

OCCUPATIONAL HEALTH AND SAFETY

**CALIFORNIA STATE UNIVERSITY,
MONTEREY BAY**

**Audit Report 07-27
December 14, 2007**

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ABBREVIATIONS

CCR	California Code of Regulations
CSU	California State University
CSUMB	California State University, Monterey Bay
EHS	Environmental Health and Safety
EHSTP	Environmental Health and Safety Training Program
EMMPM	Employee Medical Monitoring Program Manual
EO	Executive Order
EPHS	Environmental Protection Health and Safety
GC	Government Code
IIPP	Injury and Illness Prevention Program
MIIPP	Model Injury and Illness Prevention Program
OHS	Occupational Health and Safety
OSHA	Occupational Safety and Health Administration
SETC	State Employees Trades Council

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. A similar audit of Occupational Health and Safety was previously conducted in 1997.

We visited the California State University, Monterey Bay (CSUMB) campus from July 9, 2007, through August 17, 2007, and audited the procedures in effect at that time.

In our opinion, internal administrative and operational controls governing OHS were, for the most part, effective. However, controls over the general environment; the administration of the Unit 6 safety committee; the completeness, review, and communication of the Injury and Illness Prevention Program (IIPP) and OHS policies; health and safety inspection procedures and practices; and employee and student health and safety training 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]

Administrative oversight and monitoring of the environmental protection health and safety (EPHS) department needed improvement. Although the campus IIPP defined responsibilities for programmatic compliance, there was a lack of administrative oversight and monitoring of the EPHS department in practice. The administration of the State Employees Trades Council Unit 6 safety committee at CSUMB needed improvement. In addition, the campus had not designated area building safety coordinators and alternates to oversee the implementation of the written IIPP at the department level.

HEALTH AND SAFETY PROGRAMS AND POLICIES [10]

Health and safety program activities were not always documented. The campus IIPP did not include methods to ensure that employees complied with health and safety work practices, and no evidence was on file to support that the supervisors completed training to familiarize themselves with the health and safety hazards that their employees may be exposed to. Campus IIPP and OHS policies were not always timely or consistently reviewed and/or communicated. For example, the official hard copy version of the IIPP was not consistent with the web-based version that was broadcast to the campus community and although the campus developed confined space entry and hazardous waste management programs, they were not communicated to the campus community through the EPHS website.

HEALTH AND SAFETY INSPECTIONS [13]

Administration of health and safety inspections was in need of improvement. Scheduled and unscheduled inspections were not always conducted and the inspection documentation did not always include methods or procedures for correcting hazards, evidence that noted hazards had been corrected, or prioritization for hazard correction.

EMPLOYEE HEALTH AND SAFETY TRAINING [15]

The campus had not developed either campus-wide or departmental training matrices or any similar such system for identifying and tracking training requirements as well as the classifications and dates of health and safety training for every department. Additionally, individual health and safety training records for employees were not always maintained. For example, the art department was unable to provide individual health and safety training records for all ten employees tested, and the biology and chemistry departments were unable to provide individual health and safety training records for 17 of the 20 employees tested.

STUDENT HEALTH AND SAFETY TRAINING [18]

Individual health and safety training records for students was not always maintained. For example, the biology department was unable to provide individual training records for any of the students reviewed, none of the departments tested was able to show evidence of proactive follow-up activities to ensure that students who missed training were subsequently trained, and responsibility for student health and safety training for all biology, chemistry, and art classes had not be consistently defined.

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

ADMINISTRATIVE OVERSIGHT

Administrative oversight and monitoring of the environmental protection health and safety (EPHS) department needed improvement.

Although the campus Injury and Illness Prevention Program (IIPP) defined responsibilities for programmatic compliance, we noted a lack of administrative oversight and monitoring of the EPHS department in practice. We also found that:

- ▶ The campus maintained multiple organizational charts that did not always accurately document the proper reporting lines of authority for the EPHS department to include a clear reporting line all the way up through the president.
- ▶ The last formal review and approval of the campus IIPP was in June 1996.

