

OCCUPATIONAL HEALTH AND SAFETY

**CALIFORNIA STATE UNIVERSITY,
FULLERTON**

**Audit Report 07-31
January 24, 2008**

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ABBREVIATIONS

CCR	California Code of Regulations
CSU	California State University
CSUEU	California State University Employees Union
CSUF	California State University, Fullerton
DSC	Department Safety Coordinators
EHIS	Environmental Health and Instructional Safety
EHSTP	Environmental Health and Safety Training Program
EMMPM	Employee Medical Monitoring Program Manual
EO	Executive Order
IIPP	Injury and Illness Prevention Program
MIIPP	Model Injury and Illness Prevention Program
MMP	Medical Monitoring Program
OHS	Occupational Health and Safety
OSHA	Occupational Safety and Health Administration

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 California State University, Fullerton campus from September 24, 2007, through October 23, 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, adequate. However, procedures in effect for campus health and safety training, safety committee operations, departmental health and safety policy development, 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 responsibility for employee and student health and safety training was not clear. Specifically, the requirements for attendance, recordkeeping, and provision of training needed clarification, and existing policies were not sufficiently detailed to fully evaluate responsibilities. The plant operations safety committee could not be evaluated due to limited functionality.

HEALTH AND SAFETY PROGRAMS AND POLICIES [8]

Departmental health and safety policies were not fully developed and updated. Although health and safety policies were in place for visual arts, biology, chemistry, and physical plant, they were not always current and complete and they often lacked key provisions. Further, the physical plant relied on environmental health and instructional safety policies and had a complete departmental Injury Illness and Prevention Program that was outdated and last reviewed and approved in 1993.

HEALTH AND SAFETY INSPECTIONS [9]

Health and safety inspections needed improvement to ensure adequate inspection coverage, as well as identification, correction, and documentation of hazards, and elevation of significant issues to sufficient levels of management to ensure timely resolution.

EMPLOYEE HEALTH AND SAFETY TRAINING [11]

A comprehensive system for tracking health and safety training had not been completed. Specifically, individual training requirements were not all current, the campus had not completed a list of classes that were needed in the first year of employment at the campus, physical sciences and shops were not placed on the standard campus learning tracks, and full-time faculty were not receiving all mandatory OSHA safety training. Additionally, the campus could not always locate individual health and safety training

records for employees in the visual arts, biology, chemistry, and physical plant departments, and certain new hires.

STUDENT HEALTH AND SAFETY TRAINING [14]

Evidence of student health and safety training was not always maintained. None of the three departments reviewed (visual arts, biology, and chemistry) was able to support training for all students selected for testing. Further, none of the three departments showed evidence of proactive follow-up activities to ensure that students who missed training were subsequently trained.

MEDICAL MONITORING PRACTICES [15]

Medical monitoring examinations were not always performed. All of the ten employees selected for testing had missed one or more interim medical monitoring examination, and did not receive periodic/annual medical examinations on a consistent basis. Three employees in the sample did not receive exit medical examinations, and although environmental health and instructional safety performed proactive follow-up procedures to coordinate and complete necessary examination, departmental employees and management were not always successful in ensuring that the examinations were accomplished.

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

CAMPUS RESPONSIBILITY FOR HEALTH AND SAFETY TRAINING

Responsibility for employee and student health and safety training was not clear.

Discussions with management regarding the responsibility for employee and student health and safety training showed that the requirements for attendance, recordkeeping, and provision of training needed clarification, and existing policies were not sufficiently detailed to fully evaluate responsibilities. We noted that:

- ▶ At the outset of the audit and throughout our review, environmental health and instructional safety (EHIS) and the departments tested did not necessarily have the same opinions as to the responsibilities and requirements for employee and student health and safety training in the areas of general laboratory training (both recordkeeping and the provision of training), laboratory safety (recordkeeping), specialized equipment training for laboratories (recordkeeping), and general safety training (defining which employees need it, and how to get them to take the training). EHIS and the departments believed that further clarification of responsibilities was necessary.
- ▶ Campus policies did not define the responsibilities for employee and student health and safety training in sufficient detail to determine all the requirements for who is responsible for attendance, recordkeeping, and the provision of actual classroom or web-based training.
- ▶ Unresolved training issues were not always elevated to sufficient levels of management to ensure resolution.

