responsibilities under the University 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 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's administrative procedures should include:

- Method by which committee members are selected or elected to ensure a balance of representation
- 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:

- University 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 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
  - 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

### **3.8 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 Make Safety Happen Hazard Report Phone App.
- Recommending 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

### **3.9 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 or their delegate and includes members from colleges and organizational units. 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 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: 8 CCR §3203(a)2**

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

## **5.0 Communication: 8 CCR §3203(a)3**

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 may 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 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 6.4 – Employee/Student Make Safety Happen - Hazard Reporting Phone App.)

## **6.0 Hazard Identification: 8 CCR §3203(a)4**

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 Phone App
- 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.

A description of periodic inspections, and their proposed frequency appears in Appendix H. 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 if one exists

In addition to routine inspections, additional inspections should 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

### **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.

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.

### **6.3 Area Hazard Surveys**

Area hazard surveys are similar to Job Hazard Analysis but have a slightly different focus. The purpose of Area Hazard Surveys is to identify and assess the unique hazards of an area that may call for special controls.

### **6.4 Employee/Student “Make Safety Happen”- Hazard Reporting Phone App**

Managers and supervisors should encourage employees to report workplace hazards without fear of retaliation. Reports (including photos) may be submitted anonymously, directly to the EHS department for evaluation and response, using the Make Safety Happen”- Hazard Reporting Phone App.

### **6.5 Other Means of Hazard Identification**

Hazardous Work Permits

Industrial Hygiene Monitoring

Employee/student Accident / Incident / Near Miss Reports and Investigations

Reports of hazards from the SFSU EHS Phone App

### **6.6 Analysis of Loss Data**

The SFSU Workers' Compensation manager 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. Environment, Health, and Safety will assist with investigations and identification of corrective measures.

### **7.0 Accident/Incident Investigations: 8 CCR §3203(a)5**

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.

EHS department 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:
  - Environment, Health, and Safety department at: [sfehs@sfsu.edu](mailto:sfehs@sfsu.edu)

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 at x82596.

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; (note: this definition will change in 2020) 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: 8 CCR §3203(a)6**

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: 8 CCR §3203(a)7**

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 IIPP is 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

The CSU Master EHS Training Matrix adapted for SFSU defines required employee EHS training.

### **10.0 Employee Access to the Program: 8 CCR §3203(a)8**

Employees and their representatives have access to the written program 24/7 through the list of Health & Safety programs on the SFSU EHS website at: <https://ehs.sfsu.edu/content/health-safety-programs>.

## 11.0 Record Keeping

Records will be maintained in accordance with the following table:

Document	Minimum Length of Retention
Safety Inspections	Three Years
Employee Training	Three Years
Safety Committee Agendas & Minutes	Three Years
Revised IIPP	Indefinite archive
Industrial Hygiene Monitoring	Length of employment of the monitored employees plus 30 years
Employee Medical Reports	Length of employment of the monitored employees plus 30 years
Incident Investigation	Indefinite archive

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 causal 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

## 12.0 Program Evaluation

The University's IIPP should be reviewed and revised to improve effectiveness on an annual basis by the Director, Environment Health and Safety. Major changes to the document will be reported in Appendix A – Revision History. A copy of the revised IIPP will be sent to the Vice President Administration and Finance/CFO, and Audit Manager annually by the Director, Environment, Health and Safety. When changes affect the defined responsibilities mentioned in the IIPP, they will be sent to the affected personnel through email and/or Docusign to get their signature documenting their receipt and comprehension of the changes.

## 13.0 Appendices

## **Appendix A – Revision History**

July 21, 2016:

- Program rewritten in response to Chancellor’s Audit of 2014

September 30, 2019:

- Updated names of SFSU President, VP-CFO Administration, BERCS, BCs, and SPOCs
- Added Revision History Appendix (A)
- Added references from 8GISO 3203 (IIPP regulation)
- Re-established University IIPP, eliminating college IIPPs
- Eliminated inspection duties of building coordinators
- Added EHS Phone App to hazard Identification section
- Updated training section to include CSU Master EHS Training Matrix
- Redefined the responsibilities of Deans, Dept Heads, and Lab Supervisors in much greater detail.
- Added annual executive review of IIPP program document using email and/or DocuSign to track.

July 30, 2020:

- Added Appendix K - Covid-19 Addendum

August 15, 2020

- Updated Appendix J - Lists of BERCS, BCs, and SPOCs

April 13, 2021

- Inserted “Employee Access to the Program” as a new section 10.0
- Added language to Appendix K mentioning the Covid IIPP that appears as a separate document.

## Appendix B – Sample Job Hazard Assessment Format

Job hazard assessments should:

- 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
- Contain three columns:
  1. Hazard description
  2. Hazards
  3. Control measures
- The hazards listed in the hazard column should list the hazards exposures and not the injuries or illnesses that may result from hazard exposure.
- The control measures should include applicable:
  - Written programs
  - Assessments and evaluations
  - Safe laboratory procedures
  - Safe workplace procedures
  - Safety equipment
  - Personal protective equipment
  - Safety inspections
  - Employee training – list all applicable topics



