

OCCUPATIONAL HEALTH AND SAFETY

SAN FRANCISCO STATE UNIVERSITY

**Audit Report 07-26
November 14, 2007**

Members, Committee on Audit

Raymond W. Holdsworth, Chair
Kenneth Fong, Vice Chair
Herbert L. Carter George G. Gowgani
Melinda Guzman William Hauck
Ricardo Icaza Glen O. Toney

Staff

University Auditor: Larry Mandel
Senior Director: Michelle Schlack
Audit Manager: Michael Zachary

BOARD OF TRUSTEES

THE CALIFORNIA STATE UNIVERSITY

CONTENTS

| | |
|-----------------------------|---|
| Executive Summary | 1 |
| Introduction..... | 3 |
| Background | 3 |
| Purpose..... | 4 |
| Scope and Methodology | 5 |

OBSERVATIONS, RECOMMENDATIONS, AND CAMPUS RESPONSES

| | |
|---|----|
| Health and Safety Programs and Policies | 6 |
| Health and Safety Inspections..... | 7 |
| Employee Health and Safety Training | 8 |
| Tracking of Training Requirements | 8 |
| Training Records..... | 10 |
| Student Health and Safety Training | 11 |
| Medical Monitoring Practices..... | 12 |

APPENDICES

| | |
|-------------|-------------------------|
| APPENDIX A: | Personnel Contacted |
| APPENDIX B: | Campus Response |
| APPENDIX C: | Chancellor's Acceptance |

ABBREVIATIONS

| | |
|-------|--|
| CSU | California State University |
| EHOS | Environmental Health and Occupational Safety |
| EHSTP | Environmental Health and Safety Training Program |
| EMMPM | Employee Medical Monitoring Program Manual |
| EO | Executive Order |
| GC | Government Code |
| IIPP | Injury and Illness Prevention Program |
| MIIPP | Model Injury and Illness Prevention Program |
| OHS | Occupational Health and Safety |
| OSHA | Occupational Safety and Health Administration |
| SFSU | San Francisco State University |

EXECUTIVE SUMMARY

As a result of a systemwide risk assessment conducted by the Office of the University Auditor during the last quarter of 2005, the Board of Trustees, at its January 2007 meeting, directed that *Occupational Health and Safety* (OHS) be reviewed. Occupational Health and Safety was last audited in 1997.

We visited the San Francisco State University campus from July 9, 2007, through August 17, 2007, and audited the procedures in effect at that time.

In our opinion, internal administrative and operational controls governing OHS were, for the most part, effective. However, controls over the administration of the campus safety committee; the review and communication of the Injury and Illness Prevention Program (IIPP) and OHS policies; health and safety inspection procedures and practices; employee and student health and safety training; and medical monitoring practices needed improvement.

The following summary provides management with an overview of conditions requiring attention. Areas of review not mentioned in this section were found to be satisfactory. Numbers in brackets [] refer to page numbers in the report.

HEALTH AND SAFETY PROGRAMS AND POLICIES [6]

Campus IIPP and OHS policies were not always timely or consistently reviewed and/or communicated. The revised IIPP had not been formally reviewed and distributed campus-wide since May 2000, and the campus web-based version was not consistent with the official hard copy version that was maintained and reviewed by the environmental health and occupational safety (EHOS) department. Further, the art department was unable to provide evidence that it had communicated its OHS policies or updated the code of safe practice policies since November 2000. Lastly, the facilities department had not developed its own health and safety policies for communication.

HEALTH AND SAFETY INSPECTIONS [7]

Health and safety inspections were not always performed nor were departmental procedures always in place for identifying and evaluating workplace hazards. The art and facilities departments did not perform inspections of their work areas nor had they developed their own inspection-related procedures.