Title 8 California Code of Regulations (CCR) §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 California State University (CSU) *Model Injury and Illness Prevention Program* (MIIPP) §7.5 states that it is the responsibility of deans, directors, department chairs, and department heads to develop departmental procedures to ensure effective compliance with the Injury and Illness Prevention Program (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 director of EHIS stated that he was aware that the responsibility for faculty, staff, and student training needed clarification; however, a full evaluation of this area, including departmental input, had not been completed.

Failure to clearly define the responsibility for employee and student health and safety training within campus policies and elevate unresolved training issues to campus management increases the risk that goals and requirements for safety training will not be met.

Recommendation 1

We recommend that the campus:

- a. Clearly define the responsibility for employee and student health and safety training in campus policies and directives, including the requirements for attendance, recordkeeping, and provision of training.
- b. Revise health and safety policies and directives to include provisions that unresolved training issues be elevated to sufficient levels of management to ensure resolution.

Campus Response

We concur. By April 30, 2008, the campus will:

- a. Clearly define the responsibility for employee and student health and safety training in campus policies and directives, including the requirements for attendance, recordkeeping, and provision of training.
- b. Revise health and safety policies and directives to include provisions that unresolved training issues be elevated to sufficient levels of management to ensure resolution.

PLANT OPERATIONS SAFETY COMMITTEE

The plant operations safety committee could not be evaluated due to limited functionality.

We found that the plant operations safety committee was formed years ago, as required by the bargaining unit agreement in effect at that time; however, it stopped meeting and had not met in at least two years. The committee was once again mandated by the 2007 California State University Employees Union (CSUEU) *Bargaining Unit Agreement*, but it had not yet convened in 2007 and therefore, it could not be evaluated for performance.

The CSUEU *Collective Bargaining Agreement*, effective January 16, 2007, to June 30, 2009, Article 23.10, states that there shall be a campus plant operations safety committee which shall meet at regularly scheduled times during normal business hours. A reasonable number of employee representatives appointed by the union shall serve as committee members.

The director of EHIS stated that recent plant operations committee meeting data was not available because it had membership shortages and had not been meeting in recent years.

Limited functionality of safety committees, including not meeting regularly and not keeping records, increases the risk that safety and health issues will not be reviewed by the committees, and that they will not be able to assess their own effectiveness.

Recommendation 2

We recommend that the plant operations safety committee convene in regularly scheduled meetings and keep written minutes and other such records documenting the operation of the committee.

Campus Response

We concur. The physical plant safety committee will be reconvened on a regular basis and written minutes will be maintained documenting the operation of the committee by April 30, 2008.

HEALTH AND SAFETY PROGRAMS AND POLICIES

Departmental health and safety policies were not fully developed and updated.

We noted that:

- ▶ Health and safety policies and procedures for the visual arts, biology, and chemistry departments were in place; however, they needed further development to address department safety inspections, identification and correction of hazards, recordkeeping, and employee and student health and safety training.
- ▶ The physical plant relied on EHIS policies and had a complete departmental IIPP; however, it was outdated, and last reviewed and approved in 1993.

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.

Title 8 CCR §3203 states, in part, that 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 director of EHIS stated that departmental management agreed that policies and procedures were not fully developed and provided various explanations, including they were unaware that formal policies and procedures were required. Furthermore, he stated that the campus would hire a new manager in the physical plant to support policy development.

Failure to develop, timely review, and update departmental health and safety policies limits the campus' ability to effectively carry out health and safety responsibilities and respond to emergencies.