**All Departments  
OFFICE HAZARD ASSESSMENT**

<b>Hazard Category</b>	<b>Potential Hazards</b>	<b>Control</b>
<p>Office Equipment</p> <ul style="list-style-type: none"> <li>• File cabinets</li> <li>• Furnishings</li> <li>• Copiers, fax machines, printers</li> <li>• Computers, TV/VCR/DVD player</li> <li>• Small appliances</li> <li>• Paper cutters, staplers, hole punchers, paper shredders</li> </ul>	<ul style="list-style-type: none"> <li>• Conducting maintenance or repairs on energized electrical equipment</li> <li>• Sharp edges/points/corners: paper cutters, paper shredders, Exacto knives, hole punchers, staplers</li> <li>• Unsecured file cabinets, bookcases, and storage cabinets</li> <li>• Open file drawers</li> <li>• Damaged furnishings; i.e., chairs, desks</li> <li>• Overhead storage practices</li> </ul>	<ul style="list-style-type: none"> <li>• Secure filing cabinets, bookcases and storage cabinets</li> <li>• Routine documented safety inspections</li> <li>• Assess storage practices</li> <li>• Provision of appropriate sized ladders and step stools</li> <li>• Documented training regarding: <ul style="list-style-type: none"> <li>○ Department orientation</li> <li>○ Office safety</li> <li>○ Ladder safety</li> <li>○ Safety inspection</li> <li>○ Basic electrical safety</li> </ul> </li> </ul>
<p>Chemical Exposure</p> <ul style="list-style-type: none"> <li>• Common office products with hazardous ingredients: <ul style="list-style-type: none"> <li>○ Cleaning supplies</li> <li>○ Office equipment chemicals (toner, ink)</li> <li>○ Paints, adhesives</li> <li>○ Correction fluids</li> <li>○ White board markers, cleaner</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Lack of appropriate safety data sheets (SDS)</li> <li>• Unlabeled chemical containers</li> <li>• Improper use of chemicals</li> <li>• Lack of adequate ventilation</li> </ul>	<ul style="list-style-type: none"> <li>• Hazard Communication Program</li> <li>• Labels for secondary containers</li> <li>• SDS system</li> <li>• Documented training regarding: <ul style="list-style-type: none"> <li>○ Hazard communication</li> </ul> </li> </ul>
<p>Emergency situations such as:</p> <ul style="list-style-type: none"> <li>• Fire</li> <li>• Earthquake</li> <li>• Severe weather</li> <li>• Bomb threat</li> </ul>	<ul style="list-style-type: none"> <li>• Incomplete/un-posted evacuation plans</li> <li>• Lack of procedures</li> <li>• Lack of employee training for fire extinguishers, evacuation procedures, emergency response</li> <li>• Lack of equipment for emergency response</li> </ul>	<ul style="list-style-type: none"> <li>• Emergency Action Plan</li> <li>• Routine documented safety inspections</li> <li>• Documented emergency response drills</li> <li>• Documented training regarding: <ul style="list-style-type: none"> <li>○ Emergency response</li> <li>○ Fire extinguisher</li> </ul> </li> </ul>

**All Departments  
OFFICE HAZARD ASSESSMENT**

<b>Hazard Category</b>	<b>Potential Hazards</b>	<b>Control</b>
Workplace Violence <ul style="list-style-type: none"> <li>• Office security</li> <li>• Parking lot security</li> </ul>	<ul style="list-style-type: none"> <li>• Assaults from:                             <ul style="list-style-type: none"> <li>○ Co-workers</li> <li>○ Relatives</li> <li>○ Members of the public</li> <li>○ Vendors</li> </ul> </li> <li>• Limited parking lot lighting</li> <li>• Landscape design</li> <li>• Working/leaving/arriving alone</li> </ul>	<ul style="list-style-type: none"> <li>• Workplace Security Program</li> <li>• Security assessment</li> <li>• Worksite modifications</li> <li>• Routine documented inspections:                             <ul style="list-style-type: none"> <li>○ Safety</li> <li>○ Parking lot lighting</li> </ul> </li> <li>• Documented training regarding:                             <ul style="list-style-type: none"> <li>○ Workplace violence prevention</li> </ul> </li> </ul>

## Appendix C – Employee/Student Hazard Report Form

(A modified version of this form is available as the Make Safety Happen - Hazard Report Phone App)

### 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

<b>Employee/Student Hazard Information</b>	<b>1. Date of Hazard/Concern Report</b>	<b>2. Location of Hazard</b>
	<b>3. Employee/Student Name: (Optional)</b>	<b>4. Name of Person/Department Hazard Report Submitted to:</b>
	<b>5. Describe the Hazard or Concern:</b>	
	<b>6. Corrective Action Recommendation:</b>	
	<b>For Supervisor Use</b>	
	<b>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.</b>	
<b>Supervisor's Use Only</b>	<b>8. Manager's Name:</b>	<b>9. Date Reviewed with the Manager:</b>
	<b>10. Dean's/Managing Director's Name</b>	<b>11. Date Reviewed with the Dean/Managing Director:</b>
	<b>12. Responding Person:</b>	<b>13. Date Response Posted or Delivered to Employee/Student:</b>

**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 Formulario de Reclamo de Compensación de Trabajadores (DWC 1) y Notificación de Posible Elegibilidad



If you are injured or become ill, either physically or mentally, because of your job, including injuries resulting from a workplace crime, 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 this sheet and all other papers 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 investigation is needed.

To file a claim, complete the "Employee" 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 mail the form to your employer, use first-class or certified mail. If you buy a return receipt, you will be able to prove that the claim form was mailed 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 dated 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 travel costs. Your claims administrator will pay the costs 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 Treating 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 injured.
- 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 predesignated 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 covered by an HCO or a MPN. 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 predesignated your personal physician or a medical group.
- If your employer has not put up a poster describing your rights to workers' compensation, you may be able to be treated by your personal physician right after you are injured.

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 applicable treating guidelines until the claim is accepted or rejected. If the employer or claims administrator does not authorize treatment right away, talk to your supervisor, someone else in management, or the claims administrator. Ask for treatment to be authorized right now, while waiting for a decision on your claim. If the employer or claims administrator will not authorize treatment, use your own health insurance to get medical care. Your health insurer will seek reimbursement from the claims administrator. If you do not have health insurance, there are 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 being treated in a Medical Provider Network (MPN), you may switch to other doctors within the MPN after the first visit.
- If you are being treated in a Health Care Organization (HCO), you may switch at least one time to another doctor within the HCO. You may switch to a doctor outside the HCO 90 or 180 days after your injury is reported to your employer (depending on whether you are covered by employer-provided health insurance).
- If you are not being treated in an MPN or HCO and did 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

Si Ud. se lesiona o se enferma, ya sea físicamente o mentalmente, debido a su trabajo, incluyendo lesiones que resulten de un crimen en el lugar de trabajo, es posible que Ud. tenga derecho a beneficios de compensación de trabajadores. Utilice el formulario adjunto para presentar un reclamo de compensación de trabajadores con su empleador. **Ud. debe leer toda la información a continuación.** Guarde esta hoja y todos los demás documentos para sus archivos. Es posible que usted reúna los requisitos para todos los beneficios, o parte de éstos, que se enumeran dependiendo de la índole de su reclamo. Si usted presenta un reclamo, el administrador de reclamos, quien es responsable por el manejo de su reclamo, debe notificarle dentro de 14 días si se acepta su reclamo o si se necesita investigación adicional.