EMPLOYEE HEALTH AND SAFETY TRAINING [8]

The campus had not completed either campus-wide or departmental training matrices or any similar such system for tracking health and safety training for every department. Specifically, training requirements had not been developed for the art department and there were no requirements that specialized training be provided to art department employees for new potential hazards. The art, biology, and chemistry departments had also not developed training matrices at all and facilities had not completed the training listed on its training matrix, as well as certain other mandatory health and safety training classes. Individual health and safety training records for employees were not always maintained. All four departments reviewed (art, biology, chemistry, and facilities) were unable to provide individual training records for all employees selected, and none of the departments showed evidence of proactive follow-up

activities to ensure that employees who missed training were subsequently trained. Lastly, the campus was unable to provide individual health and safety training records for all new hires.

STUDENT HEALTH AND SAFETY TRAINING [11]

Responsibility for student health and safety training, recordkeeping, and compliance with campus health and safety had not been adequately defined. The biology department had not consistently defined responsibility for student health and safety training and compliance with health and safety policies for all biology classes. The chemistry and art departments had not defined this responsibility at all. Further, evidence of student health and safety training was not always maintained in the biology department and the other two departments reviewed (art and chemistry).

MEDICAL MONITORING PRACTICES [12]

Medical examinations were not always performed. Fourteen of the 15 employees selected for testing did not receive periodic/annual examinations on a consistent basis. Five employees in the sample did not receive exit medical examinations upon separation from the campus.

INTRODUCTION

BACKGROUND

Senate Bill 198: Injury and Illness Prevention Program (IIPP) was passed and chaptered into the Insurance and Labor Codes on October 2, 1989. Regulations amending the General Industrial Safety Orders in the California Code of Regulations were adopted on December 13, 1990, and incorporated into Title 8, Industrial Relations, §3203, IIPP. Beginning July 1, 1991, Section 3203 required employers to establish, implement, and maintain a written IIPP with specified elements including substantial compliance criteria for use in evaluating an employer's IIPP.

In June 1991, the California State University (CSU) developed and distributed a *Model Injury and Illness Prevention Program* (MIIPP) to each campus. The model program was designed to serve as an umbrella and incorporated elements of a myriad of individual health and safety programs required by state and federal law. It was designed to integrate existing campus health and safety regulations and future safety-related mandates that may arise. The intent of the MIIPP was to facilitate identification and evaluation of workplace hazards; correct unsafe conditions; communicate between the university and its employees, students, and the general public on matters concerning health and safety; educate and train employees; develop compliance strategies; document safety and health-related activities; and identify the person or persons responsible for administering the program.

To expand further health and safety program awareness and compliance, the CSU developed and distributed additional health and safety guidance and policy resources. In July 1996, a *Sample Employee Medical Monitoring Program Manual* (EMMPM) was distributed to assist campuses in understanding and complying with applicable health, safety, and environmental laws and regulations. The *Sample EMMPM* was prepared in response to campus requests for guidelines to be used in developing local campus-specific medical monitoring programs. The manual provides suggested methods and exam protocols to help facilitate safe employee job placement, satisfactory maintenance of employee health, and implementation of effective hazard control methods on individual campuses. In April 1997, a *Sample Environmental Health and Safety Training Program* (EHSTP) was distributed to assist campuses in the area of environmental health and safety training. The objectives of the Sample EHSTP were to identify required and recommended environmental health and safety training, provide mechanisms to ensure that such training is completed, document safety training, make training-related records and reports available to managers and regulatory agencies, and provide a mechanism to ensure continuous improvement of campus safety training programs.

In August 1999, health and safety checklists for on- and off-campus activities were distributed to supplement existing campus, college, or department procedures. These checklists were subsequently included in Executive Order (EO) 715, *California State University Risk Management Policy*, dated October 27, 1999. EO 715 states that each president shall develop and implement campus risk management policies and procedures. In addition to the aforementioned checklists, the EO includes risk management guidelines for electrical safety.

PURPOSE

Our overall audit objective was to ascertain the effectiveness of existing policies and procedures related to the administration of *Occupational Health and Safety (OHS)* and to determine the adequacy of controls that ensure compliance with relevant governmental regulations, Trustee policy, Office of the Chancellor directives, and campus procedures.