Recommendation 3

We recommend that the campus establish procedures to develop, timely review, and update departmental health and safety policies.

Campus Response

We concur. The campus will establish procedures to develop, timely review, and update departmental health and safety policies by April 30, 2008.

HEALTH AND SAFETY INSPECTIONS

The campus health and safety inspections program needed improvement.

Our review of inspection procedures and coverage of campus areas disclosed that:

- ▶ Department safety coordinators (DSC) had not been assigned to all areas scheduled for health and safety inspections per the EHIS annual DSC inspection schedule. We also noted that the list of DSC needed to be updated.
- ▶ Not all scheduled inspections had been performed in 2006 and 2007. Additionally, one of our selected test areas, the art department, had not received any health and safety inspections.
- ▶ Inspection procedures were not consistent between the two EHIS inspection teams. Methods of identifying and recording potential hazards were similar; however, procedures for correction of hazards, documentation, and follow-up were inconsistent.
- ▶ Completion of inspections and necessary follow-up and closure procedures was not monitored by EHIS, and enforcement of compliance requirements for inspections needed improvement.
- ▶ Procedures did not require that DSC and EHIS inspections be forwarded to department managers and EHIS management for review and approval, and to help to identify trends.
- ▶ Follow-up procedures did not always escalate unresolved inspection issues to sufficient levels of management to ensure resolution.

Title 8 CCR §3203 states that the employer should include methods and/or procedures for correcting unsafe or unhealthy conditions, work practices, and work procedures in a timely manner based on the severity of the hazard. Additionally, it states, in part, that records of the steps taken to implement and maintain the program shall include records of scheduled and periodic inspections to identify unsafe conditions and work practices, including person(s) conducting the inspection, the unsafe conditions

and work practices that have been identified, and action taken to correct the identified unsafe conditions and work practices.

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 CSU *MIIPP* §10.1 states that it is the responsibility of each department to ensure that a regular and systemic inspection process be scheduled for all departmental areas. It is recommended that departmental safety coordinators be assigned to conduct these inspections.

The California State University, Fullerton (CSUF) *IIPP* states, in part, that it is the responsibility of EHIS under direction of the vice president of administration and finance/chief financial officer to develop and manage the program and monitor compliance. EHIS shall provide centralized monitoring of campus-wide activities in the areas of environmental compliance, biological safety, chemical hygiene, emergency preparedness, fire safety, hazard communication, hazard identification, hazardous materials management, industrial hygiene, occupational safety, pest management, public health and sanitation, and safety education and training. Additionally, EHIS shall maintain responsibility for review and authorization of all radiation use on campus.

The director of EHIS stated that the constant turnover of DSC and the department chairs that appoint them caused the inspection gaps and the outdated list of DSC. He added that EHIS and the art department inspections had fallen behind schedule due to time constraints, and the inconsistencies in inspections were due to outdated procedures that would be reevaluated. He further stated that the discrepancies in monitoring, elevating, and closure procedures had fallen out of date and needed to be reevaluated.

Failure to perform health and safety inspections, secure sufficient inspection staff, maintain consistent procedures for inspections, monitor inspection results, and elevate significant issues to sufficient levels of management increases the risk that unsafe conditions would not be identified and corrected, and further increases the potential for injuries, litigation, and regulatory sanctions.

Recommendation 4

We recommend that the campus:

- a. Assign DSC to all areas scheduled for health and safety inspections, and update the list of DSC.
- b. Perform scheduled inspections for all applicable areas.

- c. Standardize the inspection procedures between the EHIS inspections teams. Such procedures should include, but not be limited to, hazard correction, documentation, and follow-up.
- d. Develop procedures that require DSC and EHIS inspections to be forwarded to department managers and EHIS management for review and approval, to help to identify trends, and to elevate significant issues to sufficient levels of management to ensure timely resolution.

