

OCCUPATIONAL HEALTH AND SAFETY

SAN DIEGO STATE UNIVERSITY

**Audit Report 07-28
January 23, 2008**

Members, Committee on Audit

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

Staff

University Auditor: Larry Mandel
Audit Manager: Michael Zachary
Internal Auditor: Dominick Owens

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

General Environment	6
Health and Safety Programs and Policies	6
Health and Safety Inspections.....	8
Employee Health and Safety Training	9
Tracking of Training Requirements.....	9
Training Records.....	10
Student Health and Safety Training	11
Medical Monitoring Program	12

APPENDICES

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

ABBREVIATIONS

CSU	California State University
EHS	Environmental Health and Safety
EHSTP	Environmental Health and Safety Training Program
EMMPM	Employee Medical Monitoring Program Manual
EMSP	Employee Medical Surveillance Program
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
SETC	State Employees Trades Council
SDSU	San Diego 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 Diego State University (SDSU) campus from September 10, 2007, through October 19, 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 State Employees Trades Council (SETC) Unit 6 safety committee, approval 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.

GENERAL ENVIRONMENT [6]

The SETC Unit 6 safety committee did not convene as often as required to meet its SETC agreement obligations.

HEALTH AND SAFETY PROGRAMS AND POLICIES [6]

Documentation to support the approval and communication of OHS policies was not always available. Although the IIPP was reviewed in August 2007 and practices for frequent review were in place, revisions made to the IIPP were not subject to a formal review and signature approval process. The campus IIPP and other policies did not define revision, review, and approval roles for the IIPP, and a person (president or designee) responsible for approving the IIPP. The art department was unable to provide evidence that it had communicated its OHS policies to its employees.

HEALTH AND SAFETY INSPECTIONS [8]

Scheduled inspections for certain departments were not always completed nor did the inspection reports always include methods or procedures for correcting hazards, evidence that noted hazards have been corrected, or prioritization for hazard correction. For example, the chemistry department did not always complete planned annual departmental inspections.

EMPLOYEE HEALTH AND SAFETY TRAINING [9]

A comprehensive system for identifying and tracking health and safety training had not been developed. The campus had not yet developed either campus-wide or departmental training matrices or similar such system for health and safety training. Individual health and safety training records for employees were not always maintained. A review of ten faculty new hires and ten staff new hires from January 1, 2006, to

August 31, 2007, disclosed discrepancies in supporting documentation. Further, of the ten employees reviewed from each department (art, biology, chemistry, and facilities), the art department was unable to provide individual health and safety training records for eight of the ten employees tested. No evidence of proactive follow-up activity was on file to ensure that employees who missed training were subsequently trained.

STUDENT HEALTH AND SAFETY TRAINING [11]

Evidence of student health and safety training was not always maintained. The art department was unable to provide individual training records for all ten students tested. The biology department was unable to provide any individual training records for any of the students. None of the departments tested was able to show evidence of proactive follow-up activities to ensure that students who missed training were subsequently trained.

MEDICAL MONITORING PROGRAM [12]

Although roles and responsibilities for the employee medical surveillance program (EMSP) were defined within the SDSU EMSP, communication between the responsible parties was not adequate to ensure that employees' baseline examinations were conducted consistently. For example, five of the ten employees selected did not receive a baseline examination prior to the commencement of their work or new appointment. In these five instances, the baseline examinations were administered 11 to 112 months subsequent to the employees' start date in their current position.

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 Trustee 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

GENERAL ENVIRONMENT

The State Employees Trades Council (SETC) Unit 6 safety committee did not convene as often as required.

For the period of January 2007 to date, the SETC Unit 6 safety committee met in January, February, March, April, and June. No other meeting schedule had been mutually agreed upon and documented.

