



**UC DAVIS**

**Mechanical and Aerospace Engineering**

**INJURY AND ILLNESS PREVENTION PROGRAM**

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**In accordance with:**

University Policy, UCD Policy & Procedure Manual Section 290-15 -  
Safety Management Program

and

California Code of Regulations Title 8, Section 3203 (8 CCR, Section  
3203)

Date of last Revision: 29 August 2011

# Department of Mechanical and Aerospace Engineering

## INJURY AND ILLNESS PREVENTION PROGRAM

2010-11

### *Summary*

The Mechanical and Aerospace Engineering Department (MAE) has facilities in several UC Davis (UCD) buildings: Academic Surge Building, ATIRC, Bainer Hall, Bainer Wind Tunnel Building, Kemper Hall, and TB 207. This IIPP covers all facilities assigned to MAE by the College of Engineering. Individual laboratories must have their own Chemical Hygiene Plan or Standard Operating Procedures.

**Completion of this form indicates that it is the policy of the employer to fully comply with Labor Code §6401.7(SB 198) and General Industry Safety Order §3203, Injury and Illness Prevention Program.**

### DEPARTMENT INFORMATION

Department Name: Mechanical and Aerospace Engineering

Department Chairperson: Prof. C. P. van Dam

Address: 2132 Bainer Hall, University of California at Davis, Davis, CA 95616

Telephone Number: (530) 752-0580

### PERSONS WITH AUTHORITY AND RESPONSIBILITY FOR IMPLEMENTING THE INJURY AND ILLNESS PREVENTION PROGRAM:

Name (of Department Safety Contact -DSC): Dr. J. A. Schaaf

Name (Alternate): Prof. C. P. van Dam, Chair of MAE

### THE DEPARTMENT'S SYSTEM FOR IDENTIFYING, EVALUATING, AND PREVENTING OCCUPATIONAL SAFETY AND HEALTH HAZARDS INCLUDES THE FOLLOWING:

- ◆ Review of applicable Campus Safety Policies and other Safety Orders that apply to the operation.
- ◆ Review of industry and general information (including Material Safety Data Sheets and Chemical Hygiene Plan for chemicals used) on potential occupational safety and health hazards.
- ◆ Investigations of all accidents, injuries, illnesses, and unusual events that have occurred at this location.
- ◆ Periodic and scheduled inspections of general work areas and specific workstations.
- ◆ Evaluation of information provided by employees.

### REVIEW AND APPROVAL:

This Injury and Illness Prevention Program is hereby approved. – **SIGNED COPY KEPT IN 2002 BAINER!**

\_\_\_\_\_  
Signature of Department Chair

\_\_\_\_\_  
Date

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**Hazards**

**HAZARD EVALUATION HAVE BEEN CONDUCTED FOR THE FOLLOWING JOB TYPES OR SPECIFIC INDIVIDUALS:**

(1) Job Type: Administrative office worker

Individuals: All administrative office staff

(2) Job Type: Laboratory Researcher

Individuals: All who work in laboratories doing research

(3) Job Type: Laboratory Teaching Assistant

Individuals: All who assist faculty with teaching students in laboratories

A short description of each job type or specific individual noted above is included in the appendix of this document.

**THE OCCUPATIONAL SAFETY AND HEALTH HAZARDS IDENTIFIED ARE DOCUMENTED IN THE FOLLOWING MANNER:**

Hazard evaluation forms for general work areas and specific job types are maintained at the following location:

*General work hazard evaluations are located in the department's IIPP, which is kept in 2002 Bainer Hall. Specific job hazard analyses are located in laboratory specific Chemical Hygiene Plans or Standard Operating Procedures located in these laboratories.*

**SAFE WORKING CONDITIONS, WORK PRACTICES, AND PROTECTIVE EQUIPMENT REQUIREMENTS ARE DOCUMENTED AND COMMUNICATED IN THE FOLLOWING MANNER:**

Safe work practices have been developed for general and/or specific job types or workstations and are maintained at the following location: (includes manuals, UC Davis SafetyNets, etc.)