Campus Response

We concur. By April 30, 2008, the campus will:

- a. Assign DSC or EHIS personnel to all areas scheduled for health and safety inspections and update the DSC list.
- b. Perform scheduled inspections for all applicable areas.
- c. Standardize inspection procedures between EHIS inspection teams, including but not limited to, hazard correction, documentation, and follow-up.
- d. Develop procedures that require DSC and EHIS inspections to be forwarded to department managers and EHIS management for review and approval.

EMPLOYEE HEALTH AND SAFETY TRAINING

TRACKING OF TRAINING REQUIREMENTS

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

The campus had developed training requirements for most job classifications, and a formalized training requirements matrix had been created; however, we noted:

- ▶ Individual training requirements were not all current.
- ▶ The campus had not completed a list of training classes that were needed in the first year of employment at the campus.
- ▶ Physical sciences and physical plant shops were not included in the standard campus learning tracks.
- ▶ Full-time faculty members had not received mandatory Occupational Safety and Health Administration (OSHA) safety training by EHIS in five required areas. Instead, they received personal safety training from public safety.

Title 8 CCR §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 director of EHIS stated that there was a discrepancy with the safety training matrix and the actual required training for each individual. He further stated that the campus had not identified additional training requirements for new employees, but it was currently in the process of doing so.

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

Recommendation 5

We recommend that the campus:

- a. Update the individual health and safety training requirements for each employee.
- b. Update the list of training classes that are needed in the first year of employment.
- c. Include the physical sciences and physical plant shops in the standard campus learning tracks.
- d. Provide full-time faculty with mandatory OSHA training in all required areas.

Campus Response

We concur. By April 30, 2008, the campus will:

- a. Update the individual training requirements for each employee.
- b. Complete the list of training classes that are needed in the first year of employment.
- c. Include the physical sciences and physical plant in the campus learning tracks.
- d. Provide full-time faculty with mandatory OSHA training in all required areas.

TRAINING RECORDS

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

We noted that:

- ▶ Testing of ten employees from each of the visual arts, biology, chemistry, and physical plant departments disclosed that the campus was unable to provide complete individual training records for up to nine employees in all the departments combined.

- ▶ The campus was unable to provide general safety training records for 6 of 20 employees that were hired from August 2006 through August 2007. Additionally, five of these employees had been working with the campus for over one year at the date of audit.
- ▶ EHIS was performing follow-up procedures for employees who missed training; however, the subject individuals and departments did not always respond to or coordinate with EHIS to ensure that their employees would be rescheduled for training.

Title 8 CCR §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 CSUF *IIPP* states, in part, that all new employees to the university receive general safety training on multiple safety topics. Employee training records are kept for specified lengths of time in accordance with the EHIS records retention procedures.

The director of EHIS stated that the departments and employees were given adequate notice of the required training, and EHIS had few methods, other than follow-up, to encourage participation. Regarding new hire general safety training, the director of EHIS also stated that he was aware that a percentage of campus employees did not attend general safety training during the first year of their employment, and stated his belief that this was a management problem that must be addressed at the department level or at the senior management level because personnel were given adequate notice and follow-up. The chair of the visual arts department stated that they had no policy or procedure in place to remind and follow-up on whether faculty and staff had met their individual responsibility to seek and periodically receive health and safety training. The vice chair of chemistry and biochemistry stated that they were unaware that new faculty members were not getting general safety training during orientation. The chair of biological science stated that the department was unaware that employees had missed training.

Failure to maintain health and safety training records for employees increases the risk that health and safety awareness would be inadequate, training could be overlooked, and that the potential for regulatory sanctions could be increased.

Recommendation 6

We recommend that the campus:

- a. Strengthen procedures to maintain employee health and safety training records on file for at least one year.
- b. Review and strengthen the current follow-up procedures for rescheduled training.

Campus Response

We concur. By April 30, 2008, the campus will:

- a. Strengthen procedures to maintain employee health and safety training records on file for at least one year.
- b. Review and strengthen the current follow-up procedures for rescheduled training.