The California State University (CSU) *SETC Unit 6 Collective Bargaining Agreement*, effective July 1, 2005, to June 30, 2008, states in part that there shall be a SETC Unit 6 safety committee consisting of an equal number of management and employee representatives and that appointed representatives from management and the union shall meet on a monthly basis or by mutual agreement.

The associate vice president of operations stated that meetings were not always held due to low attendance deriving from scheduling conflicts or insufficient representation of management and/or SETC representatives.

Failure to convene the SETC Unit 6 safety committee as required by the collective bargaining agreement increases the risk that review, discussion, and resolution of potentially significant campus health and safety issues will be delayed.

Recommendation 1

We recommend that the campus strengthen procedures to ensure that the SETC Unit 6 safety committee convenes at least monthly or by mutual agreement.

Campus Response

We concur. The SETC Unit 6 safety committee will hold routine monthly meetings. The meeting schedule has been established for the calendar year.

HEALTH AND SAFETY PROGRAMS AND POLICIES

Documentation to support the approval and communication of occupational health and safety (OHS) policies was not always available.

Specifically, we noted that:

- ▶ Although the Injury and Illness Prevention Program (IIPP) was reviewed in August 2007 and practices for frequent review were in place, we found that revisions made to the IIPP were not subject to a formal review and signature approval process.

- ▶ The campus IIPP and other policies did not define revision, review, and approval roles for the IIPP, and a person (president or designee) responsible for approving the IIPP.
- ▶ The art department was unable to provide evidence that it had communicated its OHS policies to its employees in the form of e-mail notifications, committee communications, e-mail memorandums, or any other various publications to the departmental employees.

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 *San Diego State University Injury and Illness Prevention Program* (SDSU IIPP) §7 states that deans, directors, and department chairs are responsible for ensuring that employees are made aware of provisions to the SDSU IIPP.

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 associate vice president of administration stated that the review process included upper management notification; however, it had not been formally documented due to time constraints and priorities. The director of environmental health and safety (EHS) stated that the art department failed to keep documentation demonstrating their communication to employees on health and safety policies although it was possible communication occurred, yet was not documented.

Failure to formally document the review and approval of IIPP revisions, define approval responsibilities, and consistently communicate OHS policies increases the risk that the campus will be unable to effectively carry out its responsibilities in response to emergencies.

Recommendation 2

We recommend that the campus establish procedures to document the approval of the IIPP, define responsibility for approving the IIPP, and document the communication of OHS policies to departmental employees.

Campus Response

We concur. Procedures will be established by June 1, 2008, to define the responsibility for approving the IIPP as well as document the communication of environmental health services policies to departmental employees.

HEALTH AND SAFETY INSPECTIONS

Scheduled inspections for certain departments were not always completed nor did the inspection reports for those that were completed always include methods or procedures for correcting hazards, evidence that noted hazards have been corrected, or prioritization for hazard correction.

We reviewed the chemistry, biology, art, and facilities departments and found that:

- ▶ The chemistry department did not always complete planned annual departmental inspections.
- ▶ Inspection reports completed for the chemistry and art departments did not always identify methods or procedures for correcting the hazards nor was there always evidence that the hazards had been corrected or prioritized for correction.

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 SDSU *IIPP*, *Section 8.2, Health and Safety Inspections* states, in part, that each department shall institute a system whereby regularly scheduled workplace safety surveys are conducted and that departments engaged in hazardous operations shall conduct, at least, annual inspections.

The director of EHS stated that the chemistry department failed to document and complete their inspections as prescribed due to lack of appropriate staffing levels and time constraints. The associate vice president of faculty affairs stated that lines of communication and responsibility between academic departments and administrative offices for self-audit safety inspections oversight were not sufficiently transparent.

Failure to perform health and safety inspections and describe methods for correcting hazards, evidence of correction, or prioritization for hazard correction increases the risk that unsafe conditions would not be identified and further increases the potential for injuries, litigation, and regulatory sanctions.

