

OCCUPATIONAL HEALTH AND SAFETY

**CALIFORNIA STATE UNIVERSITY,
EAST BAY**

**Audit Report 07-25
July 27, 2007**

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ABBREVIATIONS

CSU	California State University
CSUEB	California State University, East Bay
EHS	Environmental Health and Safety
EHSTP	Environmental Health and Safety Training Program
EMMPM	Employee Medical Monitoring Program Manual
EO	Executive Order
GC	Government Code
IIPP	Injury and Illness Prevention Program
MIIPP	Model Injury and Illness Prevention Program
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, East Bay campus from March 5, 2007, through April 27, 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, the campus listing of building safety coordinators and assistants; the content, review, and/or communication of the Injury and Illness Prevention Program (IIPP) and OHS policies; health and safety inspection documentation; 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The campus web-based listing of building safety coordinators and building safety assistants was outdated and had not been reconciled to the current list of staff members who would be available for OHS activities and emergency evacuations.

HEALTH AND SAFETY PROGRAMS AND POLICIES [7]

The written IIPP lacked certain existing safety and health activities. The campus IIPP lacked detail of the procedures supporting an employee safety recognition system and supervisor safety and health hazard familiarization. Further, campus IIPP and OHS policies were not always timely or consistently reviewed and/or communicated. The last formal review and approval of the IIPP occurred in December 2004, and the date of the last distribution was not documented. In addition, departmental OHS policies for two of four departments reviewed had not been reviewed and updated in several years, and evidence of communication of the policies by these two departments was non-existent or minimal.

HEALTH AND SAFETY INSPECTIONS [9]

Inspection documentation did not always include methods or procedures for correcting hazards, evidence that noted hazards have been corrected, or prioritization of hazard correction.

EMPLOYEE HEALTH AND SAFETY TRAINING [10]

A comprehensive system for tracking health and safety training had not been completed. The campus had not yet completed either campus-wide or all departmental training matrices or any similar such system for tracking health and safety training for every department. Additionally, individual health and safety training records for employees were not always maintained. All four departments reviewed (art,

biology, chemistry, and facilities) were unable to provide individual training for all employees selected. Further, none of the four departments showed evidence of proactive follow-up activities to ensure that employees who missed training were subsequently trained.

STUDENT HEALTH AND SAFETY TRAINING [12]

Evidence of student health and safety training was not always maintained. None of the three departments reviewed (art, biology, and chemistry) was able to support training for all students selected. 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 [13]

Campus administration of the Medical Monitoring Program (MMP) needed improvement. The campus was unable to identify specific authority and responsibility for the MMP, employee placement in the program, and ongoing medical monitoring activities. Further, the campus did not have its own campus-specific MMP. In addition, exit medical examinations were not always performed. A review of six employee terminations disclosed that exit medical examinations had not been performed in four instances, and procedures were insufficient to ensure that an assessment of necessity for an exit medical examination would be made.

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 campus web-based listing of building safety coordinators and building safety assistants was outdated.

Our review of assignments and responsibilities for fulfilling the campus occupational health and safety (OHS) program showed that the existing web-based listing of building safety coordinators and building safety assistants was outdated, and had not been reconciled to a current “list serve” of building safety coordinator and building safety assistant staff members who would be available for OHS activities and emergency evacuations.

Title 8 §3203 states, in part, that every employer shall establish, implement, and maintain an effective Injury and Illness Prevention Program (Program) and the Program shall identify the person or persons with authority and responsibility for implementing the Program.

California State University, East Bay (CSUEB) *Injury and Illness Prevention Program (IIPP)* states that building safety assistants (building safety coordinators also implied) participate as the lead persons in building emergency situation(s), perform non-departmental building safety inspections, work with environmental health and safety (EHS) to develop hazard correction strategies, assist EHS in the development of safety checklists, and act as the primary person to interact with EHS regarding their assigned building.

The EHS director stated that updated lists of building safety coordinators and building safety assistants had been requested from campus departments, but they had not yet had sufficient time to respond.

Outdated building safety coordinator and building safety assistant listings increase the opportunity for communication failures to occur during a health and safety crisis or other emergency.

Recommendation 1

We recommend that the campus frequently update its web-based listing of building safety coordinators and building safety assistants through reconciliation with the list serve and communication with campus departments.

Campus Response

We concur. CSUEB will update its web-based listing of building safety coordinators and building safety assistants at least twice a year or when significant changes occur. The listing will be reconciled with the list serve and participating departments by October 2007.