STUDENT HEALTH AND SAFETY TRAINING

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

Utilizing spring 2007 class schedules/rosters and testing ten students from each of the visual arts, biology, and chemistry departments, we found that the campus was unable to provide individual training records for all ten students tested in the visual arts department, and five students in the biology department. We also noted that the campus could not provide evidence of proactive follow-up activities to ensure that students who missed training were subsequently trained.

The CSU *MIIPP* §7.5 states 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 director of EHIS stated that the issue with the science departments was a procedural problem that could be easily fixed as the safety office was working with the art department to develop policies and procedures for student safety training. He added that the chair of biological science attributed the lack of documentation for the one lab class to a clerical error, and the procedure would be strengthened and addressed in the department safety policy.

Failure to maintain health and safety training records for students increases the risk that health and safety awareness would be inadequate, training could be overlooked, and that the potential for regulatory sanctions could be increased.

Recommendation 7

We recommend that the campus strengthen procedures to maintain individual health and safety training records for students.

Campus Response

We concur. The campus will strengthen procedures to maintain individual health and safety training records for students by April 30, 2008.

MEDICAL MONITORING PRACTICES

Medical monitoring examinations were not always performed.

During our review of medical monitoring, we evaluated whether periodic/annual examinations and exit/termination examinations were consistently performed for employees on the campus Medical Monitoring Program (MMP). Our review disclosed that all ten employees selected for testing for the calendar years 2005, 2006, and through the end of September 2007, had missed one or more interim medical monitoring exams and did not receive periodic/annual medical examinations on a consistent basis. Three employees selected for testing did not receive exit/termination examinations when they separated from the campus between January 1, 2006, and September 30, 2007.

We also noted that EHS performed proactive follow-up procedures to coordinate and complete necessary exams; however, departmental employees and management were not always successful in ensuring that the exams were accomplished.

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 employee's 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 director of EHS stated that, despite follow-up, individuals do not always attend the required periodic/annual medical monitoring examinations, and that the safety office was unaware of the need to test employees that discontinue participation or are removed from the MMP. He further stated that EHS did not have a procedure with human resources to notify them when an employee left university employment, but this has since been rectified.

Failure to consistently 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 8

We recommend that the campus establish and implement procedures to:

- a. Ensure periodic and exit medical monitoring examinations are scheduled timely and performed.

- b. Immediately notify EHIS 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.
- c. Elevate non-compliance issues to sufficient levels of management to ensure that compliance is achieved.

Campus Response

We concur. By April 30, 2008, the campus will:

- a. Establish and implement procedures to ensure periodic and exit medical monitoring examinations are scheduled and performed in a timely manner.
- b. Ensure EHIS is notified when employees that might require an exit medical examination are separating from the university.
- c. Ensure non-compliance issues are elevated to sufficient levels of management.

APPENDIX A: PERSONNEL CONTACTED

<u>Name</u>	<u>Title</u>
Milton A. Gordon	President
Bill Barrett	Associate Vice President, Administration
John Beisner	Director, University Risk Management
Scott Bourdon	Associate Director, Environmental Health and Instructional Safety (EHIS)
Alisha Brown	Program Manager, Workers' Compensation, Risk Management
Mark Filowitz	Vice Chair, Chemistry and Biochemistry
Susan Fisher	Radiation Safety Officer, EHIS
Naomi Goodwin	Assistant Vice President, Administration and Finance
Robin Graboyes	Director, Faculty Affairs and Records
Willie Hagan	Vice President, Administration and Finance and Chief Financial Officer
Bahram Hatefi	Director, Internal Audit
Skip Hines	Chemical Hygiene Officer, EHIS
Lea Jarnagin	Assistant to the Vice President, Student Affairs
Lawrence Johnson	Chair, Visual Arts Department
Robert Koch	Chair, Biological Science Department
Maria Linder	Chair, Chemistry and Biochemistry
Curtis Plotkin	Environmental Compliance Manager, EHIS
Kenna Schoenherr	Safety Trainer, EHIS
Willem Van der Pol	Director, Physical Plant
Tom Whitfield	Director, EHIS
Colleen Wilkins	Environmental Health and Safety Officer, EHIS