*General work practices documentation are located in 2002 Bainer Hall in the IIPP for administrative office workers and in the Chemical Hygiene Plan or Standard Operating Procedures for the individual laboratories*

**Inspections/Investigations**

**INSPECTIONS ARE CONDUCTED TO VERIFY COMPLIANCE WITH SAFETY REQUIREMENTS TO IDENTIFY ANY ADDITIONAL HAZARDS AND TO INVESTIGATE ACCIDENTS, INJURY AND ILLNESS CASES AND UNUSUAL OCCURRENCES.**

**Frequency and Responsibility for Inspections:**

(1) Area/Job Title: All facilities assigned to the Department of Mechanical and Aerospace Engineering

Frequency of Scheduled Inspections: Inspections are done on an annual basis

Person(s) Responsible: DSC or his/her designee

**Documentation of Inspections**

- ◆ Annual inspections are documented on a form similar to Form 1 (see the appendix), which include methods of correction of identified hazards.

*Inspection forms are kept in the Chemical Hygiene Plan or Standard Operating Procedures binder in each individual laboratory or in a centralized location for coordinated groups of laboratories. Copies are also kept in the departmental files in room 2002 Bainer Hall.*

- ◆ Laboratory Safety Contacts conduct annual self-audits of their laboratories using a form similar to Form 1, which include methods of correction of identified hazards.

*Self-Audit forms are kept in the Chemical Hygiene Plan or Standard Operating Procedures binder in each individual laboratory or in a centralized location for coordinated groups of laboratories.*

**Accident and Injury/Illness Investigation**

- ◆ Investigations are conducted as soon as possible after an accident, occupational injury or illness, hazardous or unusual occurrence is reported. These investigations are documented on a form similar to Form 2 (see the appendix) or a UCD Employer's Report of Occupational Injury or Illness (see Form 3 in the appendix).

- ◆ These forms are kept at the following location:

*2002 Bainer Hall*

**Correction of Unsafe or Unhealthy Conditions**

- ◆ After an inspection or investigation, the DSC will contact the PI/Supervisor of any corrective action required to resolve the unsafe or unhealthy condition. The correction must be made in a timely manner as indicated in the communication with the PI/Supervisor. The DSC will contact the Department Chair if the condition needs to be corrected at the department level or UC Davis Facilities/EH&S if the correction involves general infrastructure, etc.

***Training***

<b>DEPARTMENT SAFETY TRAINING IS PROVIDED INITIALLY OR IN THE FOLLOWING CIRCUMSTANCES:</b>
--

- ◆ Initial training for all current employees upon establishment of this employer's program or prior to July 1, 1991.
- ◆ New employees are provided initial training upon hiring prior to assignment.
- ◆ Employees are provided training when assigned to a new task for which training has not been received.
- ◆ Supervisors/Principal Investigators/Advisors are responsible for identifying hazards and safe practices in their area of responsibility in consultation with the DSC and seeing that all personnel using the area are properly trained.
- ◆ Training includes general workplace and laboratory safety as well as training covering topics relevant to the specific assignment or job title. Training also covers potential occupational safety and health hazards.
- ◆ Documentation of training is maintained on forms similar to Form 4 (see the appendix) for individual initial training, Form 5 (see the appendix) for individual annual refresher training, and/or Form 6 (see the appendix) for group training sessions. This documentation is kept at the following location(s):

*Records of training are located in the training section of the laboratory-specific Chemical Hygiene Plan or Standard Operating Procedures in each individual laboratory or in another centralized location for coordinated groups of laboratories. Also MAE maintains a set of training records in 2002 Bainer Hall.*