Within the overall audit objective, specific goals included determining whether:

- ▶ Administration of OHS incorporates a defined mission, stated goals and objectives, clear lines of organizational authority and responsibility, and an effective safety and health committee.
- ▶ The IIPP and OHS policies and procedures are current, comprehensive, compliant with relevant laws and regulations, and adequately communicated.
- ▶ Selected departments had implemented inspection procedures to identify and evaluate workplace hazards and unsafe conditions and work practices, and to report inspection results to appropriate regulators, department chairs, and the environmental health and safety office.
- ▶ Occupational injuries and illness are adequately investigated and accurately reported.
- ▶ Recordkeeping procedures for health and safety inspections are adequate; and noted deficiencies from inspections and accidents are prioritized and resolved.
- ▶ Health and safety training has been provided to selected employees in accordance with specific job requirements; and appropriate training records are maintained.
- ▶ Health and safety training has been provided to students whose areas of study present potential hazards; and appropriate training records are maintained.
- ▶ The employee medical monitoring program is adequate, includes identification of all affected employees, and incorporates effective monitoring and recordkeeping procedures.

SCOPE AND METHODOLOGY

The proposed scope of the audit, as presented in Attachment B, Audit Item 2 of the January 23-24, 2007, meeting of the Committee on Audit, stated that OHS includes oversight of the campus IIPP, job and workplace conditions, employee health examinations and medical monitoring, health and safety training, work-related accidents, and programs for complying with federal and state occupational regulations. Potential impacts include injury of staff, faculty, and students; non-detection of work-related illnesses; regulatory fines and sanctions; litigation; and excessive workers' compensation costs.

Our study and evaluation were conducted in accordance with the *International Standards for the Professional Practice of Internal Auditing* issued by the Institute of Internal Auditors, and included the audit tests we considered necessary in determining whether operational and administrative controls are in place and operative. This review emphasized, but was not limited to, compliance with state and federal laws, Board of Trustees policies, and Office of the Chancellor and campus policies, letters, and directives. The audit review focused on procedures in effect from January 2006 through the date of audit, along with limited testing of calendar year 2005 records.

We focused primarily upon the internal administrative, compliance, and operational controls provided by the campus-wide IIPP and related management activities. Most of our work involved the EHS office and four selected departments: art, biology, chemistry, and physical plant/facilities.

Specifically, we reviewed and tested:

- ▶ The OHS organization and safety and health committee.
- ▶ Health and safety policies and procedures and the campus IIPP.
- ▶ Communication of pertinent IIPP and other health and safety information.
- ▶ Health and safety programs, policies, and inspections for selected departments.
- ▶ Occupational illness and injury investigation and recordkeeping, and Cal/OSHA reporting.
- ▶ Employee and student health and safety training.
- ▶ The medical monitoring program and recordkeeping.

OBSERVATIONS, RECOMMENDATIONS, AND CAMPUS RESPONSES

HEALTH AND SAFETY PROGRAMS AND POLICIES

Campus Injury and Illness Prevention Program (IIPP) and occupational health and safety (OHS) policies were not always timely or consistently reviewed and/or communicated.

Specifically, we noted that:

- ▶ The revised IIPP had not been formally reviewed and distributed campus-wide since May 2000. Although environmental health and occupational safety (EHOS) had performed informal reviews of the IIPP since that time, the dates of these reviews and distribution to the campus departments were not documented.
- ▶ The campus web-based version of the IIPP was not consistent with the official hard copy version that was maintained and reviewed by the EHOS department.
- ▶ The art department was unable to provide evidence that it had communicated its OHS policies to its employees and students. Further, there was no evidence that the art department code of safe practice policies were reviewed and updated since November 2000.
- ▶ Facilities had not developed its own health and safety policies for communication.

Title 8 §3203 states that every employer shall establish, implement, and maintain an effective IIPP. Further, it states every employer shall include a system for communicating with employees matters relating to safety and health, and employers who elect to use a labor/management safety and health committee shall be presumed to be in substantial compliance.