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**RECEIVED
UNIVERSITY AUDITOR**

FEB 22 2008

THE CALIFORNIA STATE
UNIVERSITY

DATE: February 19, 2008

TO: Larry Mandel
University Auditor

FROM: Milton A. Gordon
President *mas*

SUBJECT: Response for Occupational Health and Safety Audit Report 07-31

I am pleased to forward California State University, Fullerton's official response to the recommendations in the Occupational Health and Safety Audit Report 07-31.

Once again, we would like to thank the University Auditor and his staff for conducting the audit in a professional manner and identifying meaningful ways to improve the administration of the health and safety program in compliance with state and CSU guidelines.

The Campus Auditor, Bahram Hatefi, will also forward the responses to you electronically for your convenience. Should you have questions, please contact Bahram at 714-278-7299 or bhatefi@fullerton.edu

Attachments

cc: Willie Hagan, Vice President, Administration & Finance CFO
Bill Barrett, Associate Vice President Administration & Finance
Naomi Goodwin, Assistant Vice President, Administration & Finance
Tom Whitfield, Director of Health and Safety
Willem Van der Pol, Director Physical Plant
Robert Koch, Chair, Biological Science Department
Lawrence Johnson, Chair Visual Arts Department
Maria Linder, Chair Chemistry and Biochemistry
Mark Filowitz, Vice Chair, Chemistry and Biochemistry Department
Bahram Hatefi, Director of CSUF Internal Audit

OCCUPATIONAL HEALTH AND SAFETY

**CALIFORNIA STATE UNIVERSITY,
FULLERTON**

**Audit Report 07-31
January 24, 2008**

GENERAL ENVIRONMENT

CAMPUS RESPONSIBILITY FOR HEALTH AND SAFETY TRAINING

Recommendation 1

We recommend that the campus:

- a. Clearly define the responsibility for employee and student health and safety training in campus policies and directives, including the requirements for attendance, recordkeeping, and provision of training.
- b. Revise health and safety policies and directives to include provisions that unresolved training issues be elevated to sufficient levels of management to ensure resolution.

Campus Response

We concur. By April 30, 2008 the campus will:

- a. Clearly define the responsibility for employee and student health and safety training in campus policies and directives, including the requirements for attendance, recordkeeping, and provision of training; and
- b. Revise health and safety policies and directives to include provisions that unresolved training issues be elevated to sufficient levels of management to ensure resolution.

PLANT OPERATIONS SAFETY COMMITTEE

Recommendation 2

We recommend that the plant operations safety committee convene in regularly scheduled meetings and keep written minutes and other such records documenting the operation of the committee.

Campus Response

We concur. The Physical Plant Safety Committee will be reconvened on a regular basis and written minutes will be maintained documenting the operation of the committee by April 30, 2008.

HEALTH AND SAFETY PROGRAMS AND POLICIES

Recommendation 3

We recommend that the campus establish procedures to develop, timely review, and update departmental health and safety policies.

Campus Response

We concur. The campus will establish procedures to develop, timely review, and update departmental health and safety policies by April 30, 2008.

HEALTH AND SAFETY INSPECTIONS

Recommendation 4

We recommend that the campus:

- a. Assign DSC to all areas scheduled for health and safety inspections, and update the list of DSC.
- b. Perform scheduled inspections for all applicable areas.
- c. Standardize the inspection procedures between the EHIS inspections teams. Such procedures should include, but not be limited to, hazard correction, documentation, and follow-up.
- d. Develop procedures that require DSC and EHIS inspections to be forwarded to department managers and EHIS management for review and approval, to help to identify trends, and to elevate significant issues to sufficient levels of management to ensure timely resolution.