The *California State University, Monterey Bay (CSUMB) IIPP* §6.0 states, in part, that the university president has the ultimate responsibility for IIPP compliance within the university. The president shall delegate administration of the provisions of this program to the school deans, department administrators, and the director of EPHS, and will provide continuing support for the execution of the IIPP.

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

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

State Administrative Manual §20050 states that state entity heads, by reason of their appointments, are accountable for activities carried out in their agencies. This responsibility includes the establishment and maintenance of internal accounting and administrative controls. Each system an entity maintains to regulate and guide operations should be documented through flowcharts, narratives, desk procedures, and organizational charts. The ultimate responsibility for good internal control rests with management.

The EPHS director stated that in an effort to allow each area to tailor occupational health and safety (OHS) compliance activities to meet the needs of that area, the responsibilities of oversight and monitoring were decentralized. She added that this decentralization resulted in making overall program continuity more difficult to achieve. She also stated that the responsibility for the

maintenance and review of the IIPP was delegated to EPHS and reviews outside of EPHS were not required. She further stated that various campus units maintained multiple versions of organizational charts and that the capital development and operations department intended to update its organizational chart after three critical vacancies were filled.

Limited administrative oversight and failure to timely review the OHS policies and the IIPP weakens the campus's ability to effectively carry out OHS responsibilities and adequately address a health and safety crisis or other emergency, and failure to document clear lines of authority could potentially result in unclear responsibilities and limited organizational visibility.

Recommendation 1

We recommend that the campus:

- a. Strengthen controls to ensure that campus practices for providing adequate administrative oversight and monitoring of the EPHS department align with the IIPP.
- b. Revise organizational documents to accurately depict the reporting lines of authority.
- c. Establish procedures to timely review and approve the IIPP.

Campus Response

We concur.

- a. We will define and document specific reporting lines and procedures for EPHS through the office of the associate vice president of capital development and operations and the vice president of administration and finance.
- b. We will update and develop organization charts to reflect internal EPHS reporting requirements and authority as well as that of department designated coordinators. Organization charts and reporting requirements will be posted on the EPHS website.
- c. We will develop and update procedures to perform annual review and approval of the campus IIPP through the office of the associate vice president of capital development and operations and the vice president of administration and finance. Procedures will clearly identify review requirements and establish a timeline for prompt approval and distribution to campus departments and the chancellor's office.

Due date: April 14, 2008

UNIT 6 SAFETY COMMITTEE

The administration of the State Employees Trades Council (SETC) Unit 6 safety committee at CSUMB needed improvement.

We found that documentation was not on file to indicate that the Unit 6 safety committee had been actively accomplishing its assigned duties.

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

The *CSUMB IIPP Appendix F, Regulatory Outline*, dated January 2006, states in part that the campus safety committee shall meet regularly, but no less than quarterly.

The EPHS director stated that although the SETC Unit 6 safety committee at CSUMB had met on a periodic basis, practices to adequately document meeting frequencies and attendance had not been formally put in place.

The absence of documentation to support operations of the safety committee potentially limits its abilities to assess its own effectiveness.

Recommendation 2

We recommend that the SETC Unit 6 safety committee adequately document activities, including periodic meetings.

Campus Response

We concur.

As part of the revised EPHS policies and procedures, requirements for the documentation of all Unit 6 SETC safety committee meetings will be clearly defined and include distribution to members through the Unit 6 safety steward.

Due date: April 14, 2008

BUILDING SAFETY COORDINATORS AND ALTERNATES

The campus had not designated area safety coordinators and alternates to oversee the implementation of the written IIPP at the department level.

The *CSUMB IIPP* §6.0 states, in part, that deans, directors, and department administrators shall designate an area safety coordinator to oversee the implementation of the written plan at the department or institute level.

The *CSUMB IIPP Awareness Training*, dated May 2007, states that the names of safety coordinators and alternates are posted at the safety information center.

The EPHS director stated that the practice of identifying and posting of names of designated departmental safety coordinators and alternates at the safety information center had not been fully maintained throughout the campus and may need reinforcement.