The California State University (CSU) *Model Injury and Illness Prevention Program* (MIIPP) §7.5 states, in part, that it is the responsibility of deans, directors, department chairs, and department heads to develop departmental procedures to ensure effective compliance with the IIPP and other university health and safety policies as they relate to operations under their control. Specific areas include employee and student education and training, identification and correction of unsafe conditions, and recordkeeping. Additionally, the MIIPP states that it is the responsibility of management to develop and implement an education and training program designed to instruct employees and students in general safe work practices.

Government Code (GC) §13402 states that state agency heads are responsible for the establishment and maintenance of a system or systems of internal accounting and administrative control within their agencies. This responsibility includes documenting the system, communicating system requirements to employees, and assuring that the system is functioning as prescribed and is modified, as appropriate, for changes in conditions.

GC §13403 states that the elements of a satisfactory system of internal accounting and administrative control shall include an effective system of internal review.

The EHOS director stated that IIPP reviews were ongoing, but they had not always been formalized and documented due to existing recordkeeping practices. He added that the inconsistencies between the IIPP versions and communication of the official version were due to clerical errors and the timing of review dates. He further stated that art department policies were most likely communicated, but the unavailability of records during the summer session made it difficult to verify this procedure. Furthermore, the EHOS director stated that art department policies were periodically reviewed but that the review process was not documented, and that the facilities department had not developed its own policies because it relied on the campus-wide IIPP.

Failure to develop, timely review, and consistently communicate IIPP and OHS policies limits the campus's ability to effectively carry out OHS responsibilities and respond to emergencies.

Recommendation 1

We recommend that the campus establish procedures to develop, timely review, update, and communicate the IIPP and departmental OHS policies.

Campus Response

We concur. The EHOS office has developed procedures to annually review and communicate the campus IIPP to the campus community.

Expected completion date: January 2008

HEALTH AND SAFETY INSPECTIONS

Health and safety inspections were not always performed nor were departmental procedures always in place for identifying and evaluating workplace hazards.

Specifically, we noted that the art and facilities departments did not perform inspections of their work areas. Additionally, these departments did not have documented procedures for identifying and evaluating workplace hazards including scheduled and unscheduled periodic inspections to identify unsafe conditions and work practices.

Title 8 §3203 states that inspections shall be made to identify and evaluate hazards when the program is first established, whenever new substances, processes, procedures, or equipment are introduced to the workplace that represent a new occupational safety and health hazard, and whenever the employer is made aware of a new or previously unrecognized hazard.

The San Francisco State University (SFSU) IIPP states that departments are required to conduct inspections of their work areas at least semi-annually.

The CSU MIIPP states that it is the responsibility of each department to ensure that a regular and systemic inspection process be scheduled for all departmental areas, and that departmental safety

coordinators be assigned to conduct these inspections. Further, it states that departments will conduct an inspection whenever new substances, processes, procedures, or equipment which represent a new occupational safety and health hazard are introduced, and departments will conduct an inspection whenever notification of a new or previously unrecognized hazard is received.

The EHOS director stated that the art and facilities departments may have performed inspections and identified workplace hazards, but documentation was not maintained.

Failure to perform health and safety inspections and develop related procedures increases the risk that unsafe conditions would not be identified and further increases the potential for injuries, litigation, and regulatory sanctions.

Recommendation 2

We recommend that the campus develop and implement health and safety inspection procedures for the art and facilities departments and perform inspections in accordance with such procedures.

Campus Response

We concur. The EHOS office will collaborate with the art and facilities departments to develop, implement, and perform periodic health and safety inspections as required by the campus IIPP.

Expected completion date: May 2008

EMPLOYEE HEALTH AND SAFETY TRAINING

TRACKING OF TRAINING REQUIREMENTS

The campus had not completed either campus-wide or departmental training matrices or any similar such system for tracking health and safety training for every department.