Recommendation 3

We recommend that the campus review its procedures for health and safety inspections to ensure that all inspections are conducted, inspection reports provide methods or procedures for correcting

hazards, and evidence be noted that hazards have been corrected or otherwise prioritized for correction.

Campus Response

We concur. The university will review and strengthen its health and safety inspection procedures by August 15, 2008.

EMPLOYEE HEALTH AND SAFETY TRAINING

TRACKING OF TRAINING REQUIREMENTS

A comprehensive system for identifying and tracking health and safety training had not been developed.

We noted that the campus had not yet developed either campus-wide or departmental training matrices or any similar such system for identifying and tracking health and safety training for every department.

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 associate vice president of administration stated that it was not clearly understood that it was a requirement to develop a comprehensive employee training tracking system.

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

Recommendation 4

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.

Campus Response

We concur. The university will develop a risk-based action plan to facilitate tracking health and safety training requirements for each employee. The plan will be completed by August 15, 2008.

TRAINING RECORDS

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

We found the following:

- ▶ Our review of health and safety training records for ten faculty new hires and ten staff new hires from January 1, 2006, to August 31, 2007, disclosed that all ten faculty new hires tested lacked supporting documentation for health and safety training and that three of the ten new staff hires lacked supporting documentation for health and safety training.
- ▶ Of the ten employees reviewed from a sample of departments (art, biology, chemistry, and facilities), the art department was unable to provide individual health and safety training records for eight of the ten employees tested.
- ▶ No evidence of proactive follow-up activity was performed to ensure that employees who missed health and safety training were subsequently trained.

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 training and professional development manager stated that some staff did not attend new employee orientation and follow-up procedures had not been established. The director of EHS stated that the art department failed to keep training records due to lack of appropriate staffing levels and time constraints.

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' defense in liability cases.

Recommendation 5

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 university will strengthen its procedures regarding employee health and safety training records by August 15, 2008.

STUDENT HEALTH AND SAFETY TRAINING

Evidence of student health and safety training was not always maintained.

Utilizing spring 2007 class schedules/rosters, we selected ten student names from each department reviewed (art, biology, and chemistry) and requested corresponding training records to determine whether classroom and laboratory health and safety training had been performed and if recordkeeping was adequate. Our review disclosed:

- ▶ The art department was unable to provide individual training records for all ten students tested.
- ▶ The biology department was unable to provide individual training records for any of the students.
- ▶ None of the departments tested was able to show evidence of proactive follow-up activities to ensure that students who missed training were subsequently trained.

The 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.

The associate vice president of faculty affairs stated that a system of accountability and clear guidance had not been developed to assure that academic department responsibilities regarding student health and safety training and record maintenance were carried out.

Failure to maintain student health and safety training records increases the risk that training could be overlooked, and limits the campus' defense in liability cases.

Recommendation 6

We recommend that the campus strengthen procedures to maintain student health and safety training records.

Campus Response

We concur. The university will strengthen its procedures regarding student health and safety training records by August 15, 2008.

MEDICAL MONITORING PROGRAM

Although roles and responsibilities for the employee medical surveillance program (EMSP) were defined within the SDSU *EMSP*, communication between the responsible parties was not sufficient to ensure that employees' baseline examinations were consistently conducted.

During our review of medical monitoring, we evaluated examinations through August 2007 to evaluate whether baseline (initial exam) examinations were performed consistently. We found that:

- ▶ Five of the ten employees selected did not receive a baseline examination prior to the commencement of their work or new appointment. In these five instances, the baseline examinations were administered 11 to 112 months subsequent to the employees' start date in their current position.
- ▶ Another employee within the medical surveillance program showed a start date of February 26, 2007, and as of the audit (October 17, 2007) had not yet received a baseline examination. EHS records indicated that the exam was scheduled; however, we found that the employee did not attend the examination. There was no documented evidence of follow-up scheduling on file.