- ◆ Refresher training is required at the following frequency: Every 1 to 3 years depending on the nature of the safety hazard or whenever there is a significant change in safety policies or procedures. At a minimum, chemical spills and evacuation procedures must be covered annually if hazardous materials are used in the facility. For laboratory personnel, a review of any changes to the Chemical Hygiene Plan and/or Standard Operating Procedures is required annually.
- ◆ All training is the responsibility of the Principal Investigator or his/her designee.
- ◆ Equally effective alternative training may also have been provided by the Laboratory Safety Contact at regular lab group meetings as needed.
- ◆ Laboratory Teaching Assistants are given specialized safety training that emphasizes supervising students who are participating in laboratory classes.

### ***Communication***

**EFFECTIVE COMMUNICATIONS WITH EMPLOYEES HAVE BEEN ESTABLISHED WHICH INCLUDE THE FOLLOWING METHODS TO MEET THE STANDARD'S REQUIREMENTS:**

- ◆ Communication of safe working conditions, practices, and required personal protection equipment is included in initial and all subsequent training.
- ◆ Other forms of employer-to-employee communications on safety topics include:
  - Letters placed in the employee's mail box
  - Emails sent to the employee's campus email address
  - Posters and notices placed in offices and laboratories
- ◆ This employer's method to solicit safety-related information from employees includes:

*Discussions held during staff and laboratory group meetings and by sending a note to the DSC or Department Chair.*

and anonymously by:

*Leaving messages in the DSC's box outside his office (2132A Bainer – west door, east of 2108 Bainer door).*

- Form 7 (see the appendix) has been made available for this purpose.
- Employees have been advised there will be no reprisals or other job discrimination for expressing any concern, comment, suggestion or complaint about a safety-related matter.

### ***Recordkeeping***

**RECORDKEEPING REQUIREMENTS OF 8 CCR §3203(D) WILL BE ADHERED TO, INCLUDING:**

- ◆ Maintenance of all written records for a minimum of three years.
- ◆ Maintenance of training records for employees who have worked less than one year is not required, if the former employee receives a copy of such record.

## ***Compliance***

### **COMPLIANCE AND NEGLIGENCE:**

- ◆ Employees have been advised by the following method: during initial training that safe work conditions, practices, and required personal protective equipment are mandatory and will be enforced by the following:
  - Discipline for non-compliance in keeping with University personnel policy:  
*Policies and procedures are given in Staff Personnel Manual Section 270*

## ***Laboratory Plans***

### **LABORATORY SPECIFIC PROCEDURES AND PLANS:**

- ◆ It is the responsibility of each Supervisor/Principal Investigator/Advisor to be sure all personnel within their responsibility are properly trained, informed of workplace hazards, and aware of this IIPP.

## ***Emergency Action Plan***

### **EMERGENCY ACTION PLAN:**

- ◆ MAE has separate documents covering Emergency Action Plans for the buildings it occupies. There are two documents: **Emergency Action Plan** for Bainer Hall and the Wind Tunnel Building and **Secondary Emergency Action Plan** for other buildings. Both of these are stored in 2002 Bainer Hall.
- ◆ If an emergency arises, dial 911 to notify the university emergency services dispatcher immediately. Clearly explain the nature of the emergency. For example, if the emergency involves a chemical spill, be sure to notify the dispatcher that there has been a chemical spill, the name of the chemical spilled, the location of the spill, etc. Inform others in your work area of the spill and if it is a hazardous material evacuate the room. See EH&S's Safety Net 13 for more information.

