

**OCCUPATIONAL HEALTH**  
**CALIFORNIA STATE UNIVERSITY,**  
**SAN BERNARDINO**

**Report Number 97-15**  
**October 13, 1997**

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## **ABBREVIATIONS**

CCR	California Code of Regulations
CSU	California State University
DSC	Department Safety Coordinators
EH&S	Environmental Health and Safety
EMMP	Employee Medical Monitoring Program
GISO	General Industrial Safety Orders
IIPP	Injury and Illness Prevention Program
MSDS	Material Safety Data Sheets

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## INTRODUCTION

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### PURPOSE

Our overall audit objective was to determine the effectiveness of existing policies and procedures that relate to both employee and student health and safety and mitigation of real and potential hazards in the workplace.

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

- ▶ the campus had developed and distributed a written IIPP to all departments;
- ▶ the campus had developed a satisfactory system for communicating pertinent IIPP and other safety and health information to all affected employees;
- ▶ selected departments had implemented procedures for both scheduled and unscheduled inspections which includes the filing of reports with distribution to appropriate department chairs and the office on environmental health and safety;
- ▶ the campus had implemented procedures for investigation, recording and reporting accidents;
- ▶ the campus had identified training requirements applicable to specific classes of employees and provided adequate training to students whose study areas take them into places where potential workplace hazards are located;
- ▶ the campus had developed procedures and materials to assure that employees and students are provided training in a timely manner;
- ▶ the campus had developed procedures for recording training to employees and students; and
- ▶ the campus has developed a medical monitoring program and identified those employees who should be included.

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### SCOPE AND METHODOLOGY

This review emphasized but was not limited to compliance with state laws, Board of Trustee policies, and Office of the Chancellor and campus policies, letters and directives. The primary directive for this review involves Title 8, §3203. *Injury and Illness Prevention Program (IIPP) of the California Code of Regulations (CCR)*. In addition, Office of the Chancellor and campus generated manuals were used to measure compliance with selected health and safety issues. January 1996 to date was the primary period of review.

Our focus involved appropriate health and safety related records and procedures within the campus Environmental Health and Safety Office and four departments: Art, Biology, Chemistry and Physical Plant. We selected ten employees from each of the four departments and two spring 1997 classes from each of the three academic departments. We reviewed available records related to health and safety training and information for both the selected employees and students within the selected classes. Specifically, we reviewed and tested the following areas:

- ▶ development, implementation and communication of the campus IIPP;
- ▶ health and safety inspections;
- ▶ employee health and safety training;
- ▶ student health and safety training; and
- ▶ employee medical monitoring

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## BACKGROUND

The Board of Trustees Committee on Audit directed the office of the University Auditor to review the subject of Occupational Health at its January 1997 meeting. Occupational Health was selected because of several factors including the risk evaluations recently completed by CSU executives and endorsements for the audit by the Statewide Academic Senate and the California State Students Association.

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 (GISO) in the California Code of Regulations were adopted on December 13, 1990 and incorporated in GISO §3203, Injury and Illness Prevention Program. Beginning July 1, 1991, §3203 required employers to establish, implement, and maintain a written Injury and Illness Prevention Program with specified elements including substantial compliance criteria for use in evaluating an employer's injury prevention program.

The California State University developed and distributed a model Injury and Illness Prevention Program (IIPP) to each campus. This model (IIPP) was designed to serve as an umbrella that incorporates the elements of the myriad of individual health and safety programs required by state and federal law. It has also been designed to integrate existing campus health and safety regulations and future safety-related mandates that may arise.

The intent of the model IIPP was to: facilitate identification and evaluation of workplace hazards; correction of unsafe conditions; communications between the university and its employees, students and the general public on matters concerning health and safety; education and training of employee; development of

compliance strategies; documentation/recordkeeping of safety and health related activities; and identification of the person responsible for administering the program.

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## **OPINION**

We visited the California State University, San Bernardino campus between June 16 and July 17, 1997 and audited the procedures in effect at that time.

We found that, except for the items noted in the Executive Summary and in the details of the report, compliance with state, CSU and campus policies and procedures were satisfactory. The comments that follow are based on an effort to identify and mitigate issues that detract from the overall effectiveness of the existing campus health and safety program.