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 SDSU *EMSP*, states that all applicable employees shall be given a pre-placement examination before being assigned to work with respirators or in areas containing potentially hazardous or OSHA regulated substances.

The associate vice president of administration stated that some employees did not receive a baseline examination prior to their appointment because initial notification responsibilities were unclear.

Failure to adequately communicate and complete necessary baseline medical examinations timely increases the risk of work-related illnesses going undetected and potential liability to the CSU.

Recommendation 7

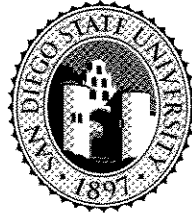
We recommend that the campus establish and implement procedures to ensure that communication between departments with shared responsibilities is clear and timely to ensure that all applicable employees receive baseline examinations when necessary.

Campus Response

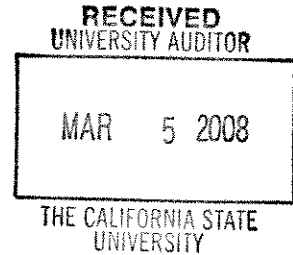
We concur. The university will establish and implement procedures to ensure that all applicable employees receive baseline examinations when necessary. Procedures will be developed by June 1, 2008.

APPENDIX A: PERSONNEL CONTACTED

<u>Name</u>	<u>Title</u>
Stephen L. Weber	President
Scott Burns	Associate Vice President, Financial Operations
Linda Burton	Director, Academic Resources, Provost Office
Valerie Carter	Director, Audit and Tax, Financial Operations
Norma Casas	Analyst, Audit and Tax, Financial Operations
Millie Dizon-Tran	Biosafety Officer/Environmental Health Officer/Industrial Hygienist, Environmental Health and Safety
Melanie Doyle	Training and Professional Development Manager
Johnny Eaddy	Assistant Director, Physical Plant
Terry Gee	Director, Environmental Health and Safety
Kathryn LaMaster	Associate Dean, Art Department, College of Professional Studies and Fine Arts
Richard Lamoureux	Environmental Health Coordinator/Chemical Hygiene Officer/Safety Officer, Environmental Health and Safety
Sheryl Mansour	Assistant Biosafety Officer/Assistant Environmental Health Officer/ Assistant Industrial Hygienist, Environmental Health and Safety
Patrick Papin	Associate Dean, College of Science
Kristen Ross	Manager, Occupational Safety, Environmental Health and Safety
Rhonda Russell	Manager, Risk and Workers' Compensation, The Center for Human Resources
Robert Schulz	Associate Vice President, Operations
Richel Thaler	Associate Vice President, Administration
James Zimmer	Facilities Manager, Biology
Bonnie Zimmerman	Associate Vice President, Faculty Affairs



February 29, 2008



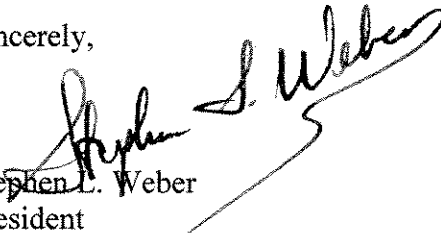
Mr. Larry Mandel
University Auditor
The California State University
401 Golden Shore, 4th Floor
Long Beach, CA 90802

Dear Mr. Mandel:

Attached is San Diego State University's response to Audit Report 07-28, Occupational Health and Safety. Documentation of policy and control changes will follow under separate cover.

Should you have any questions or require additional information, please contact Valerie Carter, Audit and Tax Director, at 619-594-5901.

Sincerely,


Stephen L. Weber
President

Attachment

- c: Sally F. Roush, Vice President for Business and Financial Affairs
- Richel Thaler, Associate Vice President, Administration
- Bonnie Zimmerman, Associate Vice President, Faculty Affairs
- Scott Burns, Associate Vice President, Financial Operations
- Terry Gee, Director, Environmental Health Services
- Valerie J. Carter, Director, Audit and Tax

OCCUPATIONAL HEALTH AND SAFETY

SAN DIEGO STATE UNIVERSITY

**Audit Report 07-28
January 23, 2008**

GENERAL ENVIRONMENT

Recommendation 1

We recommend that the campus strengthen procedures to ensure that the SETC Unit 6 safety committee convenes at least monthly or by mutual agreement.