We noted that:

- ▶ A listing of health and safety training requirements for the art department had not been developed and there were no requirements that specialized training be provided to employees whenever new hazards were introduced to the workplace. Additionally, the campus was unable to provide training matrices, showing the accomplishment of training goals, for the art, biology, and chemistry departments.
- ▶ According to the facilities training matrix, some facilities employees had not yet completed the training requirements shown on the campus training calendar for facilities, and others had not yet completed the mandatory hazard communication and IIPP training classes. Similarly, because art, biology, and chemistry did not maintain training matrices, we have no assurance that their

staffs had completed the various training requirements that would be specified for employees in those departments.

Title 8 §3203 states that the state agency should provide training and instruction, and records of the steps taken to implement and maintain the (training) program shall include documentation of safety and health training required for each employee.

The CSU *Sample Environmental Health and Safety Training Program* states that for employees, their supervisor should complete a job evaluation profile to identify safety training requirements and recommendations, review and update each employee's training profile annually, include safety training requirements in annual employee training plans and performance evaluations, and assess completion in annual performance and progress reviews.

The SFSU IIPP states that the program shall provide training and instruction whenever new substances, processes, procedures, or equipment are introduced to the workplace and represent a new hazard.

The EHOS director stated that training requirements for the art department occurred as needed but were not documented. He added that training matrices had not been completed for the art, biology, and chemistry departments because most EHOS clients were in the facilities department. He further stated that all required training had not been completed due to staffing and time constraints.

Failure to adequately track employee health and safety training requirements increases the risk that training would be inadequate, inconsistently applied, and overlooked.

Recommendation 3

We recommend that the campus complete campus-wide or departmental training matrices or any similar such system for tracking health and safety training requirements for each employee, and implement controls to ensure that training is completed.

Campus Response

We concur. The EHOS office will collaborate with campus departments to determine an efficient way to track employee health and safety training requirements and to ensure the required training is completed.

Expected completion date: May 2008

TRAINING RECORDS

Individual health and safety training records for employees were not always maintained.

We selected ten employees from each of the art, biology, and chemistry departments, and 20 employees from the facilities department and requested corresponding individual health and safety training records. Our review disclosed that:

- ▶ The art department was unable to provide individual training records for any of the employees.
- ▶ The biology department was unable to provide individual training records for six employees.
- ▶ The chemistry department was unable to provide individual training records for four employees.
- ▶ The facilities department was unable to provide individual training records for three employees.
- ▶ None of the departments tested, was able to show evidence of proactive follow-up activities to ensure that employees who missed training were subsequently trained.
- ▶ The campus was unable to provide individual health and safety training records for 19 of 20 employees that were hired from July 2006 through June 2007.

Title 8 §3203 states that the state agency should provide training and instruction, and records of the steps taken to implement and maintain the (training) program shall include documentation of safety and health training required for each employee, including employee name or other identifier, training dates, type(s) of training, and training providers. This documentation shall be maintained for at least one (1) year.

The EHOS director stated that the campus staff believed that most employee training had been completed, but recordkeeping techniques did not always ensure that training records would be retained. Additionally, the executive director of human resources, safety and risk management stated that based on an existing benefits procedure, some employees did not receive the new hire health and safety orientation, but that procedure would be reviewed and changed.

Failure to maintain employee health and safety training records increases the risk that training could be overlooked, increases the potential for regulatory sanctions, and limits the campus's defense in liability cases.

Recommendation 4

We recommend that the campus strengthen procedures to maintain employee health and safety training records on file for at least one year.

Campus Response

We concur. The EHOS office will communicate to the campus community the importance of retaining and maintaining employee health and safety training records as outlined in the campus IIPP.

Expected completion date: May 2008

STUDENT HEALTH AND SAFETY TRAINING

Responsibility for student health and safety training, recordkeeping, and compliance with campus health and safety training policies had not been adequately defined.