The absence of designated departmental safety coordinators and alternates increase the likelihood that communication failures would occur during a health and safety crisis or other emergency.

Recommendation 3

We recommend that the campus designate departmental safety coordinators and alternates, and post their names at the safety information center as stated in the CSUMB IIPP awareness training material.

Campus Response

We concur.

As part of the revised policies and procedures, clearly defined requirements and qualifications for department and safety coordinators and alternates will be established and posted at the safety information center as well as on the EPHS website. Procedures will be established to make available to the campus information identifying safety coordinators and their alternates, and will provide the necessary information to facilitate effective communication of issues. These reporting processes and requirements will be documented to ensure timely receipt and action on the part of EPHS.

Due date: April 14, 2008

HEALTH AND SAFETY PROGRAMS AND POLICIES

INJURY AND ILLNESS PREVENTION PROGRAM SCOPE

Health and safety program activities were not always documented.

We found that:

- ▶ The campus IIPP did not include methods to ensure that employees complied with health and safety work practices. Instead, it included a requirement that each department develop its own policy and include an employee safety recognition system, and the consequences of non-compliance. The campus could not provide evidence that the art, chemistry, and biology departments included these methods in their plan or implemented such systems to help ensure compliance with safety rules.
- ▶ The IIPP provided supervisors with the tools (CSUMB employee safety checklist) needed to familiarize themselves with the health and safety hazards to which employees under their immediate control may be exposed to, but no evidence was on file to support that the supervisors completed the training or familiarization process.

Title 8 California Code of Regulations (CCR) §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. Additionally, it 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.

The *CSUMB IIPP* §6.0 states, in part, that deans, directors, and department administrators shall develop methods to assure employees adhere to safety procedures.

The *CSUMB IIPP, Appendix A, Written Plan Guidelines*, states that the method or methods that the department develops to assure that workers follow all safety rules is to be documented in the department plan.

The *CSUMB IIPP, Appendix E, CSUMB Employee Safety Checklist*, states that this report is to be completed by the supervisor and new or reassigned employee within five (5) working days after employment or reassignment and a copy sent to the EPHS office.

The EPHS director stated that that limited campus resources had prevented IIPP updates and the full implementation of training to include supervisor's employee safety checklist processing.

Failure to document all significant, regulated health and safety program activities in the IIPP and maintain accurate training records increases the risk that procedures would not always be consistent, and that the potential for regulatory sanctions would be increased.

Recommendation 4

We recommend that the campus:

- a. Update its IIPP to include methods to ensure that employees comply with health and safety work practices.
- b. Strengthen documentation procedures to ensure there is evidence that supervisors familiarize themselves with the health and safety hazards to which employees under their immediate control may be exposed to.

Campus Response

We concur.

- a. Procedures will be implemented to perform routine updates of the campus IIPP to ensure prompt implementation of new requirements and policies. As part of the update process, internal distribution guidelines will be established to ensure that departmental safety coordinators and their alternates are aware of the updates and changes made to the IIPP. Notices of changes will be made available at the safety information center as well as on the EPHS website.
- b. Training will be provided to safety coordinators, alternates, and supervisors to ensure that all employees are familiar with health and safety hazards to which they are exposed. Training will include documentation requirements. Routine inspections will be conducted by the EPHS department to ensure adequate and compliant documentation is maintained.

Due date: April 14, 2008

PROGRAM AND POLICY REVIEW AND COMMUNICATION

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

We noted that:

- ▶ The official hard copy version of the IIPP, dated in 2006, was not consistent with the web-based version that was broadcast to the campus community.
- ▶ Although the campus developed confined space entry and hazardous waste management programs, they were not communicated to the campus community through the EPHS website.

- ▶ The biology and chemistry departments had not reviewed and updated their OHS policies since November 2005. Additionally, the departments were unable to provide evidence that they communicated their policies to their employees and students.
- ▶ The art department adopted the CSU, Chico Art Safety Plan as its OHS policy and procedures. Although the programs may be somewhat similar, the plan did not address the specific OHS concerns of CSUMB. Additionally, the plan had not been reviewed and updated since March 1995 and the department was unable to provide evidence that it communicated its OHS policies to its employees and students.
- ▶ The facilities department had not developed its own health and safety policies.