HEALTH AND SAFETY PROGRAMS AND POLICIES

INJURY AND ILLNESS PREVENTION PROGRAM SCOPE

The written IIPP lacked certain existing safety and health activities.

Our review of the campus IIPP showed that it lacked detail of the procedures supporting an employee safety recognition system and supervisor safety and health hazard familiarization. Specifically, we noted that:

- ▶ The campus IIPP did not include an employee safety recognition system. Although the IIPP included appropriate discipline procedures and documentation showed that the campus had implemented a Governor's Safety Awards Program, the IIPP did not include a description of employee safety recognition procedures to ensure further that employees were compliant with safe and healthy work practices.
- ▶ Requirements for supervisor safety and health hazard familiarization were not documented in the IIPP. Our review of training documentation showed that, in practice, supervisors received the same safety and health training as their subordinates. However, the campus IIPP §2.62 and §8.0 did not require supervisors to familiarize themselves with the hazards that their employees may be exposed to.

Title 8 §3203 states that the employers IIPP should include a system for ensuring that employees comply with safe and healthy work practices. Substantial compliance with this provision includes recognition for employees who follow safe and healthful work practices, training and retraining programs and disciplinary actions, or any other such means that ensures employee compliance with safe and healthful work practices. Further, Title 8 §3203 states that the IIPP shall at a minimum provide training and instruction for supervisors to familiarize themselves with the safety and health hazards to which employees under their immediate direction and control may be exposed to.

The EHS director stated that when the IIPP was last revised, the sections noted above as missing were not included due to oversight.

Failure to include all significant regulated safety and health program activities in the IIPP increases the risk that certain activities will not be performed and the potential for regulatory sanctions.

Recommendation 2

We recommend that the campus update its written IIPP to ensure inclusion of all significant safety and health activities.

Campus Response

We concur. By October 2007, CSUEB will update its written IIPP to ensure inclusion of all significant safety and health activities.

PROGRAM AND POLICY REVIEW AND COMMUNICATION

Campus IIPP and OHS policies were not always timely or consistently reviewed and/or communicated.

Specifically, we noted that:

- ▶ The revised IIPP had not been currently reviewed and distributed campus-wide. Although the IIPP was edited in 2006, the last formal review and approval by the vice president of administration and business affairs occurred in December 2004, and the date of the last distribution was not documented.
- ▶ The art, biology, chemistry, and facilities departments had all developed departmental OHS policies. Although biology and chemistry OHS policies had been reviewed and updated as of July 2006, the art and facilities departments' policies had not been reviewed and updated in several years.
- ▶ A campus-wide safety committee and departmental safety committees were developed to improve communications. However, the art department was unable provide sufficient evidence that it had communicated its OHS policies to its employees and students, and communication of the facilities department's policies was minimal. The campus was only able to provide one facilities OHS topic communicated at a tailgate meeting in 2005 and one other topic in 2006. Additionally, records showed that attendance at these meetings included only three employees in 2005 and ten employees in 2006.

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

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

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 EHS director stated that the IIPP was submitted for review in 2004 and 2006, but staffing changes caused the review process to be incomplete. He added that art department reviews had been omitted due to staffing turnover and new art department management was unaware of the location of policies for communication. He further stated that the facilities department had staffing resource issues that caused review, communication, and distribution delays, although department management believed that the required training actually occurred, but documentation was not always maintained.

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

Recommendation 3

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

Campus Response

We concur. By November 2007, CSUEB will establish written procedures to review, update, and communicate IIPP and departmental OHS policies.

HEALTH AND SAFETY INSPECTIONS

Inspection documentation did not always include methods or procedures for correcting hazards, evidence that noted hazards have been corrected, or prioritization of hazard correction.

We found that campus documentation showed a broad range of inspections, follow-up inspections, and reviews performed in various locations. In all instances reviewed, inspection reports were prepared which identified potentially unsafe conditions. However, we noted that inspection reports did not always identify methods or procedures for correcting the hazards nor was there always evidence that the hazard had been corrected or prioritized for correction.

Title 8 §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 EHS director stated that tracking systems for hazard follow-up and correction were not yet fully implemented, but development was in process. He further stated that not all colleges had safety committees to follow-up on hazard correction.

Failure to describe methods for correcting hazards, evidence of correction, or prioritization of hazard correction increases the risk that unsafe conditions would continue to exist, which further increases the potential for injuries and regulatory sanctions.