Our review disclosed that the biology department had not consistently defined responsibility for student health and safety training for all biology classes, and the chemistry and art departments had not defined responsibility for this area at all. Additionally, to determine whether classroom and laboratory student health and safety training had been performed and if recordkeeping was adequate, we selected student records from the art department and from the College of Science and Engineering (biology and chemistry departments) utilizing spring 2007 class schedules/rosters. Our review disclosed that:

- ▶ The art department was unable to provide individual training records for 42 of the 53 classes. Sixty-eight students comprised four of the remaining 11 classes and the department was unable to provide individual training records for 10 of the 68 students.
- ▶ The biology department was unable to provide individual training records for any of the spring 2007 classes.
- ▶ The chemistry department was unable to provide individual training records for one of the 15 students in our sample.

The CSU MIIPP §7.5 states, in part, that it is the responsibility of deans, directors, department chairs, and department heads to develop departmental procedures to ensure effective compliance with the IIPP and other university health and safety policies as they relate to operations under their control. Specific areas include employee and student education and training, identification and correction of unsafe conditions, and recordkeeping. Additionally, the MIIPP states that it is the responsibility of management to develop and implement an education and training program designed to instruct employees and students in general safe work practices.

The EHOS director stated that the IIPP described various health and safety responsibilities, but it was not specific on the points of student health and safety training and compliance with health and safety policies. Furthermore, he stated that current recordkeeping practices did not always ensure that training records would be maintained on file.

Failure to define responsibility for student health and safety training and compliance with health and safety policies, and maintain commensurate training records, increases the risk that training responsibilities would be unclear, and that actual student training could be overlooked.

Recommendation 5

We recommend that the campus define responsibility for student health and safety training and compliance with health and safety policies, and strengthen procedures to maintain student health and safety training records.

Campus Response

We concur. The EHOS office will assist applicable departments in defining departmental responsibilities for conducting student health and safety training and compliance with health and safety policies, and ensure that retention of student health and safety training records are maintained as required by the campus IIPP.

Expected completion date: May 2008

MEDICAL MONITORING PRACTICES

Medical examinations were not always performed.

During our review of medical monitoring, we evaluated whether baseline medical examinations, periodic/annual examinations, and exit/termination examinations were consistently performed for employees on the campus. Our review disclosed that 14 of the 15 employees selected for testing through July 2007 did not receive periodic/annual medical examinations on a consistent basis. Five employees in the sample did not receive exit medical examinations when they separated from the campus between January 1, 2006, and July 17, 2007.

Title 8 §5208 states, in part, that a pre-placement medical examination shall be provided or made available by the employer, periodic medical examinations shall be made available annually, and the employer shall provide or make available a termination of employment medical examination.

The CSU *Sample Employee Medical Monitoring Program Manual*, §1.3 and §1.4, states, in part, that medical monitoring provides a clinical base of information that is used to evaluate an employees fitness to work in various hazardous environments and may include an initial baseline examination, a periodic/annual examination, and an exit examination. An exit examination shall be given to any employee whose employment has included contact with Cal/OSHA regulated agents and who has been a participant in medical monitoring.

The EHOS director stated that periodic medical monitoring examinations were not always scheduled timely, and exit examinations were not always done because of the existing human resources

notification process, which did not ensure that the health center would be notified in time to complete the exit examination.

Failure to complete necessary medical examinations periodically and at the time of employee separation increases the risk of work-related illnesses going undetected, and potential liability to the CSU.

Recommendation 6

We recommend that the campus establish and implement procedures to:

- a. Ensure that periodic medical monitoring examinations are scheduled timely and performed.
- b. Immediately notify EHOS and student health services when employees that might require an exit medical examination are separating, and thereby allow sufficient time to assess the need for an exit medical examination.

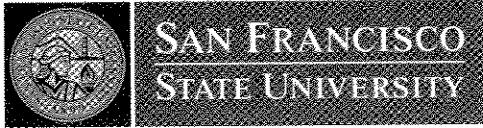
Campus Response

We concur. The EHOS office will collaborate with human resources, safety and risk management to implement procedures to ensure that periodic or exit medical monitoring examinations are scheduled, performed, and that EHOS and student health services are notified timely.