The *CSUMB IIPP* §6.0 states, in part, that deans, directors, and department administrators shall review the departmental plan on an annual basis, revise as necessary, and provide the EPHS office with a copy of the written plan.

The *CSUMB IIPP* §6.0 states, in part, that deans, directors, and department administrators shall develop, implement, and maintain a written departmental IIPP using the guidelines in Appendix A or the “boiler plate” plan provided in Appendix E.

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.”

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. Every employer shall establish, implement, and maintain an effective IIPP. Additionally, the regulation states, in part, that the program shall be in writing and, shall, at a minimum include a system for communicating with employees in a form readily understandable by all affected employees on matters relating to occupational safety and health.

The EPHS director stated that the website was recently updated with the most current version of the IIPP and the intended website access to all programs was not yet fully implemented. In addition, written instructions were recently added for obtaining any document not available online. She further stated that departmental compliance procedures had not been adequately maintained to ensure sufficient documentation of departmental health and safety policies.

Failure to timely review OHS policies and the IIPP, communicate them to the campus community, and ensure that they are available through distribution to appropriate safety team members, faculty, staff, and students limits the campus’s ability to respond to emergencies and increases the potential for injury.

Recommendation 5

We recommend that the campus:

- a. Ensure that the official hard copy version of the IIPP is consistent with the web-based version.
- b. Communicate to the campus community, through the EPHS website, confined space entry and hazardous waste management programs.
- c. Ensure that all designated departments have updated CSUMB program specific OHS policies that have been communicated to their employees and students.

Campus Response

We concur.

- a. Procedures will be established to ensure that the official hard copy of the IIPP remains current and is consistent with the web-based version.
- b. An EPHS specific communication plan will be developed to ensure that the requirements associated with the confined space entry and hazardous waste management programs are communicated to campus departments and contractors. This will include training of staff on what triggers these requirements and how they are approved and documented.
- c. As part of the EHPS policy and procedures update, required routine reporting will ensure that new OHS policies have been received, distributed, and posted by designated departments.

Due date: April 14, 2008

HEALTH AND SAFETY INSPECTIONS

Administration of health and safety inspections was in need of improvement.

We found that:

- ▶ EPHS personnel did not conduct periodic unscheduled inspections at the selected schools and departments (art, biology, chemistry, and facilities).
- ▶ Neither department personnel nor building safety coordinators conducted planned annual departmental inspections at the selected schools and departments (art, biology, chemistry, and facilities).
- ▶ A planned inspection conducted with public safety, risk management, and EPHS during fall 2006 of exterior spaces identified as potentially unsafe conditions, but the inspection report did not

always identify methods or procedures for correcting the hazards nor was there always evidence that the hazards had been corrected or prioritized for correction.

The CSUMB IIPP states that EPHS personnel shall conduct periodic unscheduled inspections throughout campus. The location and frequency of these inspections shall be determined by: safety communication submittals, accident investigations, regulatory agency recommendations or requirements, occurrence of an occupational injury, occupational illness, or exposure to hazardous substances as defined by Cal/OSHA, departmental, or functional unit request, at the discretion of EPHS, and that inspections conducted by EPHS personnel shall be documented and maintained on file in the EPHS office. Conditions discovered during an inspection (or other method of communication) that present an imminent hazard to health and safety shall be immediately reported to the dean, department administrator, or to the EPHS office, as appropriate. Additionally, the IIPP states that inspections at the departmental level shall be conducted by the area safety coordinator. These inspections should occur at least annually.

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 EPHS director stated that CSUMB inspections were not conducted as frequently as recommended due to limited resources as well as a lack of adequately identified and designated departmental safety coordinators.