Para presentar un reclamo, llene la sección del formulario designada para el "Empleado," guarde una copia, y déle el resto a su empleador. Haga esto de inmediato para evitar problemas con su reclamo. En algunos casos, los beneficios no se iniciarán hasta que usted le informe a su empleador acerca de su lesión mediante la presentación de un formulario de reclamo. Describa su lesión por completo. Incluya cada parte de su cuerpo afectada por la lesión. Si usted le envía por correo el formulario a su empleador, utilice primera clase o correo certificado. Si usted compra un acuse de recibo, usted podrá demostrar que el formulario de reclamo fue enviado por correo y cuando fue entregado. Dentro de un día laboral después de presentar el formulario de reclamo, su empleador debe completar la sección designada para el "Empleador," le dará a Ud. una copia fechada, guardará una copia, y enviará una al administrador de reclamos.

**Atención Médica:** Su administrador de reclamos pagará por toda la atención médica razonable y necesaria para su lesión o enfermedad relacionada con el trabajo. Los beneficios médicos están sujetos a la aprobación y pueden incluir tratamiento por parte de un médico, los servicios de hospital, la terapia física, los análisis de laboratorio, las medicinas, equipos y gastos de viaje. Su administrador de reclamos pagará directamente los costos de los servicios médicos aprobados de manera que usted nunca verá una factura. Hay límites en terapia quiropráctica, física y otras visitas de terapia ocupacional.

**El Médico Primario que le Atiende (Primary Treating Physician- PTP)** es el médico con la responsabilidad total para tratar su lesión o enfermedad.

- Si usted designó previamente a su médico personal o a un grupo médico, usted podrá ver a su médico personal o grupo médico después de lesionarse.
- 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, usted será tratado en la *MPN* o *HCO* a menos que usted hizo una designación previa de su médico personal o grupo médico. Una *MPN* es un grupo de proveedores de asistencia médica quien da tratamiento a los trabajadores lesionados en el trabajo. Usted debe recibir información de su empleador si su tratamiento es cubierto por una *HCO* o una *MPN*. Hable con su empleador para más información.
- Si su empleador no está utilizando una *MPN* o *HCO*, en la mayoría de los casos, el administrador de reclamos puede elegir el médico que lo atiende primero a menos de que usted hizo una designación previa de su médico personal o grupo médico.
- Si su empleador no ha colocado un cartel describiendo sus derechos para la compensación de trabajadores, Ud. puede ser tratado por su médico personal inmediatamente después de lesionarse.

Dentro de un día laboral después de que Ud. Presente un formulario de reclamo, su empleador o el administrador de reclamos debe autorizar hasta \$10000 en tratamiento para su lesión, de acuerdo con las pautas de tratamiento aplicables, hasta que el reclamo sea aceptado o rechazado. Si el empleador o administrador de reclamos no autoriza el tratamiento de inmediato, hable con su supervisor, alguien más en la gerencia, o con el administrador de reclamos. Pida que el tratamiento sea autorizado ya mismo, mientras espera una decisión sobre su reclamo. Si el empleador o administrador de reclamos no autoriza el tratamiento, utilice su propio seguro médico para recibir atención médica. Su compañía de seguro médico buscará reembolso del administrador de reclamos. Si usted no tiene seguro médico, hay médicos, clínicas u hospitales que lo tratarán sin pago inmediato. Ellos buscarán reembolso del administrador de reclamos.

### Cambiando a otro Médico Primario o PTP:

- Si usted está recibiendo tratamiento en una Red de Proveedores Médicos

your employer or the claims administrator has not created or selected an MPN.

**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 "seal" (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 switch to other doctors as described above. If you cannot reach agreement with another doctor, the steps to take depend on whether you are receiving care in an MPN, HCO, or neither. 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 request 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 (or fewer) 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 cause of your injury or how severe the injury is, you can switch to 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 can 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 two-thirds of your average weekly pay, within minimums and maximums set by state law. Payments are not made for the first three days you are off the job unless you are hospitalized overnight or cannot work for more than 14 days.

**Stay 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. Studies show 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 (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. Actively communicate with your PTP, your employer, and the claims administrator about the work you did before you were injured, your medical condition and the kinds 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 1/1/04, and your injury results in a permanent disability and your employer does not offer regular, modified, or alternative work, you may qualify for a nontransferable voucher payable for retraining and/or skill enhancement. If you qualify, the claims administrator will pay the costs up to the maximum set by state law.

**Death Benefits:** If the injury or illness causes death, payments may be made to a

(Medical Provider Network- MPN), usted puede cambiar a otros médicos dentro de la MPN después de la primera visita.

- Si usted está recibiendo tratamiento en un Organización de Cuidado Médico (Healthcare Organization- HCO), es posible cambiar al menos una vez a otro médico dentro de la HCO. Usted puede cambiar a un médico fuera de la HCO 90 o 180 días después de que su lesión es reportada a su empleador (dependiendo de si usted está cubierto por un seguro médico proporcionado por su empleador).
- Si usted no está recibiendo tratamiento en una MPN o HCO y no hizo una designación previa, usted puede cambiar a un nuevo médico una vez durante los primeros 30 días después de que su lesión es reportada a su empleador. Póngase en contacto con el administrador de reclamos para cambiar de médico. Después de 30 días, puede cambiar a un médico de su elección si su empleador o el administrador de reclamos no ha creado o seleccionado una MPN.

**Divulgación de Expedientes Médicos:** Después de que Ud. presente un reclamo para beneficios de compensación de trabajadores, sus expedientes médicos no tendrán el mismo nivel de privacidad que usted normalmente espera. Si Ud. no está de acuerdo en divulgar voluntariamente los expedientes médicos, un juez de compensación de trabajadores posiblemente decida qué expedientes serán revelados. Si usted solicita privacidad, es posible que el juez "selle" (mantenga privados) ciertos expedientes médicos.

**Problemas con la Atención Médica y los Informes Médicos:** En algún momento durante su reclamo, podría estar en desacuerdo con su PTP sobre qué tratamiento es necesario. Si esto sucede, usted puede cambiar a otros médicos como se describe anteriormente. Si no puede llegar a un acuerdo con otro médico, los pasos a seguir dependen de si usted está recibiendo atención en una MPN, HCO o ninguna de las dos. Para más información, consulte la sección "Aprenda Más Sobre la Compensación de Trabajadores," a continuación.