Campus Response

We concur. The SETC Unit 6 safety committee will hold routine monthly meetings. The meeting schedule has been established for the calendar year.

HEALTH AND SAFETY PROGRAMS AND POLICIES

Recommendation 2

We recommend that the campus establish procedures to document the approval of the IIPP, define responsibility for approving the IIPP, and document the communication of OHS policies to departmental employees.

Campus Response

We concur. Procedures will be established by June 1, 2008 to define the responsibility for approving the IIPP as well as document the communication of Environmental Health Services policies to departmental employees.

HEALTH AND SAFETY INSPECTIONS

Recommendation 3

We recommend that the campus review its procedures for health and safety inspections to ensure that all inspections are conducted, inspection reports provide methods or procedures for correcting hazards, and evidence be noted that hazards have been corrected or otherwise prioritized for correction.

Campus Response

We concur. The University will review and strengthen its health and safety inspection procedures by August 15, 2008.

EMPLOYEE HEALTH AND SAFETY TRAINING

TRACKING OF TRAINING REQUIREMENTS

Recommendation 4

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.

Campus Response

We concur. The University will develop a risk based action plan to facilitate tracking health and safety training requirements for each employee. The plan will be completed by August 15, 2008.

TRAINING RECORDS

Recommendation 5

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 University will strengthen its procedures regarding employee health and safety training records by August 15, 2008.

STUDENT HEALTH AND SAFETY TRAINING

Recommendation 6

We recommend that the campus strengthen procedures to maintain student health and safety training records.

Campus Response

We concur. The University will strengthen its procedures regarding student health and safety training records by August 15, 2008.

MEDICAL MONITORING PROGRAM

Recommendation 7

We recommend that the campus establish and implement procedures to ensure that communication between departments with shared responsibilities is clear and timely to ensure that all applicable employees receive baseline examinations when necessary.

Campus Response

We concur. The University will establish and implement procedures to ensure that all applicable employees receive baseline examinations when necessary. Procedures will be developed by June 1, 2008.



THE CALIFORNIA STATE UNIVERSITY
OFFICE OF THE CHANCELLOR

BAKERSFIELD

April 7, 2008

CHANNEL ISLANDS

CHICO

MEMORANDUM

DOMINGUEZ HILLS

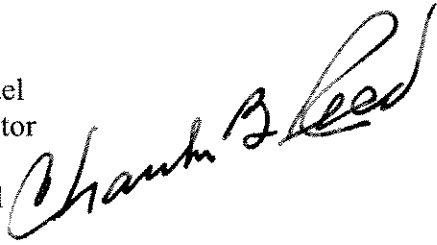
EAST BAY

TO: Mr. Larry Mandel
University Auditor

FRESNO

FULLERTON

FROM: Charles B. Reed
Chancellor



HUMBOLDT

LONG BEACH

SUBJECT: Draft Final Audit Report 07-28 on *Occupational Health and Safety*, San Diego State University

LOS ANGELES

MARITIME ACADEMY

In response to your memorandum of April 7, 2008, I accept the response as submitted with the draft final report on *Occupational Health and Safety*, San Diego State University.

MONTEREY BAY

NORTHRIDGE

CBR/jt

POMONA

Enclosure

SACRAMENTO

SAN BERNARDINO

cc: Mr. Scott Burns, Associate Vice President, Financial Operations
Dr. Stephen L. Weber, President

SAN DIEGO

SAN FRANCISCO

SAN JOSÉ

SAN LUIS OBISPO

SAN MARCOS

SONOMA

STANISLAUS