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

Recommendation 6

We recommend that the campus:

- a. Conduct periodic unscheduled inspections at designated schools and departments.
- b. Ensure that planned annual departmental inspections are conducted at designated schools and departments by departmental personnel and building safety coordinators.
- c. Ensure that inspection reports always identify methods or procedures for correcting hazards as well as inclusion of evidence that the hazards have been corrected or prioritized for correction.

Campus Response

We concur.

- a. Routine, unscheduled inspections will be programmed by the EPHS staff. The process for conducting inspections and notice to the associate vice president of capital development and operations will be developed to ensure adequate executive support is available.
- b. Procedures for departmental annual inspections are being developed. As part of the annual inspection process, EPHS will develop protocols to pre-brief departmental personnel as to specifics of the process and requirements. EPHS personnel will be available, upon request, to assist in issues of procedures to ensure compliance.
- c. Inspection protocols shall be developed to clearly address the requirements for providing inspection report documentation that not only identifies deficiencies, but requirements to document corrective actions. Upon receipt of a notice of correction, EPHS will inspect to validate compliance.

Due date: July 14, 2008

EMPLOYEE HEALTH AND SAFETY TRAINING

TRACKING OF TRAINING REQUIREMENTS

The campus had not developed either campus-wide or departmental training matrices or any similar such system for identifying and tracking training requirements as well as the classifications and dates of health and safety training for every department.

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 *CSUMB IIPP* §6.0 states, in part, that deans, directors, and department administrators shall develop and implement a training program designed to instruct employees in general safe work practices as well as instructions specific to their job duties. Such education and training shall take place prior to the employee being assigned to potentially hazardous employment.

The *CSU Sample Environmental Health and Safety Training Program*, dated April 1997, Section 5.3, Par. A and Par. E., 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 EPHS director stated that it was not clearly understood that it was a requirement to develop a comprehensive employee training tracking system.

Failure to adequately track employee OHS training and training requirements increases the risk that employees would be unable to act/react appropriately to potentially unsafe working conditions.

Recommendation 7

We recommend that the campus develop campus-wide or departmental training matrices or any similar such system that will track training requirements as well as the classifications and dates of health and safety training necessary for specific employees who require such training.

Campus Response

We concur.

Training requirements will be contained in the CSUMB Required Safety Training Compliance Program for the campus. As with other mandatory training requirements, this training will be monitored and notices sent to ensure compliance.

Due date: July 14, 2008

TRAINING RECORDS

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

We selected ten employees from the art and facilities departments and 20 employees from biology and chemistry and requested corresponding individual health and safety training records for testing.

We found that:

- ▶ The art department was unable to provide individual health and safety training records for all ten employees tested.
- ▶ The biology and chemistry departments were unable to provide individual health and safety training records for 17 of the 20 employees tested.
- ▶ The facilities department was unable to provide individual training records for three employees tested.
- ▶ None of the departments showed evidence of proactive follow-up activities to ensure that employees who missed training were subsequently trained.
- ▶ The campus was unable to provide individual health and safety training records for seven of ten staff, and all ten faculty employees that were hired from June 1, 2006, through June 30, 2007. We also noted that records for one staff employee indicated that the training was incomplete.

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. The regulation also states that the state agency should provide training and instruction to all new employees. This documentation shall be maintained for at least one (1) year.

The *CSUMB IIPP* §6.0 states, in part, that deans, directors, and department administrators shall develop and implement a training program designed to instruct employees in general safe work practices as well as instructions specific to their job duties. Such education and training shall take place prior to the employee being assigned to potentially hazardous employment.

The *CSUMB IIPP* §6.0 states, in part, that deans, directors, and department administrators shall develop a system of recordkeeping that documents training, inspections, unsafe acts and conditions, and complaints and grievances involving safety issues.

The EPHS director stated that a comprehensive safety and health hazard training monitoring system had not been fully implemented to include documentation of new hires' safety training and electronic or hard copy record retention.

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

Recommendation 8

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

Campus Response

We concur.

Procedures requiring department safety coordinators to maintain health and safety training records for employees will be developed, implemented, and monitored. Routine reports of compliance will be provided to the associate vice president of capital development and operations, the vice president of administration and finance, and the provost.