Recommendation 4

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

Campus Response

We concur. By December 2007, CSUEB will review its procedures for health and safety inspections to ensure that reports provide methods for correcting hazards, and evidence that hazards have been corrected or otherwise prioritized for correction.

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 not yet completed either campus-wide or departmental training matrices or any similar such system for 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 EHS director stated that a mechanism for tracking training requirements and types of training provided was being developed at the time of the audit, and had not yet been completed.

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

Recommendation 5

We recommend that the campus complete campus-wide or departmental training matrices or any similar such system for tracking health and safety training required for each employee.

Campus Response

We concur. By November 2007, CSUEB will complete a campus-wide training matrix for tracking health and safety training for each employee.

TRAINING RECORDS

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

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

- ▶ The art department was unable to provide individual training records for nine employees.
- ▶ The biology department was unable to provide individual training records for two employees.
- ▶ The chemistry department was unable to provide individual training records for five employees.
- ▶ The facilities department had training records for all ten employees in many health and safety topics. However, facilities was unable to provide individual training records for four employees that required training in respiratory protection.
- ▶ None of the departments showed evidence of proactive follow-up activities to ensure that employees who missed 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 EHS director stated that the individual departments reviewed failed to keep training records, although it was possible that the training occurred.

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 6

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. By November 2007, CSUEB will review and modify, as necessary, its procedures to maintain employee health and safety training records on file for at least one year.

STUDENT HEALTH AND SAFETY TRAINING

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

Utilizing fall 2006 and winter 2007 class schedules/rosters, we selected 20 students from the art department and 20 students from the College of Science (biology and chemistry departments) and requested corresponding training records to determine whether classroom and laboratory health and safety training had been performed. Our review disclosed that:

- ▶ The art department was unable to provide any individual training records. However, the department was able to provide evidence of departmental instruction materials such as shop, tool, and darkroom safety procedures; and class syllabi that might potentially provide general safety guidance to students.
- ▶ The biology department was unable to provide individual training records for two students.
- ▶ The chemistry department was unable to provide individual training records for one student.
- ▶ None of the departments reviewed showed evidence of proactive follow-up activities to ensure that students who missed training were subsequently trained.

The CSUEB *Chemical Hygiene Plan* states that at the beginning of each quarter, faculty shall familiarize students with common safety standards, with an overall goal being to train students in the process of mental rehearsal of procedures, developing the ability to spot hazards and pitfalls, and to plan for their mitigation in advance.

The CSUEB *Art Department Safety Policy* states that each faculty and staff member is responsible for the dissemination of (safety) information to students and employees under their active jurisdiction. These responsibilities include explaining regulations and procedures to students (student training) and requiring students to use appropriate personal protective equipment. The art department safety coordinator is responsible for coordinating the overall safety education program for the department in collaboration with EHS.

The CSU *MIIPP* states that campuses should instruct employees and students in the recognition and avoidance of unsafe conditions, including hazards associated with non-routine tasks and emergency operations. It further states to permit only those employees or students qualified by training to operate potentially hazardous equipment and not to assume that newly hired, newly assigned, or reassigned employees or students comprehend all safety procedures associated with the new job duties.

The EHS director stated that the individual departments reviewed failed to keep training records, although it was possible that the training occurred.

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 7

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

Campus Response

We concur. By December 2007, CSUEB will review and modify, as necessary, its procedures to maintain student health and safety training records on file for a minimum of at least one year.

MEDICAL MONITORING PRACTICES

PROGRAM OVERSIGHT

Campus administration of the Medical Monitoring Program (MMP) needed improvement.

Our review of employee medical monitoring practices disclosed that EHS actively communicated with departments to evaluate employees for medical exams and placement in the campus MMP. However, we found that the campus:

- ▶ Was unable to identify specific authority and responsibility for the MMP, employee placement in the program, and ongoing medical monitoring activities.
- ▶ Did not have its own campus-specific MMP. Instead, it utilized the CSU *Sample Employee Medical Monitoring Program Manual* (EMMPM) for guidance, but had not formally adopted the EMMPM as policy or made any campus-specific revisions.

Title 8 §3203 states, in part, that every employer shall establish, implement, and maintain an effective Injury and Illness Prevention Program (Program). The Program shall be in writing and shall, at a minimum, identify the person or persons with authority and responsibility for implementing the Program.