**Appendix**

**Form 1 – General Laboratory Safety Audit**

**GENERAL LABORATORY SAFETY AUDIT  
Mechanical and Aerospace Engineering  
University of California, Davis**

Building \_\_\_\_\_ Room # \_\_\_\_\_ Date \_\_\_\_\_  
 P.I. \_\_\_\_\_ Lab Contact \_\_\_\_\_  
 Auditor \_\_\_\_\_ Telephone # \_\_\_\_\_

	YES	NO	N/A	Comments
1. Are the Material Safety Data Sheets (MSDS) for all chemicals in the laboratory in a clearly marked binder and location?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
2. Are laboratory personnel familiar with the use of the MSDS?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
3. Are training records up to date?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
4. Is the chemical inventory up to date?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
5. Does the lab have a Chemical Hygiene Plan or Safety Plan?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
6. Are work areas clean and uncluttered?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
7. Are food and beverages kept away from work areas and out of the laboratory refrigerators or cabinets?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
8. Are refrigerators and freezers that are used for storage of flammables laboratory safe and/or explosion proof and properly labeled?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
9. Are rotating parts and belts guarded with screens having less than 1/4" opening?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
10. Are safety shower and eyewash accessible within 10 seconds of travel time from the laboratory if chemicals are used in the lab?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
11. Are sharps stored in puncture-proof containers and labeled appropriately (medical or hazardous waste)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
12. Is a fire extinguisher within 75 feet of laboratory?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
13. Are fire extinguisher and alarm locations clearly indicated?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
14. If more than 10 gallons of flammables are stored, is an approved flammable storage cabinet used? (Call the UC Davis Fire Department for information.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
15. Are fire doors unobstructed, not propped open and readily closed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Source: Ernie Avery, VM, 9 June 1998  
 Modified: James Schaaf, MAE, 12 August 2009

**GENERAL LABORATORY SAFETY AUDIT**

	YES	NO	N/A	Comments
16. Are electrical plugs, cords and receptacles in good condition (no slices or frayed cords)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
17. Are extension cords used? (These are not to be used in place of permanent wiring, running through walls, ceilings, doors.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
18. Are all electrical boxes, panels, receptacles and fittings covered to protect against electrical shock?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
19. Are control switches, circuit breakers, electrical panels, and emergency power cabinets free of obstructions by at least 36 inches?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
20. Is laboratory fume hood used for excessive storage – clear airflow?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
21. Are compressed gas cylinders secured?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
22. Are valves of gas cylinders capped when not in use?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
23. Are all chemicals labeled w/name, hazard warning, and date opened?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
24. Are all hazardous waste material containers labeled using UCD hazardous waste label?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
25. Are hazardous/bio material waste disposal instructions/procedures in a clearly marked location?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
26. Are incompatible chemicals separated by hazard class (acid, bases, oxidizers, flammables)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
27. Are chemicals stored on floor in secondary containment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
28. Are shelf restraints for chemicals stored in cabinets used?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
29. Are emergency phone #'s prominently displayed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
30. Are doorways and aisles between counters not blocked or cluttered?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
31. Is personal protective equipment available (goggles, lab coats, gloves)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

**Additional Comments:**

***Form 2 – Investigation Report***

**MECHANICAL AND AEROSPACE ENGINEERING  
INJURY AND ILLNESS PREVENTION PROGRAM**

**ACCIDENT/INCIDENT INVESTIGATION REPORT**

_____ Name(s) and title(s) of affected person(s)	
_____ Date & time of accident, illness/injury.	_____ Location where accident, illness/injury occurred.

Description of the incident. _____ _____ Describe the nature of the injuries or illness or property damage caused by the accident. _____ _____
---

What condition(s), practices or equipment contributed to the incident? _____ _____
--

What action will be taken to prevent reoccurrence or respond in a different manner? _____ _____ _____ Date Correction will be completed      Signature of person to take corrective action
--

Department Safety Coordinator (DSC) Comments _____ _____ _____ Date received by DSC      Signature of the DSC
---