Due date: July 14, 2008

STUDENT HEALTH AND SAFETY TRAINING

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

Utilizing fall 2006 and winter 2007 class schedules/rosters, we selected ten student names from each department reviewed (art, biology, and chemistry) and requested corresponding training records to determine whether classroom and laboratory health and safety training had been performed and if recordkeeping was adequate.

We found that:

- ▶ The art department was unable to provide individual training records for two students. Additionally, training records for two students were dated September 2004.
- ▶ The biology department was unable to provide individual training records for all ten of the students.
- ▶ The chemistry department was unable to provide individual training records for eight students.
- ▶ None of the departments tested was able to show evidence of proactive follow-up activities to ensure that students who missed training were subsequently trained.
- ▶ Responsibility for student health and safety training within all biology, chemistry, and art classes had not been consistently defined.

The *CSU MIIPP*, dated June 1991, 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. Permit only those employees or students qualified by training to operate potentially hazardous equipment. Do not assume that newly hired, newly assigned or reassigned employees or students comprehend all safety procedures associated with the new job duties.

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 EPHS director stated that student safety training was part of the standard curriculum and was not always recorded separately from the class grade.

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

Recommendation 9

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

Campus Response

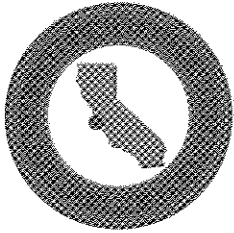
We concur.

Procedures requiring department safety coordinators to maintain health and safety training records for students will be developed, implemented, and monitored. Routine reports of compliance will be provided to the associate vice president of capital development and operations, the vice president of administration and finance, and the provost.

Due date: July 14, 2008

APPENDIX A: PERSONNEL CONTACTED

<u>Name</u>	<u>Title</u>
Dianne F. Harrison	President
Anthony Boles	Associate Vice President, Capital Development and Operations
Terry Burns	Workers' Compensation/Benefits Analyst
Diane Ehlers	Director, Environmental Protection, Health and Safety, Capital Development and Operations
Art Evjen	Director, Business and Support Services
Jerry Figuerres	Manager, Risk Services
John Fitzgibbon	Associate Vice President, Finance
Todd Kruper	3D Studio Technician, Visual Public Art
Dan Kubiak	Interim Vice President, Administration and Finance (At time of review)
James Main	Vice President, Administration and Finance
Kathleen Ventimiglia	University Architect, Capital Development and Operations



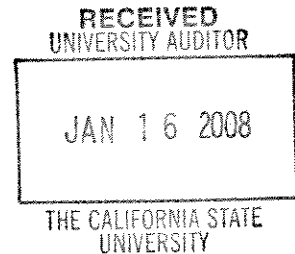
CALIFORNIA STATE UNIVERSITY
Monterey Bay

OFFICE OF THE VICE PRESIDENT
FOR ADMINISTRATION AND FINANCE

100 CAMPUS CENTER, BUILDING 84D
SEASIDE, CA 93955-8001
831-582-3398
FAX 831-582-3339
WWW.CSUMB.EDU

January 15, 2008

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



Subject: Campus Response to Recommendations of Occupational Health and Safety
Audit Report No. 07-27

Dear Larry:

In reply to the recommendations forwarded to President Harrison on December 14, 2007 regarding the subject report, I am attaching the campus response to those recommendations. An electronic version of the response will be sent via email. Please contact me if you have any questions regarding this submittal.

Sincerely,

A handwritten signature in cursive script, appearing to read "James E. Main".

James E. Main
Vice President for Administration and Finance

Attachment

cc: President Harrison
AVP Fitzgibbon
AVP Boles

OCCUPATIONAL HEALTH AND SAFETY

**CALIFORNIA STATE UNIVERSITY,
MONTEREY BAY**

**Audit Report 07-27
December 14, 2007**

GENERAL ENVIRONMENT

ADMINISTRATIVE OVERSIGHT

Recommendation 1

We recommend that the campus:

- a. Strengthen controls to ensure that campus practices for providing adequate administrative oversight and monitoring of the EPHS department align with the IIPP.
- b. Revise organizational documents to accurately depict the reporting lines of authority.
- c. Establish procedures to timely review and approve the IIPP.