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.

The EHS director stated that a formal review, revision, and adoption of the MMP had not occurred due to time constraints.

Failure to define authority and responsibility for medical monitoring and adopt a campus-specific MMP and policies increases the likelihood that employees would not receive adequate medical monitoring.

Recommendation 8

We recommend that the campus:

- a. Implement a policy defining authority and responsibility for the MMP, employee placement in the program, and ongoing medical monitoring activities.
- b. Formally adopt a MMP document (policy) and make such revisions necessary to make it specific to the campus.

Campus Response

We concur. By December 2007, CSUEB will formally adopt a MMP document specific to the campus that delineates authority and responsibility, employee placement in the program, and ongoing medical monitoring activities.

EXIT MEDICAL EXAMINATIONS

Exit medical examinations were not always performed.

During our review of medical monitoring, we evaluated whether baseline medical examinations, periodic/annual examinations, and exit/termination examinations were consistently performed for employees on the campus MMP. Our review of exit medical examinations disclosed that:

- ▶ Although all baseline and annual examinations had been performed for the six employee terminations reviewed from 2005 through 2007, exit medical examinations had not been performed in four instances.
- ▶ Even though all employees might not necessarily need an exit medical examination, there were no procedures in place to ensure that such an assessment of necessity would be made. Further, it appeared that in most of the instances reviewed, EHS and student health services were not

notified that the employee was separating from the campus in sufficient time to perform an assessment of the need for an exit medical examination.

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 EMMPM* §1.3 and §1.4 state, 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 EHS director stated that EHS and student health services were not always informed of employee terminations in sufficient time to schedule exit medical examinations.

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

Recommendation 9

We recommend that the campus establish and implement procedures to:

- a. Determine which employees might require exit medical examinations.
- b. Immediately notify EHS and student health services when employees that might require an exit medical examination are separating, and thereby allow sufficient time to assess the need for an exit medical examination.

Campus Response

We concur. By December 2007, CSUEB will establish and implement procedures to determine employees requiring exit medical evaluations, and immediate notification of EHS and occupational health services provider.

APPENDIX A: PERSONNEL CONTACTED

<u>Name</u>	<u>Title</u>
Mohammad Qayoumi	President
Juanita Aguilar	Workers' Compensation and Leaves Coordinator, Human Resources
Shawn Bibb	Vice President, Administration and Finance/Chief Financial Officer
Eileen Franke	Manager, Environmental Compliance
Barbara Haber	Associate Vice President, Facilities Planning and Operations
Phillip Hofstetter	Chair, Art Department
Craig Ishida	Director, Environmental Health and Safety (EHS)
Poly Kavanaugh	Equipment Technician, Art Department
Charlene Lebastchi	Administrative Support Coordinator, College of Science
Jan Martinez	Administrative Support Coordinator, Public Safety
Kathy Mayer	Office Manager, Facilities Management
Alan Monat	Associate Dean, College of Science
Ayesha Moss-Spearman	Office Manager, EHS
Kathy Palmer	Assistant to the Dean, College of Letters, Arts, and Social Sciences
Arlene Pugh	Safety and Industrial Hygiene Manager, EHS
Don Sawyer	Chief of Staff to the President

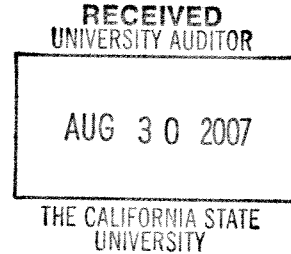


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August 27, 2007



Mr. Larry Mandel
University Auditor
Chancellor's Office
401 Golden Shore
Long Beach, CA 90802

**RE: Campus Responses to Recommendations: Audit Report Number 07-25
Occupational Health and Safety at California State University, East Bay**

Dear Mr. Mandel,

Enclosed is our response to the CSU, East Bay Occupational Health and Safety Audit. Upon acceptance of our response, we will follow up with your office in providing supporting documentation for each recommendation by the anticipated completion dates.

Please let us know if you have any questions or need additional information.

Sincerely,

Shawn Bibb
Vice President, Administration & Finance, CFO

SB/krb

Enclosure

c: Dr. Mohammad Qayoumi, President
Mr. Craig Ishida, Director, Environmental Health and Safety

OCCUPATIONAL HEALTH AND SAFETY

CALIFORNIA STATE UNIVERSITY, EAST BAY

**Audit Report 07-25
July 27, 2007**

GENERAL ENVIRONMENT

Recommendation 1

We recommend that the campus frequently update its web-based listing of building safety coordinators and building safety assistants through reconciliation with the list serve and communication with campus departments.