Si el administrador de reclamos niega el tratamiento recomendado por su PTP, puede solicitar una revisión médica independiente (*Independent Medical Review-IMR*), utilizando el formulario de solicitud que se incluye con la decisión por escrito del administrador de reclamos negando el tratamiento. El proceso de la IMR es parecido al proceso de la IMR de un seguro médico colectivo, y tarda aproximadamente 40 (o menos) días para llegar a una determinación de manera que se pueda dar un tratamiento apropiado. Su abogado o su médico le pueden ayudar en el proceso de la IMR. La IMR no está disponible para resolver disputas sobre cuestiones aparte de la necesidad médica de un tratamiento particular solicitado por su médico.

Si no está de acuerdo con su PTP en cuestiones aparte del tratamiento, como la causa de su lesión o la gravedad de la lesión, usted puede cambiar a otros médicos como se describe anteriormente. Si no puede llegar a un acuerdo con otro médico, notifique al administrador de reclamos por escrito tan pronto como sea posible. En algunos casos, usted arriesga perder el derecho a objetar a la opinión de su PTP a menos que hace esto de inmediato. Si usted no tiene un abogado, el administrador de reclamos debe enviarle instrucciones para ser evaluado por un médico llamado un evaluador médico calificado (*Qualified Medical Evaluator-QME*) para ayudar a resolver la disputa. Si usted tiene un abogado, el administrador de reclamos puede tratar de llegar a un acuerdo con su abogado sobre un médico llamado un evaluador médico acordado (*Agreed Medical Evaluator- AME*). Si el administrador de reclamos no está de acuerdo con su PTP sobre asuntos aparte del tratamiento, el administrador de reclamos puede exigirle que sea atendido por un QME o AME.

**Pago por Incapacidad Temporal (Sueldos Perdidos):** Si Ud. no puede trabajar, mientras se está recuperando de una lesión o enfermedad relacionada con el trabajo, Ud. puede recibir pagos por incapacidad temporal por un periodo limitado. Estos pagos pueden cambiar o parar cuando su médico diga que Ud. está en condiciones de regresar a trabajar. Estos beneficios son libres de impuestos. Los pagos por incapacidad temporal son dos tercios de su pago semanal promedio, con cantidades mínimas y máximas establecidas por las leyes estatales. Los pagos no se hacen durante los primeros tres días en que Ud. no trabaje, a menos que Ud. sea hospitalizado una noche o no puede trabajar durante más de 14 días.

**Permanezca en el Trabajo o Regreso al Trabajo:** Estar lesionado no significa que usted debe dejar de trabajar. Si usted puede seguir trabajando, usted debe hacerlo. Si no es así, es importante regresar a trabajar con su empleador actual tan

spouse 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, for filing a claim, or testifying in another person's workers' compensation case (Labor Code 132a). If proven, you may receive lost wages, job reinstatement, increased benefits, and costs and expenses up to limits set by the state.

**Resolving 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) 480-3287 or (866) 333-4606, or go to their website at [www.edd.ca.gov](http://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](http://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) 736-7401.

**You can consult with an attorney.** Most attorneys offer one free consultation. If you decide to hire an attorney, his or her fee will be taken out of some of your benefits. For names of workers' compensation attorneys, call the State Bar of California at (415) 538-2120 or go to their website at [www.californiaspecialist.org](http://www.californiaspecialist.org).

**Learn More About Workers' Compensation:** For more information about the workers' compensation claims process, go to [www.dwc.ca.gov](http://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 1-800-736-7401.

pronto como usted pueda medicamente hacerlo. Los estudios demuestran que entre más tiempo esté fuera del trabajo, más difícil es regresar a su trabajo original y a sus salarios. Mientras se está recuperando, su PTP, su empleador (supervisores u otras personas en la gerencia), el administrador de reclamos, y su abogado (si tiene uno) trabajarán con usted para decidir cómo va a permanecer en el trabajo o regresar al trabajo y qué trabajo hará. Comuníquese de manera activa con su PTP, su empleador y el administrador de reclamos sobre el trabajo que hizo antes de lesionarse, 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.

**Pago por Incapacidad Permanente:** Si un médico dice que no se ha recuperado completamente de su lesión y siempre será limitado en el trabajo que puede hacer, es posible que Ud. reciba pagos adicionales. La cantidad dependerá de la clase de lesión, grado de deterioro, su edad, ocupación, fecha de la lesión y sus salarios antes de lesionarse.

**Beneficio Suplementario por Desplazamiento de Trabajo (Supplemental Job Displacement Benefit- SJD):** Si Ud. se lesionó en o después del 1/1/04, y su lesión resulta en una incapacidad permanente y su empleador no ofrece un trabajo regular, modificado, o alternativo, usted podría cumplir los requisitos para recibir un vale no-transferible pagadero a una escuela para recibir un nuevo curso de reentrenamiento y/o mejorar su habilidad. Si Ud. cumple los requisitos, el administrador de reclamos pagará los gastos hasta un máximo establecido por las leyes estatales.

**Beneficios por Muerte:** Si la lesión o enfermedad causa la muerte, es posible que los pagos se hagan a un cónyuge y otros parientes o a las personas que viven en el hogar que dependían económicamente del trabajador difunto.

**Es ilegal que su empleador** le castigue o despida por sufrir una lesión o enfermedad laboral, por presentar un reclamo o por testificar en el caso de compensación de trabajadores de otra persona. (Código Laboral, sección 132a.) De ser probado, usted puede recibir pagos por pérdida de sueldos, reposición del trabajo, aumento de beneficios y gastos hasta los límites establecidos por el estado.

**Resolviendo problemas o disputas:** Ud. tiene derecho a no estar de acuerdo con las decisiones que afecten 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 recibiendo beneficios, es posible que Ud. pueda obtener beneficios del Seguro Estatal de Incapacidad (*State Disability Insurance-SDI*) o beneficios del desempleo (*Unemployment Insurance- UI*). Llame al Departamento del Desarrollo del Empleo estatal al (800) 480-3287 o (866) 333-4606, o visite su página Web en [www.edd.ca.gov](http://www.edd.ca.gov).