Expected completion date: May 2008

APPENDIX A: PERSONNEL CONTACTED

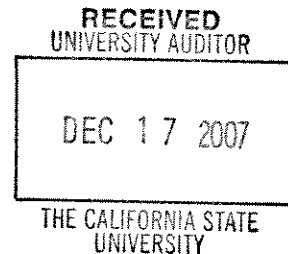
| <u>Name</u> | <u>Title</u> |
|--------------------|--|
| Robert A. Corrigan | President |
| Corinne Da Cunha | Manager, Risk Initiatives, Human Resources, Safety and Risk Management |
| Barbara Foster | Professor and Chair, Art Department |
| Daniel Ho | Senior Health and Safety Specialist, Environmental Health and Occupational Safety (EHOS) |
| Todd Iriyama | Chief of Compliance, EHOS |
| Franz Lozano | Internal Auditor |
| Michael Martin | Executive Director, Human Resources, Safety and Risk Management |
| Leroy M. Morishita | Vice President for Administration and Finance and Chief Financial Officer |
| Mark Osborne | Associate Internal Auditor |
| Robert Shearer | Director, EHOS |
| Alastair Smith | Director, Student Health Services |
| Linda Vadura | Health and Safety Specialist, College of Science and Engineering |
| Ted Yamasaki | Associate Vice President, Human Resources, Safety and Risk Management |
| Andrew Yu | Chief of Operations, EHOS |



1600 Holloway Avenue
San Francisco, CA 94132
Tel: 415/338-1381
Fax: 415/338-6210

OFFICE OF THE PRESIDENT

December 12, 2007

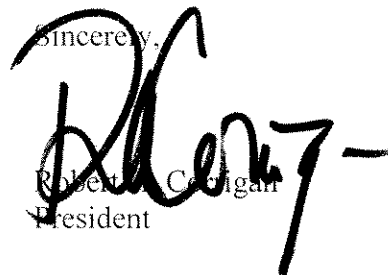


Mr. Larry Mandel
University Auditor
The California State University
401 Golden Shore
Long Beach, California 90802-4275

Dear Mr. Mandel:

We have reviewed the Office of the University Auditor Report #07-26 on Occupational Health and Safety Audit at San Francisco State University. Our responses to the recommendations are attached which will also be forwarded to your staff electronically. We are taking actions to implement the recommendations.

Documentation demonstrating implementation of recommendations already completed will be forwarded to you separately. Questions regarding the responses may be directed to Leroy M. Morishita, Vice President and CFO for Administration & Finance, at 415/338-2521 or Franz Lozano, Internal Auditor, at 415/405-3736.

Sincerely,

Robert M. Corrigan
President

FL/MO/id
Attachments

- cc: Leroy M. Morishita, Vice President and CFO, Administration & Finance
- John M. Gemello, Provost and Vice President, Academic Affairs
- J.E. Penny Saffold, Vice President /Dean of Students, Student Affairs
- Michael J. Martin, Interim Associate Vice President, HRSRM
- Robert Shearer, Director, Environmental, Health & Occupational Safety
- Daniel Ho, Hazardous Materials Coordinator, EHOS
- Franz Lozano, Internal Auditor
- Mark Osborne, Associate Internal Auditor

OCCUPATIONAL HEALTH AND SAFETY

SAN FRANCISCO STATE UNIVERSITY

**Audit Report 07-26
November 14, 2007**

HEALTH AND SAFETY PROGRAMS AND POLICIES

Recommendation 1

We recommend that the campus establish procedures to develop, timely review, update, and communicate the IIPP and departmental OHS policies.

Campus Response

We concur. The Environmental Health and Occupational Safety Office have developed procedures to annually review and communicate the campus IIPP to the campus community. Expected completion date: January 2008.