Campus Response

Due Date: 14 April, 2008

Concur:

- a. Action: Define and document specific reporting lines and procedures for EPHS through the office of the Associate Vice President, CP&O and the Vice President, Administration and Finance.
- b. Action: Update and develop organization charts to reflect internal EPHS reporting requirements and authority as well as that of department designated coordinators. Organization Charts and reporting requirements to be posted on the EPHS website.
- c. Action: Develop and update procedures to perform annual review and approval of the campus IIPP through the office of the Associate Vice President, CP&O and the Vice President, Administration and Finance. Procedures will clearly identify review requirements and establish a timeline for prompt approval and distribution to Campus Departments and the Chancellor's Office.

UNIT 6 SAFETY COMMITTEE

Recommendation 2

We recommend that the SETC Unit 6 safety committee adequately document activities, including periodic meetings.

Campus Response

Due Date: 14 April, 2008

Concur:

- a. Action: As part of the revised EPHS policies and procedures, requirements for the documentation of all Unit 6 SETC Safety Committee meetings will be clearly defined and include distribution to members through the Unit 6 Safety Steward.

BUILDING SAFETY COORDINATORS AND ALTERNATES

Recommendation 3

We recommend that the campus designate departmental safety coordinators and alternates, and post their names at the safety information center as stated in the CSUMB IIPP awareness training material.

Campus Response

Due Date: 14 April, 2008

Concur:

- a. Action: As part of the revised policies and procedures, clearly defined requirements and qualifications for department and safety coordinators, and alternates, will be established and posted at the safety information center as well as on the EPHS website. Procedures will be established to make available to the campus information identifying safety coordinators, their alternates and will provide the necessary information to facilitate effective communication of issues. These Reporting processes and requirements will be documented to ensure timely receipt and action on the part of EPHS.

HEALTH AND SAFETY PROGRAMS AND POLICIES

INJURY AND ILLNESS PREVENTION PROGRAM SCOPE

Recommendation 4

We recommend that the campus:

- a. Update its IIPP to include methods to ensure that employees comply with health and safety work practices.

- b. Strengthen documentation procedures to ensure there is evidence that supervisors familiarize themselves with the health and safety hazards to which employees under their immediate control may be exposed to.

Campus Response

Due Date: 14 April, 2008

Concur:

- a. Action: Procedures will be implemented to perform routine updates of the campus IIPP to ensure prompt implementation of new requirements and policies. As part of the update process, internal distribution guidelines will be established to ensure that departmental safety coordinators, and their alternates, are aware of the updates and changes made to the IIPP. Notices of changes will be made available at the safety information center as well as on the EPHS website.
- b. Action: Training will be provided to safety coordinators, alternates and supervisors to ensure that all employees are familiar with health and safety hazards to which they are exposed. Training will include documentation requirements. Routine inspections will be conducted by the EPHS department to ensure adequate and compliant documentation is maintained.

PROGRAM AND POLICY REVIEW AND COMMUNICATION

Recommendation 5

We recommend that the campus:

- a. Ensure that the official hard copy version of the IIPP is consistent with the web-based version.
- b. Communicate to the campus community, through the EPHS website, confined space entry and hazardous waste management programs.
- c. Ensure that all designated departments have updated CSUMB program specific OHS policies that have been communicated to their employees and students.

Campus Response

Due Date: 14 April, 2008

Concur:

- a. Action: Procedures will be established to ensure that the official, hard copy of the IIPP, remains current and is consistent with the web based version.
- b. Action: An EPHS specific communication plan will be developed to ensure that the requirements associated with the confined space entry and hazardous waste management programs are communicated to campus departments and contractors. This will include training of staff on what triggers these requirements and how they are approved and documented.