**Puede Contactar a un Oficial de Información y Asistencia (Information & Assistance- I&A):** Los Oficiales de Información y Asistencia (I&A) estatal contestan preguntas, ayudan a los trabajadores lesionados, proporcionan formularios y ayudan a resolver problemas. Algunos oficiales de I&A tienen talleres para trabajadores lesionados. Para obtener información importante sobre el proceso de la compensación de trabajadores y sus derechos y obligaciones, vaya a [www.dwc.ca.gov](http://www.dwc.ca.gov) o comuníquese con un oficial de información y asistencia de la División Estatal de Compensación de Trabajadores. También puede escuchar información grabada y una lista de las oficinas de I&A locales llamando al (800) 736-7401.

**Ud. puede consultar con un abogado.** La mayoría de los abogados ofrecen una consulta gratis. Si Ud. decide contratar a un abogado, los honorarios serán tomados de algunos de sus beneficios. Para obtener nombres de abogados de compensación de trabajadores, llame a la Asociación Estatal de Abogados de California (*State Bar*) al (415) 538-2120, o consulte su página Web en [www.californiaspecialist.org](http://www.californiaspecialist.org).

**Aprenda Más Sobre la Compensación de Trabajadores:** Para obtener más información sobre el proceso de reclamos del programa de compensación de trabajadores, vaya a [www.dwc.ca.gov](http://www.dwc.ca.gov). En la página Web, podrá acceder a un folleto útil, "Compensación del Trabajador de California: Una Guía para Trabajadores Lesionados." También puede contactar a un oficial de Información y Asistencia (arriba), o escuchar información grabada llamando al 1-800-736-7401.



**WORKERS' COMPENSATION CLAIM FORM (DWC 1)**

**PETITION DEL EMPLEADO PARA DE COMPENSACIÓN DEL TRABAJADOR (DWC 1)**

**Employee:** Complete the "Employee" section and give the form to your employer. Keep a copy and mark it "Employee's Temporary Receipt" until you receive the signed and dated copy from your employer. You may call the Division of Workers' Compensation and hear recorded information at (800) 736-7401. An explanation of workers' compensation benefits is included in the Notice of Potential Eligibility, which is the cover sheet of this form. Detach and save this notice for future reference.

You should also have received a pamphlet from your employer describing workers' compensation benefits and the procedures to obtain them. You may receive written notices from your employer or its claims administrator about your claim. If your claims administrator offers to send you notices electronically, and you agree to receive these notices only by email, please provide your email address below and check the appropriate box. If you later decide you want to receive the notices by mail, you must inform your employer in writing.

**Empleado:** Complete la sección "Empleado" y entregue la forma a su empleador. Quédese con la copia designada "Recibo Temporal del Empleado" hasta que Ud. reciba la copia firmada y fechada de su empleador. Ud. puede llamar a la División de Compensación al Trabajador al (800) 736-7401 para oír información grabada. Una explicación de los beneficios de compensación de trabajadores está incluido en la Notificación de Posible Elegibilidad, que es la hoja de portada de esta forma. Separe y guarde esta notificación como referencia para el futuro.

Ud. también debería haber recibido de su empleador un folleto describiendo los beneficios de compensación al trabajador lesionado y los procedimientos para obtenerlos. Es posible que reciba notificaciones escritas de su empleador o de su administrador de reclamos sobre su reclamo. Si su administrador de reclamos ofrece enviarle notificaciones electrónicamente, y usted acepta recibir estas notificaciones solo por correo electrónico, por favor proporcione su dirección de correo electrónico abajo y marque la caja apropiada. Si usted decide después que quiere recibir las notificaciones por correo, usted debe de informar a su empleador por escrito.

**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.**

**Toda aquella persona que a propósito haga o cause que se produzca cualquier declaración o representación material falsa o fraudulenta con el fin de obtener o negar beneficios o pagos de compensación a trabajadores lesionados es culpable de un crimen mayor "felonía".**

**Employee—complete this section and see note above** *Empleado—complete esta sección y note la notación arriba.*

1. Name. *Nombre.* \_\_\_\_\_ Today's Date. *Fecha de Hoy.* \_\_\_\_\_  
 2. Home Address. *Dirección Residencial.* \_\_\_\_\_  
 3. City. *Ciudad.* \_\_\_\_\_ State. *Estado.* \_\_\_\_\_ Zip. *Código Postal.* \_\_\_\_\_  
 4. Date of Injury. *Fecha de la lesión (accidente).* \_\_\_\_\_ Time of Injury. *Hora en que ocurrió.* \_\_\_\_\_ a.m. \_\_\_\_\_ p.m.  
 5. Address and description of where injury happened. *Dirección/lugar dónde ocurrió el accidente.* \_\_\_\_\_  
 6. Describe injury and part of body affected. *Describe la lesión y parte del cuerpo afectada.* \_\_\_\_\_  
 7. Social Security Number. *Número de Seguro Social del Empleado.* \_\_\_\_\_  
 8.  Check if you agree to receive notices about your claim by email only.  *Marque si usted acepta recibir notificaciones sobre su reclamo solo por correo electrónico. Employee's e-mail.* \_\_\_\_\_ *Correo electrónico del empleado.* \_\_\_\_\_  
 You will receive benefit notices by regular mail if you do not choose, or your claims administrator does not offer, an electronic service option. *Usted recibirá notificaciones de beneficios por correo ordinario si usted no escoge, o su administrador de reclamos no le ofrece, una opción de servicio electrónico.*  
 9. Signature of employee. *Firma del empleado.* \_\_\_\_\_

**Employer—complete this section and see note below. Employer—complete esta sección y note la notación abajo.**

10. Name of employer. *Nombre del empleador.* \_\_\_\_\_  
 11. Address. *Dirección.* \_\_\_\_\_  
 12. Date employer first knew of injury. *Fecha en que el empleador supo por primera vez de la lesión o accidente.* \_\_\_\_\_  
 13. Date claim form was provided to employee. *Fecha en que se le entregó al empleado la petición.* \_\_\_\_\_  
 14. Date employer received claim form. *Fecha en que el empleado devolvió la petición al empleador.* \_\_\_\_\_  
 15. Name and address of insurance carrier or adjusting agency. *Nombre y dirección de la compañía de seguros o agencia administradora de seguros.* \_\_\_\_\_  
 16. Insurance Policy Number. *El número de la póliza de Seguro.* \_\_\_\_\_  
 17. Signature of employer representative. *Firma del representante del empleador.* \_\_\_\_\_  
 18. Title. *Título.* \_\_\_\_\_ 19. Telephone. *Teléfono.* \_\_\_\_\_

**Employer:** You are required to date 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.

**Empleador:** Se requiere que Ud. feche esta forma y que provéa copias a su compañía de seguros, administrador de reclamos, o dependiente/representante de reclamos y al empleado que hayan presentado esta petición dentro del plazo de **un día hábil** desde el momento de haber sido recibida la forma del empleado.