**Form 3 – Worker’s Compensation Report**

<b>UCD Employer’s Report of Occupational Injury or Illness</b>			
<b>UNIVERSITY POLICY REQUIRES THAT INDUSTRIAL INJURY/ILLNESS BE REPORTED TO WORKERS’ COMPENSATION WITHIN 24 HOURS OF OCCURRENCE AND STATE REGULATIONS REQUIRE THAT ALL ACCIDENTS BE INVESTIGATED.</b> In the event of a serious injury or hospitalization, call Workers’ Compensation immediately at (530) 757-3266. This form must be completed in its entirety and mailed or faxed (530-757-7779) to Workers’ Compensation. Omission of information could result in a delay of benefits.			
<b>EMPLOYEE MUST COMPLETE THESE SECTIONS:</b>			
<b>EMPLOYEE DATA</b>	Employee Name:		Employee’s UC Davis ID #:
	Address:		Home Phone: ( )
	City/State/Zip:	Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male	Date of Birth:
	Department/Location:		Employee’s Work Phone: ( )
	Payroll Title/TC:	Date of Hire:	Annual Gross Salary: \$
	Supervisor’s Name:		Supervisor’s Work Phone: ( )
	Employee ( ) Volunteer ( ) Student-Employee ( )		( ) hours per day ( ) days per week ( ) total weekly hours
<b>EMPLOYEE STATEMENT</b>	Specific Injury/Illness/Exposure:		Body Part(s) affected:
	Location where injury or illness occurred:		Date of injury/illness:
	What equipment, materials or chemicals caused the injury/illness? :		Others Injured? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Explain in detail how the injury occurred. Include specific activities/tasks performed at the time.		Who witnessed this injury?
	Medical Treatment provided by: <input type="checkbox"/> Employee Health Services <input type="checkbox"/> Sutter Davis Hospital ER    Other: (Provide Name &Phone #) _____ <input type="checkbox"/> Private Physician <input type="checkbox"/> UC Davis Medical Center <input type="checkbox"/> First Aid, no medical care needed.		
	Employee Signature:		Today’s Date:
<b>EMPLOYER’S INVESTIGATION AND STATEMENT (EMPLOYER COMPLETES):</b>			
<b>EMPLOYER</b>	After the investigation, explain in detail how the injury/illness occurred and the specific activity being performed:		
	What was the injury, illness or exposure?		
<b>INITIAL CAUSE</b>	<b>CONTRIBUTING FACTORS AND ACTIVITIES</b>		<b>PREVENTIVE ACTIONS</b>
<input type="checkbox"/> Struck by or against object (indicate)  <input type="checkbox"/> Caught in/under/ between <input type="checkbox"/> Fall / Slip / Trip <input type="checkbox"/> Material handling or lifting <input type="checkbox"/> Repetitive motion <input type="checkbox"/> Chemical exposure <input type="checkbox"/> Body fluid exposure: ___ Needle stick ___ Sharps <input type="checkbox"/> Animal bite <input type="checkbox"/> Other, Explain _____	<b>Equipment</b> <input type="checkbox"/> Equipment failure <input type="checkbox"/> Equipment unavailable <input type="checkbox"/> Improper equipment or material used for job <b>Personal protective equipment</b> <input type="checkbox"/> Not worn <input type="checkbox"/> Not readily available <input type="checkbox"/> Not adequate for the task <input type="checkbox"/> Personal protective equipment failure <b>Training/Experience</b> <input type="checkbox"/> Lack of training <input type="checkbox"/> Safety training provided, not followed <input type="checkbox"/> New task for employee or lack of experience <b>Work Area</b> <input type="checkbox"/> Work area set up improperly <input type="checkbox"/> Inadequate lighting or noise issues <input type="checkbox"/> Housekeeping issues <input type="checkbox"/> Environmental factors (rain, wind, temp. etc)	<input type="checkbox"/> Ventilation issues <input type="checkbox"/> Ergonomic factors <b>Employee</b> <input type="checkbox"/> Physically not able to do work <input type="checkbox"/> Employee fatigue <input type="checkbox"/> Unbalanced or poor position or motion <input type="checkbox"/> Incorrect procedures used for task <input type="checkbox"/> Other unsafe practice <b>Assistance</b> <input type="checkbox"/> Difficult to perform task without help <input type="checkbox"/> Safety features or devices not readily available <input type="checkbox"/> Assistive devices not used <input type="checkbox"/> Lack of policy/procedure <input type="checkbox"/> Animal (explain below) <input type="checkbox"/> Other (explain) _____  Use additional pages as needed	<b>SUPERVISOR WILL:</b> <input type="checkbox"/> Develop/revise safety procedures and update IIPP or Chem. Hyg. Plan <input type="checkbox"/> Request ergonomic evaluation <input type="checkbox"/> Order new equipment <input type="checkbox"/> Order new personal protective equipment <input type="checkbox"/> Remove equipment from use and repair/replace <input type="checkbox"/> Schedule preventive maintenance <input type="checkbox"/> Will retrain employee before task is re-assigned. <input type="checkbox"/> Perform on-site review of work activity, update job safety analysis. <input type="checkbox"/> Reconfigure work area <input type="checkbox"/> Communicate corrective actions to others in job category. <input type="checkbox"/> Other _____  <b>Preventive actions will be completed by:</b> Name _____ Expected date of completion _____
SUPERVISOR’S OR MANAGER’S SIGNATURE:			Date of Investigation:
DEPARTMENT HEAD’S SIGNATURE:			Date:

PLEASE NOTE: COMPLETING THIS FORM IS NOT AN ADMISSION OF UNIVERSITY LIABILITY

1/2006 ER: WC/H/MJB

**Form 4 – Initial Safety Training Record**

*Department of Mechanical and Aerospace Engineering*

*University of California, Davis*

**NEW EMPLOYEE/VOLUNTEER  
SAFETY TRAINING RECORD**

Employee Name: \_\_\_\_\_ Supervisor/Adviser: \_\_\_\_\_  
(Please Print) (Please Print)

New Hire  Transfer  Other: \_\_\_\_\_

Date of Hire / New Assignment: \_\_\_\_\_

I, \_\_\_\_\_, hereby certify that this employee has  
(Department Safety Coordinator or Laboratory Safety Contact)  
been trained on the following: (Check appropriate boxes.)

- I.  Initial Training on Department’s IIPP Date: \_\_\_\_\_
- ✓ My right to ask any question, or report any safety hazards, either directly or anonymously without any fear of reprisal.
  - ✓ The location of departmental safety bulletins and required safety postings.
  - ✓ Reporting safety concerns.
  - ✓ Accessing the department safety coordinator.
  - ✓ Reporting occupational injuries and illnesses.

- II.  Hazard Communication Training Date: \_\_\_\_\_
- ✓ The potential occupational hazards in the work area associated with my job assignment.
  - ✓ The safe work practices and personal protective equipment required for my job title.
  - ✓ The location and availability of Material Safety Data Sheets (MSDS).
  - ✓ The hazards of any chemicals to which I may be exposed, and my right to the information contained on MSDSs for those chemicals.

- III.  Building Emergency Plan (BEP) Date: \_\_\_\_\_
- ✓ Emergency escape routes and procedures and Emergency Assembly Area (EAA)
  - ✓ How to report a fire and other emergencies
  - ✓ Names or regular job titles of persons to be contacted for further information.

- IV.  Guidelines for Chemical Spill Control (Safety Net #13)
- ✓ General steps to follow if a hazardous material spills.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Retain completed form in department safety files for three years

*Department of Mechanical and Aerospace Engineering  
University of California, Davis  
New Employee/Volunteer Safety Training Record*

**The section below should be reviewed with the department or laboratory safety contact if the employee or student will be working in a laboratory or work area that contains chemicals:**

I, \_\_\_\_\_, hereby certify that this employee has  
(Laboratory Safety Contact)  
been trained on the following:

- V.  Laboratory-specific Hazard Awareness – cross out irrelevant ones. Date: \_\_\_\_\_
- ✓ Location and use of fire extinguishers, emergency eye washes, and showers
  - ✓ Spill and emergency procedures
  - ✓ After-hours contact list
  - ✓ Chemical Hygiene Plan
  - ✓ Location of MSDS file or notebook
  - ✓ Hazardous waste collection areas
  - ✓ Sharps disposal
  - ✓ Evacuation routes
  - ✓ Chemical storage areas
  - ✓ Proper personal protective equipment
  - ✓ SOPs for potentially hazardous equipment

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**The section below should be reviewed with the department or laboratory safety contact if the employee or student will be working in an office:**

I, \_\_\_\_\_, hereby certify that this employee/student  
(Department or Laboratory Safety Contact)  
has been trained on the following:

- VI.  Office-specific Hazard Awareness Date: \_\_\_\_\_
- ✓ Location and use of fire extinguishers and fire pull downs
  - ✓ Spill and emergency procedures
  - ✓ After-hours contact list
  - ✓ Evacuation routes
  - ✓ Ergonomic issues and awareness
  - ✓ Electrical extension cords

Employee/Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***Form 5 – Annual Refresher Safety Training Record***

*Department of Mechanical and Aerospace Engineering  
University of California, Davis*

**ANNUAL SAFETY TRAINING RECORD**

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
(Please Print)

Check one:  Faculty     Post-Doc     Visiting Scholar     Staff  
 Graduate Student     Undergraduate Student     Volunteer

Supervisor/PI \_\_\_\_\_

I, \_\_\_\_\_, hereby certify that this employee/student  
(Department Safety Coordinator or Laboratory Safety Contact)  
has been trained on the following: (Check appropriate boxes)

I.  **Injury and Illness Prevention Plans**

- ✓ The general contents of department IIPPs
- ✓ My right to ask any question, or report any safety hazards, either directly or anonymously without any fear of reprisal.
- ✓ The location of departmental safety bulletins and required safety postings.
- ✓ Reporting safety concerns.
- ✓ Accessing the department safety coordinator.
- ✓ Reporting occupational injuries and illnesses.

II.  **Hazard Communication Training**

- ✓ The potential occupational hazards in the work area associated with my job assignment.
- ✓ The safe work practices and personal protective equipment required for my job title.
- ✓ The location and availability of Material Safety Data Sheets (MSDS).
- ✓ The hazards of any chemicals to which I may be exposed, and my right to the information contained on MSDSs for those chemicals.

III.  **Building Emergency Plans (BEP)**

- ✓ Emergency escape routes and procedures and Emergency Assembly Area (EAA)
- ✓ How to report a fire and other emergencies.
- ✓ Names or regular job titles of persons to be contacted for further information.

IV.  **Guidelines for Chemical Spill Control (Safety Net #13)**

- ✓ General steps to follow if a hazardous material spills.

Employee/Student Signature \_\_\_\_\_ Date \_\_\_\_\_

**The section below should be reviewed with the department or laboratory safety contact if the employee or student will be working in a laboratory or work area that contains chemicals:**

I, \_\_\_\_\_, hereby certify that this employee/student  
(Laboratory Safety Contact)  
has been trained on the following:

V.  **Laboratory-specific Hazard Awareness**

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

- ✓ Location and use of fire extinguishers, emergency eye washes, and showers
- ✓ Spill and emergency procedures
- ✓ After-hours contact list
- ✓ Chemical Hygiene Plan
- ✓ Location of MSDS file or notebook
- ✓ Hazardous waste collection areas
- ✓ Sharps disposal
- ✓ Evacuation routes
- ✓ Chemical storage areas
- ✓ Proper personal protective equipment
- ✓ SOPs for potentially hazardous equipment

Employee/Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**The section below should be reviewed with the department or laboratory safety contact if the employee or student will be working in an office:**