- c. Action: As part of the EHPS policy and procedures update, required routine reporting will ensure that new OHS policies have been received, distributed and posted by designated departments.

HEALTH AND SAFETY INSPECTIONS

Recommendation 6

We recommend that the campus:

- a. Conduct periodic unscheduled inspections at designated schools and departments.
- b. Ensure that planned annual departmental inspections are conducted at designated schools and departments by departmental personnel and building safety coordinators.
- c. Ensure that inspection reports always identify methods or procedures for correcting hazards as well as inclusion of evidence that the hazards have been corrected or prioritized for correction.

Campus Response

Due Date: 14 July, 2008

Concur:

- a. Action: Routine, unscheduled inspections will be programmed by the EPHS staff. Process for conducting inspections and notice to AVP CPD&O will be developed to ensure adequate executive support is available.
- b. Action: Procedures for departmental annual inspections are being developed. As part of the annual inspection process, EPHS will develop protocols to pre-brief departmental personnel as to specifics of the process and requirements. EPHS personnel will be available, upon request, to assist in issues of procedures to ensure compliance.
- c. Action: Inspection protocols shall be developed to clearly address the requirements for providing inspection report documentation that not only identifies deficiencies but requirements to document corrective actions. Upon receipt of a notice of correction, EPHS will inspect to validate compliance.

EMPLOYEE HEALTH AND SAFETY TRAINING

TRACKING OF TRAINING REQUIREMENTS

Recommendation 7

We recommend that the campus develop campus-wide or departmental training matrices, or any similar such system that will track training requirements as well as the classifications and dates of health and safety training necessary for specific employees who require such training.

Campus Response

Due Date: 14 July, 2008

Concur:

- a. Action: Training requirements will be contained in the CSUMB Required Safety Training Compliance program for the campus. As with other mandatory training requirements, this training will be monitored and notices sent to ensure compliance.

TRAINING RECORDS

Recommendation 8

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

Campus Response

Due Date: 14 July, 2008

Concur:

- a. Action: Procedures requiring department safety coordinators to maintain health and safety training records for employees will be developed, implemented and monitored. Routine reports of compliance will be provided to the Associate Vice President, CP&O and the Vice President Administration and Finance and the Provost.

STUDENT HEALTH AND SAFETY TRAINING

Recommendation 9

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

Campus Response

Due Date: 14 July, 2008

Concur:

- a. Action: Procedures requiring department safety coordinators to maintain health and safety training records for students will be developed, implemented and monitored. Routine reports of compliance will be provided to the Associate Vice President, CP&O and the Vice President Administration and Finance and the Provost.



THE CALIFORNIA STATE UNIVERSITY
OFFICE OF THE CHANCELLOR

BAKERSFIELD

January 29, 2008

CHANNEL ISLANDS

CHICO

MEMORANDUM

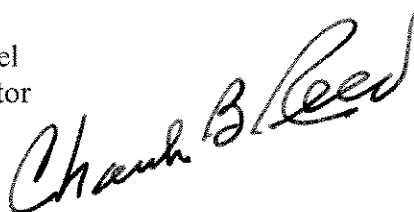
DOMINGUEZ HILLS

EAST BAY

FRESNO

TO: Mr. Larry Mandel
University Auditor

FULLERTON

FROM: Charles B. Reed
Chancellor


HUMBOLDT

LONG BEACH

SUBJECT: Draft Final Audit Report 07-27 on *Occupational Health and Safety*, California State University, Monterey Bay

LOS ANGELES

MARITIME ACADEMY

In response to your memorandum of January 29, 2008, I accept the response as submitted with the draft final report on *Occupational Health and Safety*, California State University, Monterey Bay.

MONTEREY BAY

NORTHRIDGE

POMONA

CBR/jt

SACRAMENTO

Enclosure

SAN BERNARDINO

cc: Dr. Dianne F. Harrison, President
Mr. James Main, Vice President, Administration and Finance

SAN DIEGO

SAN FRANCISCO

SAN JOSÉ

SAN LUIS OBISPO

SAN MARCOS

SONOMA

STANISLAUS