SIGNING THIS FORM IS NOT AN ADMISSION OF LIABILITY

**EL FIRMAR ESTA FORMA NO SIGNIFICA ADMISION DE RESPONSABILIDAD**

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

**Appendix E – Employees’ and Supervisors’ Report of Injury Illness Form**

**Go to: <http://erm.sfsu.edu/sites/default/files/Employees%20Report%20of%20Work-Related%20Incident%20Injury%20or%20Illness%20%2812-2018%29.pdf>**

**Appendix F – “Notice to Employee – Injuries Caused By Work” Poster**

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](#).



### 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 medicines 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. If 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 911 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 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 predesignate 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 has a Medical Provider Network (MPN). You should receive information from your employer if you are 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 health 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, see 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 a 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) 736-7401. Learn more information about DWC and DLSE online: [www.dwc.ca.gov](http://www.dwc.ca.gov) or [www.dir.ca.gov/dlse](http://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.

## San Francisco State University Accident/Incident Investigation Report of Occupational Injury or Illness

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

<b>1. Name of injured employee (last, first)</b>		<b>2. Employee ID #</b>		<b>3. Date of Injury</b>	
<b>4. How injury/illness occurred in detail. Describe sequence of events. Specify object or exposure which directly produced the injury/illness.</b>					
<b>5. Initial Factors</b>					
<input type="checkbox"/> Cut/Puncture/Scrape <input type="checkbox"/> Fall – from elevation <input type="checkbox"/> Repetitive activity involved <input type="checkbox"/> Disease exposure <input type="checkbox"/> Struck by/against <input type="checkbox"/> Slip/trip/fall – same level <input type="checkbox"/> Motor vehicle operated <input type="checkbox"/> Chemical exposure <input type="checkbox"/> Caught in/under/between <input type="checkbox"/> Material handling/lifting <input type="checkbox"/> Body fluid exposure <input type="checkbox"/> Other					
<b>6. CONTRIBUTING FACTORS - Identify multiple contributing factors involved in the accident or incident</b>					
<b>Equipment / PPE</b> Defect or malfunction <input type="checkbox"/> Improper for job <input type="checkbox"/> Improper use <input type="checkbox"/> Not readily available <input type="checkbox"/> Design/ quality contributed to hazard	<b>Environment / Work Area</b> Inadequate layout/space <input type="checkbox"/> Poor housekeeping <input type="checkbox"/> Ergonomic hazards <input type="checkbox"/> Unauthorized entry <input type="checkbox"/> Environmental conditions	<b>Policy / Procedure</b> None available for task <input type="checkbox"/> Does not address hazards <input type="checkbox"/> Specific responsibilities not clearly assigned <input type="checkbox"/> No method to monitor and track implementation <input type="checkbox"/> Not consistent with best practices or regulations	<b>Implementation</b> Hazard not identified, or <input type="checkbox"/> perceived as low risk <input type="checkbox"/> Lack of resources to implement safety policy <input type="checkbox"/> Inadequate training <input type="checkbox"/> Poor/inconsistent implementation of policy <input type="checkbox"/> Employee unaware of hazard	<b>Individual</b> Employee fatigue <input type="checkbox"/> Not able to perform work <input type="checkbox"/> Difficult to perform task without help <input type="checkbox"/> Aware of hazard and controls but did not follow safe practice <input type="checkbox"/> Other	
<b>7. CORRECTIVE ACTIONS - Select possible corrective actions for each contributing factor identified</b>					
<b>Equipment / PPE</b> <input type="checkbox"/> Develop inspection procedure <input type="checkbox"/> Identify proper equipment (JSA) <input type="checkbox"/> Train employees on proper equipment use <input type="checkbox"/> Evaluate equipment needs and access <input type="checkbox"/> Review equipment design/quality for task	<b>Environment</b> <input type="checkbox"/> Redesign work area <input type="checkbox"/> Implement periodic safety inspections <input type="checkbox"/> Conduct ergonomic evaluation <input type="checkbox"/> Develop controls to prevent entry <input type="checkbox"/> Review controls for environmental conditions	<b>Policy / Procedure</b> <input type="checkbox"/> Develop procedure <input type="checkbox"/> Revise to control the hazards identified <input type="checkbox"/> Revise to assign responsibilities <input type="checkbox"/> Develop system to monitor implementation <input type="checkbox"/> Revise to reflect best practices/regulations	<b>Implementation</b> <input type="checkbox"/> Establish hazard assessment and risk prioritization system <input type="checkbox"/> Review resource allocation for safety <input type="checkbox"/> Revise training plan to ensure job-specific training for supervisors and employees <input type="checkbox"/> Establish method to monitor compliance <input type="checkbox"/> Review training delivery and effectiveness	<b>Individual</b> <input type="checkbox"/> Review contributing factors for fatigue <input type="checkbox"/> Review job demands / need for transitional duty <input type="checkbox"/> Assess need for job redesign/assistive devices <input type="checkbox"/> Initiate compliance procedures (Department IIPP and County Safety Management Plan) <input type="checkbox"/> Establish corrective actions appropriate for the contributing factor	
<b>8. Corrective Action Plan</b>					
<i>Action</i>		<i>Who</i>		<i>When</i>	
a)					
b)					
c)					
<b>9. Investigation Review and Approval</b>					
Supervisor name		Supervisor approval signature		Date	
Department Safety Coordinator name		Department Safety Coordinator approval signature		Date	
Director/Manager name		Director/Manager approval signature		Date	