HEALTH AND SAFETY INSPECTIONS

Recommendation 2

We recommend that the campus develop and implement health and safety inspection procedures for the art and facilities departments and perform inspections in accordance with such procedures.

Campus Response

We concur. The Environmental Health and Occupational Safety Office will collaborate with the art and facilities departments to develop, implement, and perform periodic health and safety inspections as required by the campus IIPP. Expected completion date: May 2008.

EMPLOYEE HEALTH AND SAFETY TRAINING

TRACKING OF TRAINING REQUIREMENTS

Recommendation 3

We recommend that the campus complete campus-wide or departmental training matrices or any similar such system for tracking health and safety training requirements for each employee, and implement controls to ensure that training is completed.

Campus Response

We concur. The Environmental Health and Occupational Safety Office will collaborate with campus departments to determine an efficient way to track employee health and safety training requirements and to ensure the required training is completed. Expected completion date: May 2008.

TRAINING RECORDS

Recommendation 4

We recommend that the campus strengthen procedures to maintain employee health and safety training records on file for at least one year.

Campus Response

We concur. The Environmental Health and Occupational Safety Office will communicate to the campus community the importance of retaining and maintaining employee health and safety training records as outlined in the campus IIPP. Expected completion date: May 2008.

STUDENT HEALTH AND SAFETY TRAINING

Recommendation 5

We recommend that the campus define responsibility for student health and safety training and compliance with health and safety policies, and strengthen procedures to maintain student health and safety training records.

Campus Response

We concur. The Environmental Health and Occupational Safety Office will assist applicable departments in defining departmental responsibilities for conducting student health and safety training and compliance with health and safety policies, and that retention of student health and safety training records are maintained as required by the campus IIPP. Expected completion date: May 2008.

MEDICAL MONITORING PRACTICES

Recommendation 6

We recommend that the campus establish and implement procedures to:

- a. Ensure that periodic medical monitoring examinations are scheduled timely and performed.
- b. Immediately notify EHOS and student health services when employees that might require an exit medical examination are separating, and thereby allow sufficient time to assess the need for an exit medical examination.

Campus Response

We concur. The Environmental Health and Occupational Safety (EHOS) Office will collaborate with Human Resources, Safety and Risk Management to implement procedures to ensure that periodic or exit medical monitoring examinations are scheduled, performed, and that EHOS and student health services are notified timely. Expected completion date: May 2008.



THE CALIFORNIA STATE UNIVERSITY
OFFICE OF THE CHANCELLOR

BAKERSFIELD

December 19, 2007

CHANNEL ISLANDS

CHICO

MEMORANDUM

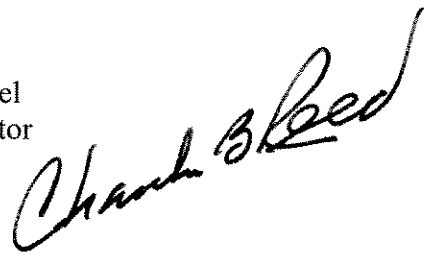
DOMINGUEZ HILLS

EAST BAY

FRESNO

TO: Mr. Larry Mandel
University Auditor

FULLERTON

FROM: Charles B. Reed
Chancellor


HUMBOLDT

LONG BEACH

SUBJECT: Draft Final Audit Report 07-26 on *Occupational Health and Safety*, San Francisco State University

LOS ANGELES

MARITIME ACADEMY

In response to your memorandum of December 19, 2007, I accept the response as submitted with the draft final report on *Occupational Health and Safety*, San Francisco State University.

MONTEREY BAY

NORTHRIDGE

POMONA

CBR/jt

SACRAMENTO

Enclosure

SAN BERNARDINO

cc: Dr. Robert A. Corrigan, President
Mr. Franz Lozano, Internal Auditor
Mr. Leroy M. Morishita, Vice President, Administration and Finance

SAN DIEGO

SAN FRANCISCO

SAN JOSÉ

SAN LUIS OBISPO

SAN MARCOS

SONOMA

STANISLAUS