Campus Response

We concur. By April 30, 2008 the campus will:

- a. Assign DSC or EHIS personnel to all areas scheduled for health and safety inspections and update the DSC list;
- b. Perform scheduled inspections for all applicable areas;
- c. Standardize inspection procedures between EHIS inspection teams, including but not limited to hazard correction, documentation, and follow-up; and
- d. Develop procedures that require DSC and EHIS inspections be forwarded to department managers and EHIS management for review and approval.

EMPLOYEE HEALTH AND SAFETY TRAINING

TRACKING OF TRAINING REQUIREMENTS

Recommendation 5

We recommend that the campus:

- a. Update the individual health and safety training requirements for each employee.
- b. Update the list of training classes that are needed in the first year of employment.
- c. Include the physical sciences and physical plant shops in the standard campus learning tracks.
- d. Provide full-time faculty with mandatory OSHA training in all required areas.

Campus Response

We concur. The campus will: update the individual training requirements for each employee; complete the list of training classes that are needed in the first year of employment; include the physical sciences and physical plant in the campus learning tracks; and provide full-time faculty with mandatory OSHA training in all required areas by April 30, 2008.

TRAINING RECORDS

Recommendation 6

We recommend that the campus:

- a. Strengthen procedures to maintain employee health and safety training records on file for at least one year.
- b. Review and strengthen the current follow-up procedures for rescheduled training.

Campus Response

We concur. The campus will strengthen procedures to maintain employee health and safety training records on file for at least one year and review and strengthen the current follow-up procedures for rescheduled training by April 30, 2008.

STUDENT HEALTH AND SAFETY TRAINING

Recommendation 7

We recommend that the campus strengthen procedures to maintain individual health and safety training records for students.

Campus Response

We concur. The campus will strengthen procedures to maintain individual health and safety training records for students by April 30, 2008.

MEDICAL MONITORING PRACTICES

Recommendation 8

We recommend that the campus establish and implement procedures to:

- a. Ensure periodic and exit medical monitoring examinations are scheduled timely and performed.
- b. Immediately notify EHIS 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.
- c. Elevate non-compliance issues to sufficient levels of management to ensure that compliance is achieved.

Campus Response

We concur. The campus will establish and implement procedures to ensure periodic and exit medical monitoring examinations are scheduled and performed in a timely manner; EHIS is notified when employees that might require an exit medical examination are separating from the university; and non-compliance issues are elevated to sufficient levels of management by April 30, 2008.



THE CALIFORNIA STATE UNIVERSITY
OFFICE OF THE CHANCELLOR

BAKERSFIELD

March 10, 2008

CHANNEL ISLANDS

CHICO

MEMORANDUM

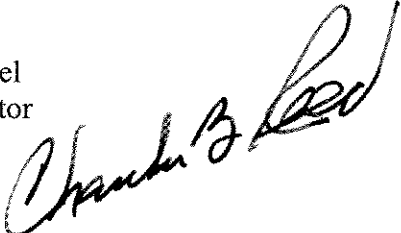
DOMINGUEZ HILLS

EAST BAY

FRESNO

TO: Mr. Larry Mandel
University Auditor

FULLERTON

FROM: Charles B. Reed
Chancellor 

HUMBOLDT

LONG BEACH

SUBJECT: Draft Final Audit Report 07-31 on *Occupational Health and Safety*, California State University, Fullerton

LOS ANGELES

MARITIME ACADEMY

In response to your memorandum of March 10, 2008, I accept the response as submitted with the draft final report on *Occupational Health and Safety*, California State University, Fullerton.

MONTEREY BAY

NORTHRIDGE

POMONA

CBR/jt

SACRAMENTO

Enclosure

SAN BERNARDINO

cc: Dr. Milton A. Gordon, President
Dr. Bahram Hatefi, Director of Internal Audit

SAN DIEGO

SAN FRANCISCO

SAN JOSÉ

SAN LUIS OBISPO

SAN MARCOS

SONOMA

STANISLAUS