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## **EXECUTIVE SUMMARY**

The purpose of this section is to provide management with an overview of conditions requiring their 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 INSPECTIONS [5]**

The campus health and safety inspection process was inadequate. Establishing full implementation of existing campus inspection policies and procedures reduces campus exposure to risk of injuries and illnesses, subsequent civil and criminal litigation and citations/fines by various regulatory agencies.

### **EMPLOYEE HEALTH AND SAFETY TRAINING [6]**

Campus employee health and safety training procedures were deficient with respect to: development of training requirements, timely training of employees, and maintenance of training records. Establishing full implementation of training procedures reduces campus exposure to risk of injuries and illness, subsequent civil and criminal litigation, and citations/fines by various regulatory agencies.

### **STUDENT HEALTH AND SAFETY TRAINING [9]**

On-campus health and safety training and information procedures for students were incomplete; related off-campus information was outdated. Establishing a more comprehensive and uniform process of providing students with applicable training and information regarding both on and off-campus educational activities reduces the risk of both injuries and illnesses to students and subsequent civil litigation.

## **EMPLOYEE MEDICAL MONITORING [10]**

The campus had neither identified all employees who should be included in their Employee Medical Monitoring Program (EMMP) nor provided timely medical monitoring to those currently in the EMMP. Identifying those employees who should be included in the EMMP and assuring they receive appropriate and timely medical monitoring reduces the risk of work related illnesses going undetected.

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## OBSERVATIONS, RECOMMENDATIONS, AND CAMPUS RESPONSES

### HEALTH AND SAFETY INSPECTIONS

The campus health and safety inspection process was inadequate. Areas of concern included: establishment of inspection cycles; timeliness of inspections; distribution of inspection reports; and, documentation on follow-up activities to points raised on previously conducted inspections.

We found that:

- ▶ none of the four departments visited had developed the formal *internal* inspection and hazard control procedures required by §9.0 and §11.0 of the campus Environmental Health & Safety Policy.
- ▶ none of the four departments visited had established internal health and safety inspection cycles.
- ▶ none of the four departments visited had developed written internal inspection reports. Each of the departments indicated that their employees frequently conduct informal health and safety inspections of their areas.
- ▶ quarterly lab inspections as established in both the campus Art Safety and Chemical Hygiene Plans, were not being conducted.
- ▶ no record of departmental inspection results were being provided to either management with oversight responsibility or to applicable health and safety committees (Art, Chemical Hygiene and Physical Plant).

The CSU Model Injury and Illness Prevention Program (IIPP) among others, addresses the inspection requirements contained in California Code of Regulations (CCR) title 8, §3203, Injury and Illness Prevention Program. The campus version of the IIPP titled *Environmental Health and Safety Policy* addresses specific inspection requirements in §9. Inspection and §11. Hazard Control Procedures.

Both the EH&S Officer and the three department chairs interviewed indicated that the above weaknesses primarily involved a lack of resources to either monitor or carry out existing campus health and safety inspection policies.

By not assuring full implementation of inspection procedures, the campus is exposed to an increased risk of injuries and illnesses, subsequent civil and criminal litigation and citations/fines by various regulatory agencies.

### **Recommendation 1**

We recommend that the campus review and strengthen their existing health and safety inspection procedures related to establishment of inspection cycles, timeliness of inspections, inspection report distribution and follow-up activities to points raised on previously conducted inspections.

#### **Campus Response**

- A. The Office of Environmental Health and Safety (EHS) will redistribute CSUSB's existing EHS Policy (adopted 2/92) to the Deans of Humanities and Natural Sciences, Chairs, and Physical Plant Supervisors. This identifies the requirement for a formal, internal inspection and hazard control procedures.
- B. EHS will redistribute inspection forms (Appendix I) for their internal health and safety inspection cycles to the Deans of Humanities and Natural Sciences, Chairs, and Physical Plant Supervisors.
- C. EHS will enter cycles into a "work order" system (*Appendix II*). This will assist the responsible manager in developing their written internal inspection reports. According to a determined schedule, a list of "work orders" will be forwarded to the deans every quarter for dissemination to the responsible persons. Once an inspection is completed and a copy forwarded to EHS, the "work order" will be closed out **Implementation: 9/98**
- D. EHS will establish a list of responsible persons (*Appendix III*) with input from the managers for Art, Biology, Chemistry, and Physical Plant for the areas requiring inspection. This list will be included in the system to identify to whom the work order will be assigned. This process will ensure that a formal process is followed and quarterly lab inspections are established. More frequent informal inspections will be encouraged. **Implementation: 9/98**
- E. EHS will provide a summary report on departmental inspection results and will review the report with the appropriate committees, including Art Safety, Chemical Hygiene, Risk Management, and with Physical Plant. This will include a follow-up review with the deans to ensure that end users have made necessary corrections on any inspection deficiencies. Semi-annual reports will be provided to the Vice Presidents for Academic Affairs and Administration and Finance. **Implementation: 9/98**