Near Miss Investigation

**SAFETY INSPECTIONS AND RECOMMENDED FREQUENCIES LIST**

	Inspection By	Recommended Frequency		
<b>HAZARDOUS MATERIALS LOCATIONS</b>				
Designated Haz Waste Accumulation Areas (COSE, RTC, Fine Arts, FSE)	EHS	1 week		
Haz Material Storage & Haz Waste Satellite Areas	EHS	3 months		
Stockrooms	EHS/Lab Owner	3 months		
Research Labs	EHS/Lab Owner	3 months		
Teaching Labs	EHS/Lab Owner	3 months		
<b>SAFETY &amp; HVAC EQUIPMENT</b>				
Emergency Eyewash & Deluge shower equipment	Facilities	1 month		
Spill kits	Lab Owner	after use		
First Aid kits	Lab Owner	after use		
Local exhaust equipment (Chemical Fume Hoods, Biosafety Cabinets)	EHS Contractor	12 months		
Fire extinguishers	Facilities	1 & 12 months		
Automatic Electronic Defibrillators (AEDs)	EHS	2 months		
Emergency Exit lighting	Facilities	12 months		
Escape chairs	BERC	12 months		
Exterior Building Lighting	Facilities	6 months		
Fire suppression systems	Facilities	12 months		
HVAC Systems	Facilities	12 months		
Smoke detectors	Facilities	12 months		
Backup generators	Facilities	1 & 12 months		

## **Appendix I – College and Organizational Unit Safety Committees**

### **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

### **University Lab Safety Committee**

### **University/Campus Safety Committee**

## Appendix J

Lists of Building Coordinators, Building Emergency Response Coordinators and Organization Safety Points of Contact

## BUILDING COORDINATOR LIST 10-8-19

College or Administrative Unit	Location	Building Coordinator	Phone	Email	Location
Administration & Finance	<b>ADM</b>	Jesus A. Garcia	x86602	<a href="mailto:jgarc@sfzu.edu">jgarc@sfzu.edu</a>	<b>ADM 354</b>
Administration & Finance back-up	<b>ADM</b>				
Graduate College of Education	<b>BH</b>	Cathy Lai	x54173	<a href="mailto:cathylai@sfzu.edu">cathylai@sfzu.edu</a>	<b>BH 506A</b>
Graduate College of Education back-up	<b>BH</b>	Teresa Dziadur	x82492	<a href="mailto:tdza@sfzu.edu">tdza@sfzu.edu</a>	<b>BH 507</b>
College of Business	<b>BUS</b>	Janet Remolona	x82670	<a href="mailto:jremolo@sfzu.edu">jremolo@sfzu.edu</a>	<b>BUS 321</b>
College of Business back-up	<b>BUS</b>				
College of Liberal Studies & Creative Arts CA	<b>CA</b>	Steve Lahey	x87772	<a href="mailto:slohey@sfzu.edu">slohey@sfzu.edu</a>	<b>CA 129B</b>
College of Liberal Studies & Creative Arts CA back-up	<b>CA</b>	Michelle Rashleger	x54281	<a href="mailto:mrash@sfzu.edu">mrash@sfzu.edu</a>	<b>CA251</b>
College of Liberal Studies & Creative Arts FA	<b>FA</b>	Rozan Soleimani	x87393	<a href="mailto:rozans@sfzu.edu">rozans@sfzu.edu</a>	<b>FA 234</b>
College of Liberal Studies & Creative Arts FA back-up	<b>FA</b>				
College of Liberal Studies & Creative Arts HUM	<b>HUM</b>	John Cleary	x81066	<a href="mailto:jcleary@sfzu.edu">jcleary@sfzu.edu</a>	<b>HUM 134</b>
College of Liberal Studies & Creative Arts HUM back-up	<b>HUM</b>	Audrey Chuck	x87394	<a href="mailto:afchuck@sfzu.edu">afchuck@sfzu.edu</a>	<b>HUM 263</b>
College of Liberal Studies & Creative Arts back-up	<b>LCA</b>	Chris Moring (nights)	x87758	<a href="mailto:cmoring@sfzu.edu">cmoring@sfzu.edu</a>	<b>CA 129B</b>
College of Ethnic Studies / Psychology	<b>EP</b>				
College of Ethnic Studies / Psychology back-up	<b>EP</b>				
College of Science and Engineering	<b>EP</b>				
College of Science and Engineering HH	<b>HH</b>	Chris Johansson	x82253	<a href="mailto:cjohanss@sfzu.edu">cjohanss@sfzu.edu</a>	<b>TH 309</b>
College of Science and Engineering HH back-up	<b>HH</b>				
College of Science and Engineering TH	<b>TH</b>	Chris Johansson	x82253	<a href="mailto:cjohanss@sfzu.edu">cjohanss@sfzu.edu</a>	<b>TH 309</b>
College of Science and Engineering TH back-up	<b>TH</b>				
College of Science and Engineering SCI	<b>SCI</b>	Chris Johansson	x82253	<a href="mailto:cjohanss@sfzu.edu">cjohanss@sfzu.edu</a>	<b>TH 309</b>
College of Science and Engineering SCI back-up	<b>SCI</b>				
College of Science and Engineering back-up	<b>COSE</b>				
College of Health & Social Sciences	<b>HSS</b>	Samantha Ward	x83330	<a href="mailto:skward@sfzu.edu">skward@sfzu.edu</a>	<b>HSS 204</b>
College of Health & Social Sciences back-up	<b>HSS</b>	Ryszard Dziadur	x83331	<a href="mailto:rdza@sfzu.edu">rdza@sfzu.edu</a>	<b>HSS 204</b>
University Library	<b>LIBRARY</b>	Matt Blevin	x81639	<a href="mailto:mblevin@sfzu.edu">mblevin@sfzu.edu</a>	<b>LIB 340H</b>
University Library back-up	<b>LIBRARY</b>				
Student Health Center	<b>SHC</b>	Tuan Mai	x87823	<a href="mailto:tuan@sfzu.edu">tuan@sfzu.edu</a>	<b>SHS 7</b>
Student Health Center back-up	<b>SHC</b>				
Student Services Building	<b>SSB</b>	Mirel Tikkanen	x53566	<a href="mailto:mtikkane@sfzu.edu">mtikkane@sfzu.edu</a>	<b>SSB 403</b>
Student Services Building back-up	<b>SSB</b>				
C. Chavez Student Center	<b>CCSC</b>	Alejandro Rios	x86092	<a href="mailto:arios@sfzu.edu">arios@sfzu.edu</a>	
C. Chavez Student Center back-up	<b>CCSC</b>				
Procurement	<b>CORP YARD</b>	Daniel Mackie		<a href="mailto:dmackie@sfzu.edu">dmackie@sfzu.edu</a>	<b>CT 140</b>
Procurement back-up	<b>CORP YARD</b>	Megan Dobbyn	x81877	<a href="mailto:mdobbyn@sfzu.edu">mdobbyn@sfzu.edu</a>	<b>CT 140</b>
UPD	<b>UPD</b>	Mervyn Reyes	x82226	<a href="mailto:mproyasa@sfzu.edu">mproyasa@sfzu.edu</a>	<b>UPD</b>
UPD back-up	<b>UPD</b>				
Res Life	<b>RES LIFE</b>	Patrick McFall	x58028	<a href="mailto:pmcfall@sfzu.edu">pmcfall@sfzu.edu</a>	<b>RES LIFE</b>
Res Life back-up	<b>RES LIFE</b>				<b>RES LIFE</b>
HDCS	<b>HDCS</b>	Patrick McFall	x58028	<a href="mailto:pmcfall@sfzu.edu">pmcfall@sfzu.edu</a>	<b>HDCS</b>
HDCS back-up	<b>HDCS</b>				<b>HDCS</b>
Gymnasium	<b>GYM</b>	Christine Hintermann	x81164	<a href="mailto:hinterma@sfzu.edu">hinterma@sfzu.edu</a>	<b>GYM</b>
Gymnasium back-up	<b>GYM</b>				
Mashouf	<b>MASHOUF</b>	Camree May	x52873	<a href="mailto:camreemay@sfzu.edu">camreemay@sfzu.edu</a>	<b>Herbert 102M</b>
Mashouf back-up	<b>MASHOUF</b>				
Children's Campus	<b>CCB</b>	Anna Tobin	x63611	<a href="mailto:astobin@sfzu.edu">astobin@sfzu.edu</a>	<b>CCB</b>
Children's Campus back-up	<b>CCB</b>				
Downtown Campus CEL	<b>DTC</b>	Huzam Erციyes		<a href="mailto:herciyes@sfzu.edu">herciyes@sfzu.edu</a>	<b>DTC</b>
Downtown Campus back-up	<b>DTC</b>	Julie Briden	x74260	<a href="mailto:jbriden@sfzu.edu">jbriden@sfzu.edu</a>	<b>DTC</b>
FAC/CPDC	<b>AC/CORPYARD</b>	Basilia Batara	X82125	<a href="mailto:bbatara@sfzu.edu">bbatara@sfzu.edu</a>	<b>CORP YARD</b>
FAC/CPDC BACK-UP	<b>AC/CORPYARD</b>				
Romberg Tiburon Campus RTC	<b>RTC</b>	Scott Kern	x83730	<a href="mailto:skern@sfzu.edu">skern@sfzu.edu</a>	<b>DTC</b>
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# ORGANIZATION SAFETY POINT OF CONTACT LIST 10-8-19