I, \_\_\_\_\_, hereby certify that this employee/student  
(Department or Laboratory Safety Contact)  
has been trained on the following:

VI.  **Office-specific Hazard Awareness**

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

- ✓ Location and use of fire extinguishers and fire pull downs
- ✓ Spill and emergency procedures
- ✓ After-hours contact list
- ✓ Evacuation routes
- ✓ Ergonomic issues and awareness
- ✓ Electrical extension cords

Employee/Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_



***Form 7 – Safety Suggestion Form***

***Department of Mechanical and Aerospace Engineering***

***University of California, Davis***

**EMPLOYEE SAFETY SUGGESTION FORM**

This form is for use by employees who wish to provide a safety suggestion or report an unsafe workplace condition or practice.

Description of Unsafe Condition or Practice \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Causes or Other Contributing Factors \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Employee's Suggestion for Improving Safety \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Has This Matter Been Reported to the Area Supervisor? Yes \_\_\_\_\_ No \_\_\_\_\_

Employee Name (Optional) \_\_\_\_\_

Department \_\_\_\_\_ Date \_\_\_\_\_

Employees are advised that use of this form or other reports of unsafe conditions or practices are protected by law. It would be illegal for the employer to take any action against an employee in reprisal for exercising rights to participate in communications involving safety.

The employer will investigate any report or question as required by the Injury and Illness Prevention Program Standard (8 CCR §3203) and advises the employee who provided the information or the workers in the area of the employer's response.

**Job Descriptions****Administrative Office Worker**

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The Mechanical and Aerospace Engineering Administrative Office Worker works in an office environment. This person may be responsible for some of the following activities:

*Coordinates office services, such as personnel, budget preparation and control, housekeeping, records control, and special management studies. Studies management methods in order to improve workflow, simplify reporting procedures, or implement cost reductions. Analyzes unit operating practices, such as record keeping systems, forms control, office layout, suggestion systems, personnel and budgetary requirements, and performance standards to create new systems or revise established procedures. Analyzes jobs to delimit position responsibilities for use in wage and salary adjustments, promotions, and evaluation of workflow. Studies methods of improving work measurements or performance standards. Coordinates collection and preparation of operating reports, such as time-and-attendance records, terminations, new hires, transfers, budget expenditures, and statistical records of performance data. Prepares reports including conclusions and recommendations for solution of administrative problems. Reviews and answers correspondence. May assist in preparation of budget needs and annual reports of organization. May direct services, such as maintenance, repair, supplies, mail, and files. May compile, store, and retrieve management data, using computer.*

**Potential Hazards:**

*Back strain, eyestrain, repetitive motion injury, injuries due to slips, trips, falls, and/or falling objects, electrical hazards, physical injuries due to fires, earthquakes, bomb threats, and workplace violence.*

**Laboratory Researcher**

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The Laboratory Researcher works in an office and/or laboratory environment. This person may be responsible for some of the following activities:

*Constructs and operates equipment used in research in mechanical engineering or aerospace engineering. Plans and conducts research, including experimentation and theoretical studies.*

**Potential Hazards:**

*Same as those for office worker, plus potential for injuries due to chemical exposure, use of machine tools, exposure to excessive noise levels, etc. Specifics should be outlined in the Chemical Hygiene Plan or Standard Operating Procedures for the laboratory.*

*Laboratory Teaching Assistant*

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The Laboratory Teaching Assistant works in an office and/or a laboratory environment. This person may be responsible for some of the following activities:

*Supervise undergraduate students while they are performing experiments related to their coursework. Ensure that students are performing the experiments in a safe manner, and that students comply with all SOPs and laboratory safety policies.*

Potential Hazards:

*Same as those for office worker, plus potential for injuries due to chemical exposure, use of machine tools, exposure to excessive noise levels, etc. Specifics should be outlined in the Chemical Hygiene Plan or Standard Operating Procedures for the teaching laboratory.*