### **EMPLOYEE HEALTH AND SAFETY TRAINING**

Employee health and safety training procedures were deficient with respect to: development of training requirements, timely training of employees, and maintenance of training records.

We found that:

- ▶ none of the four departments visited had fully implemented training procedures as outlined in §12.0 of the campus EH&S Policy Manual .
- ▶ specific training requirements, including frequency of refresher training had not been developed for each employee. However, EH&S was developing a program that addresses this issue.
- ▶ there were no procedures in place to assure that new employees received general and specific safety training prior to assignment to a new job.
- ▶ there were no procedures in place to assure that employees received necessary training whenever new substances, processes, procedures or equipment were introduced to the workplace; or whenever a previously unrecognized hazard was discovered.
- ▶ none of the three academic departments provided training. Although there was evidence of H&S training for physical plant employees, there was no record of the type and frequency of training each employee should have received versus what they actually received.
- ▶ informal training takes place in all four departments, but the frequency of such training was not mandated or documented as to subject, date and employee attendance.
- ▶ procedures were not in place to assure that each employee who missed regularly scheduled training sessions was identified and rescheduled for training at a later date.

The CSU Model Injury and Illness Prevention Program (IIPP) among others, addresses the training requirements contained in California Code of Regulations (CCR) Title 8, §3203, Injury and Illness Prevention Program. The campus version of the IIPP titled *Environmental Health and Safety Policy* addresses specific training requirements in §12. Employee Safety Training.

Both the EH&S Officer and the three department chairs interviewed indicated that the above weaknesses primarily involved a lack of resources to either monitor or carry out existing campus health and safety training policies.

By not assuring full implementation of training procedures, the campus is exposed to an increased risk of injuries and illnesses, subsequent civil and criminal litigation and citations/fines by various regulatory agencies

## Recommendation 2

We recommend that the campus strengthen their existing health and safety training procedures to assure timely training of their employees.

### Campus Response

- A. EHS will redistribute CSUSB's existing EHS Policy (adopted 2/92) to the Deans of Humanities and Natural Sciences, Chairs, and Physical Plant Supervisors. The policy outlines the requirement for a fully implemented training procedure.
- B. EHS will distribute the campus Safety Training Program (*Appendix IV*) to Human Resources, Deans of Humanities and Natural Sciences, Chairs, and Physical Plant Supervisors. The Safety Training Program identifies specific training requirements, including frequency of employee training by their supervisors. This ensures that written procedures have been established for compliance. **Implementation: 2/98**
- C. To ensure a procedure for new employees to receive general and specific training prior to assignment, Human Resources will require a completed Training Evaluation Profile (*Appendix V*) by every supervisor prior to hiring or filling a vacant position. **Implementation: 6/98**
- D. To assure employees receive necessary ongoing safety training, supervisors shall include safety awareness and safe work practices in all staff and MPP performance evaluations as a job-related criterion. The Academic Affairs Division will be responsible for faculty. This will provide a mechanism to ensure that safety training occurs as a condition of employment. **Implementation: 6/98**
- E. For each area where employee training is needed, EHS will make recommendations concerning appropriate training programs for initial and refresher training. Supervisors in Art, Biology, Chemistry, and Physical Plant shall complete and forward to EHS a Training Evaluation Profile for all existing employees consistent with the above EHS recommendations. Also, complying with the Safety Training Program, supervisors shall, at a minimum, fulfill the following components of training: a) *initial* (baseline/new procedures/new substance), b) *reschedule* (missed employees), c) *refresher* (periodic training), and d) *recordkeeping* (attendance, training materials). **Implementation: 6/98**
- F. EHS will redistribute the Training Attendance Forms (*Appendix VI*) Which will be resubmitted to EHS after the supervisor has assured the appropriate training has occurred. This would provide information on subject, date, and employee attendance.