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College of Liberal Studies & Creative Arts FA	<b>FA</b>				
College of Liberal Studies & Creative Arts FA back-up	<b>FA</b>				
College of Liberal Studies & Creative Arts HUM	<b>HUM</b>				
College of Liberal Studies & Creative Arts HUM back-up	<b>HUM</b>				
College of Liberal Studies & Creative Arts back-up	<b>LCA</b>				
College of Ethnic Studies / Psychology	<b>EP</b>				
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Student Health Center	<b>SHC</b>				
Student Health Center back-up	<b>SHC</b>				
Student Services Building	<b>SSB</b>				
Student Services Building back-up	<b>SSB</b>				
C. Chavez Student Center	<b>CCSC</b>				
C. Chavez Student Center back-up	<b>CCSC</b>				
Procurement	<b>CORP YARD</b>				
Procurement back-up	<b>CORP YARD</b>				
UPD	<b>UPD</b>				
UPD back-up	<b>UPD</b>				
Res Life	<b>RES LIFE</b>				
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Gymnasium	<b>GYM</b>				
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FAC/CPDC	<b>AC/CORPYARD</b>				
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## **Appendix K – Covid-19 Addendum**

In response to the ongoing Covid-19 public health emergency, SFSU has implemented a Covid IIPP as a separate document in compliance with the CalOSHA Emergency Order. It describes a variety of ongoing programs, practices, and preventive measures including but not limited to:

### **Restricted Access**

Beginning in mid-March, SFSU initiated limiting access to the campus workplace to essential workers.

Permission to be on campus for essential workers requires permission from a University VP.

Face to Face instruction on campus has been eliminated (with a very small number of exceptions) for the summer and fall semesters.

Beginning in mid-August when a limited number of employees and students will be allowed back on campus, building access will be controlled by “Ambassadors” at building entries.

Room and Laboratory Access required administration approval of written re-opening plans that identified the specific hazards and countermeasures for each area, including schedules of operation to minimize occupancy rates, enhanced cleaning of commonly accessed areas and equipment, and procedures for hand washing, sanitizing, and disinfection.

### **Social Distancing**

While on-campus employees are required to maintain social distancing of at least 6 feet at all times. (In the presence of others has been defined by the SFDPH as within 30 feet when outdoors).

Signage around campus reminds employees of this requirement.

### **Required Face Coverings**

While on campus and in the presence of others employees are required to wear a face-covering with at least two layers of material. The University provides face coverings to employees free of charge.

### **Sanitization & Disinfection**

Hand sanitizing stations are available at every campus building open for occupancy.

Enhanced cleaning of occupied areas is being conducted by Facilities custodians.

Specific sanitization procedures are also written into individual area re-opening plans required before occupancy is approved.

### **Health Screening**

Beginning in mid-August employees and students will be required to provide evidence that they have passed a daily self-administered Covid-19 Health Screening before coming to campus. A phone app for this purpose is available on the SFSU phone app site.

### **Communication**

Campus announcements regarding Covid-19 are posted and updated online at <https://news.sfsu.edu/campus-plan>

Additional resources regarding Covid-19 can be found online at <https://news.sfsu.edu/campus-plan/covid-19-resources>

### **Training**

All employees, whether they are coming on campus or working from home exclusively are required to take an online course titled “SFSU: Working Safely During the Covid-19 Pandemic”. The course has been assigned through the CSU learning Management System known as CSU-Learn, also known as Sum Total. A similar course for students is available through CSU-Bridge (also known as Skillport).