Campus Response

We concur. CSU East Bay will update its web-based listing of building safety coordinators and building safety assistants at least twice a year or when significant changes occur. The listing will be reconciled with the list serve and participating departments by October, 2007.

HEALTH AND SAFETY PROGRAMS AND POLICIES

INJURY AND ILLNESS PREVENTION PROGRAM SCOPE

Recommendation 2

We recommend that the campus update its written IIPP to ensure inclusion of all significant safety and health activities.

Campus Response

We concur. By October 2007, CSU East Bay will update its written IIPP to ensure inclusion of all significant safety and health activities.

PROGRAM AND POLICY REVIEW AND COMMUNICATION

Recommendation 3

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

Campus Response

We concur. By November 2007, CSU East Bay will establish written procedures to review, update, and communicate IIPP and departmental Occupational Health and Safety policies.

HEALTH AND SAFETY INSPECTIONS

Recommendation 4

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

Campus Response

We concur. By December 2007, CSU East Bay will review its procedures for health and safety inspections to ensure that reports provide methods for correcting hazards and evidence that hazards have been corrected or otherwise prioritized for correction.

EMPLOYEE HEALTH AND SAFETY TRAINING

TRACKING OF TRAINING REQUIREMENTS

Recommendation 5

We recommend that the campus complete campus-wide or departmental training matrices or any similar such system for tracking health and safety training required for each employee.

Campus Response

We concur. By November 2007, CSU East Bay will complete a campus-wide training matrix for tracking health and safety training for each employee.

TRAINING RECORDS

Recommendation 6

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. By November 2007, CSU East Bay will review and modify, as necessary, its procedures to maintain employee health and safety training records on file for at least one year.

STUDENT HEALTH AND SAFETY TRAINING

Recommendation 7

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

Campus Response

We concur. By December 2007, CSU East Bay will review and modify, as necessary, its procedures to maintain student health and safety training records on file for a minimum of at least one year.

MEDICAL MONITORING PRACTICES

PROGRAM OVERSIGHT

Recommendation 8

We recommend that the campus:

- a. Implement a policy defining authority and responsibility for the MMP, employee placement in the program, and ongoing medical monitoring activities.
- b. Formally adopt a MMP document (policy) and make such revisions necessary to make it specific to the campus.

Campus Response

We concur. By December 2007, CSU East Bay will formally adopt a Medical Monitoring Program document specific to the campus that delineates authority and responsibility, employee placement in the program, and ongoing medical monitoring activities.

EXIT MEDICAL EXAMINATIONS

Recommendation 9

We recommend that the campus establish and implement procedures to:

- a. Determine which employees might require exit medical examinations.
- b. Immediately notify EHS and student health services when employees that might require an exit medical examination are separating, and thereby allow sufficient time to assess the need for an exit medical examination.

Campus Response

We concur. By December 2007, CSU East Bay will establish and implement procedures to determine employees requiring exit medical evaluations, and immediate notification of Environmental Health and Safety and occupational health services provider.


THE CALIFORNIA STATE UNIVERSITY
 OFFICE OF THE CHANCELLOR

BAKERSFIELD

September 7, 2007

CHANNEL ISLANDS

CHICO

MEMORANDUM

DOMINGUEZ HILLS

EAST BAY

FRESNO

TO: Mr. Larry Mandel
University Auditor

FULLERTON

FROM: Charles B. Reed
Chancellor



HUMBOLDT

LONG BEACH

SUBJECT: Draft Final Audit Report 07-25 on *Occupational Health and Safety*, California State University, East Bay

LOS ANGELES

MARITIME ACADEMY

MONTEREY BAY

In response to your memorandum of September 7, 2007, I accept the response as submitted with the draft final report on *Occupational Health and Safety*, California State University, East Bay.

NORTHRIDGE

POMONA

CBR/jt

SACRAMENTO

Enclosure

SAN BERNARDINO

cc: Mr. Shawn Bibb, Vice President, Administration and Finance/
Chief Financial Officer
Dr. Mohammad Qayoumi, President

SAN DIEGO

SAN FRANCISCO

SAN JOSÉ

SAN LUIS OBISPO

SAN MARCOS

SONOMA

STANISLAUS