- G. Department managers will forward a training schedule based on the employee Training Evaluation Profile to EHS. The schedule will then be verified by EHS to ensure that the schedule meets the profile and enables employees for rescheduling to receive the required training within the required period. EHS can compare the schedule with the attendance form and return to the departments a list of missed employees for rescheduling and training at a later date. **Implementation: 6/98**

## STUDENT HEALTH AND SAFETY TRAINING

On-campus health and safety training and information procedures for students were incomplete; related off-campus information was outdated.

We found that:

- ▶ *Liability Waiver Statements*, signed by students in both the art and chemistry departments, do not specifically address the type of laboratory health and safety training and information the students were provided.
- ▶ departmental records did not provide evidence that students who missed instructional periods covering lab safety procedures were tracked and provided this information at a later date. In each of the six laboratory classes reviewed, we found at least one student in each lab had not signed and dated either the applicable *Liability Waiver Statement* or the *Overview of Biology Department Laboratory Safety Policy* forms.
- ▶ departmental records did not indicate that students had been provided health and safety information related to off-campus academic activities.
- ▶ campus procedures related to student field trips were outdated and did not provide assurance that students were provided health and safety information pertinent to the field trips.

Because there is no comprehensive and uniform state, CSU, and campus policy regarding on-campus student health and safety training and information, we found that schools and departments were developing and implementing their own individual student health and safety related training and information, thus leading to varying degrees of coverage.

By not establishing a more comprehensive and uniform process of providing students with applicable training and information regarding both on and off-campus educational activities, there is an increased risk of both injuries and illnesses to students and subsequent civil litigation.

### **Recommendation 3**

We recommend that the campus establish a more comprehensive program that addresses both on and off campus student health and safety training and information issues.

#### **Campus Response**

- A. EHS will forward to Academic Affairs a standard Statement of Understanding and Agreement (SUA) ( *Appendix VII*). This form will be signed by the students with an attachment of the specifically addressed laboratory health and safety training and information they were provided by the instructor/supervisor. **Implementation: 4/98**
- B. Faculty and staff will submit signed SUA to their supervisors (or designees) for recordkeeping on all students involved with any lab/field trip/activity. The signed records shall be maintained for a minimum of one year. Deans and/or chairs will take steps to ensure that all students have signed the SUA and that these records provide evidence that students who missed the safety instructional periods were tracked and provided this instruction at a later date. **Implementaiton: 9/98**
- C. Deans and Chairs will ensue the same procedures are followed, so that the departmental records will indicate that all participating students have been provided health and safety information related to off-campus activity. **Implementation: 9/98**
- D. Academic Affairs will update campus procedures related to all field trips providing assurance that students were instructed on health and safety information pertinent to that activity. The new updated procedure will be distributed to all applicable departments. **Implementation: 9/98**

### **EMPLOYEE MEDICAL MONITORING**

The campus had neither identified all employees who should be included in their Employee Medical Monitoring Program (EMMP) nor provided timely medical monitoring to those currently in the EMMP.

We found that:

- ▶ the EMMP had only recently been completed and had not yet been distributed to the campus departments.
- ▶ three of the ten employees in our review were not provided a baseline physical at the time of their inclusion in the EMMP or a later date. Of the remaining seven, none had received periodic physicals or a physical within the past year (even though the last health status report prepared by their physicians had indicated the need for another physical within one year).

- ▶ there were no faculty in the program.
- ▶ certain lab technicians and physical plant employees who should have been included, were not.

Specific employee medical monitoring program requirements are contained within the CSU Sample Employee Medical Monitoring Program (EMMP) Manual and the CSUSB Employee Medical Monitoring Program. Both the CSU and campus EMMP documents require a baseline physical examination of applicable employees before being assigned to work with respirators or in areas containing potentially hazardous or OSHA regulated substances. Subsequent periodic physicals for these employees are required and the frequency depends upon that required by the physician or pertinent regulation.

Section 2.2 of the CSU EMMP Manual contains the following information regarding faculty.

. . . In general, faculty members have minimal contact with hazardous agents or chemicals, and minimal potential for exposure. Faculty members from the following departments may have potential for a significant biological, physical, or radiological exposure: Chemistry, Biological Sciences, Art, Industrial Arts, Chemical Engineering, Ornamental Horticulture and Plant and Soil Science.

Office of the Chancellor Memorandum HR 96-04, April 8, 1996, *Policy on Mandatory Medical Examinations - Personnel Actions for Failure to Employee to Comply*, states in part:

It is the policy of the CSU that medical examinations mandated by federal and state laws and regulations are strictly enforced by each campus. Failure or refusal of an employee to undergo required medical testing as determined by campus management shall constitute a failure or refusal to perform the normal and reasonable duties of the position.

The EH&S Officer indicated that the campus EMMP had just recently been developed to address specific campus needs – and that this document had not been distributed to the departments at the time of our review. Prior to that time, medical monitoring efforts were primarily managed by capturing such requirements from a myriad of governmental regulations that were specific to the type of hazardous work various employees were involved in.

By not identifying those employees who should be included in the EMMP and assuring they receive appropriate and timely medical monitoring, the risk of work related illnesses going undetected are increased.

#### **Recommendation 4**

We recommend that the campus:

- a. assure that the EMMP is distributed to all departments;
- b. provide training to department representatives regarding full implementation of the EMMP;
- c. identify and include all appropriate employees in the EMMP; and
- d. assure that all employees in the EMMP are provided appropriate and timely medical monitoring.

#### **Campus Response**

- A. Although not required by regulation, EHS will draft a Medical Surveillance Program (MSP) with review and comment by the Health Center and Human Resources. The completed MSP will be distributed to the Dean of Humanities, Dean of Natural Sciences, and Physical Plant Supervisors. **Implementation: 9/98**
- B. EHS will re-survey Art, Biology, Chemistry, and Physical Plant Supervisors (*Attachment VIII*) to identify appropriate MSP participants and create an initial list of employees. EHS, with the assistance of a third party consultant and in consultation with Deans, Chairs, and Supervisors, will review the job duties for each individual on the list, determine each person's potential for exposure to specific hazardous materials, and provide appropriate industrial hygiene monitoring to ensure applicable protocols. **Implementation: 9/98**
- C. Deans, Chairs, and Supervisors will ensure that faculty requiring regulatory mandated medical surveillance are included in the MSP. EHS will notify Deans, Chairs, and Supervisors the criteria for determining which faculty require regulatory mandated medical surveillance. Deans, Chairs, and Supervisors will forward a list of faculty meeting those criteria to EHS for inclusion in the program. Deans, Chairs, and Supervisors will ensure that faculty are provided time and mandated to participate when regulatory required. **Implementation: 9/98**
- D. In addition to the current MSP participants (44 listed), the re-survey may identify additional MSP participants and create an expanded list of employees. Subsequently, managers will fill out a survey for each new hire. The Human Resources Department, with the assistance of EHS, will establish an annual budget for the MSP that will increase as more participants are identified. Budget requests will be initiated for the 1999/2000 fiscal year. When applicable, baseline examinations will be provided to new hires immediately upon employment. Annual examinations will be completed for all monitored employees. **Implementation: 6/99**

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## APPENDIX A: PERSONNEL CONTACTED

<u>Name</u>	<u>Title</u>
Albert Karnig	President
Anthony Evans	Former President
Michael Benton	Chief, Custodial Services
Cindy Chrisler	Animal Health Technician, Biology
John Craig	Department Chair, Chemistry
Bruce Decker	Instructional Support Technician, Art
David DeMauro	Vice President, Administration and Finance
Richard Fehn	Department Chair, Biology
Louis Fernandez	Vice President, Academic Affairs
Paul Frazier	Supervisor, Grounds Maintenance
Diana Gomes	Workers Compensation Administrator, Human Resources
Jim Hansen	Director, Physical Plant
Tony Ichsan	Environmental Health and Safety Officer
Roger Lintault	Department Chair, Art
Mike Mahoney	Technician, Biology
Jon Mohoroski	Environmental Health & Safety Specialist
Jerrold Pritchard	Assoc. Vice president Acad. Programs, Academic Affairs
Tony Simpson	Associate Director, Physical Plant
Dale West	Director, Human Resources

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