HAZARDOUS MATERIALS MANAGEMENT
SONOMA STATE UNIVERSITY

Audit Report 13-48
October 9, 2013

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ABBREVIATIONS

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<tr>
<td>CalOSHA</td>
<td>California Office of Safety and Health Administration</td>
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<td>CCR</td>
<td>California Code of Regulation</td>
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<td>CHO</td>
<td>Chemical Hygiene Officer</td>
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<td>CHP</td>
<td>Chemical Hygiene Plan</td>
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<td>CSU</td>
<td>California State University</td>
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<td>EHS</td>
<td>Environmental Health and Safety</td>
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<td>EO</td>
<td>Executive Order</td>
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<td>HAZCOMM</td>
<td>Hazard Communication Program</td>
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<td>HAZMAT</td>
<td>Hazardous Materials</td>
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<td>HMM</td>
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<td>IIPP</td>
<td>Injury and Illness Protection Program</td>
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<td>MSDS</td>
<td>Material Safety Data Sheets</td>
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<td>OUA</td>
<td>Office of the University Auditor</td>
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<td>RCRA</td>
<td>Federal Resource Conservation and Recovery Act</td>
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<td>Sonoma State University</td>
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EXECUTIVE SUMMARY

As a result of a systemwide risk assessment conducted by the Office of the University Auditor (OUA) during the last quarter of 2012, the Board of Trustees, at its January 2013 meeting, directed that Hazardous Materials Management (HMM) be reviewed. The OUA had previously reviewed HMM in 2000, and Occupational Health and Safety in 2007.

We visited the Sonoma State University campus from June 17, 2013, through July 19, 2013, and audited the procedures in effect at that time.

In our opinion, except for the effect of the weaknesses described below, the fiscal, operational, and administrative controls for HMM as of July 19, 2013, taken as a whole, were sufficient to meet the objectives stated in the “Purpose” section of this report. Areas of concern include: general environment, hazardous materials administration, laboratory standards, hazardous waste and training.

As a result of changing conditions and the degree of compliance with procedures, the effectiveness of controls changes over time. Specific limitations that may hinder the effectiveness of an otherwise adequate system of controls include, but are not limited to, resource constraints, faulty judgments, unintentional errors, circumvention by collusion, and management overrides. Establishing controls that would prevent all these limitations would not be cost-effective; moreover, an audit may not always detect these limitations.

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 did not prepare and provide the required annual health and safety program report to the campus president and the Systemwide Office of Risk Management for fiscal years 2010/11 and 2011/12. Also, the campus injury and illness prevention program had not been revised since July 2003, and the campus did not conduct HMM safety inspections in accordance with stated policies. Further, the campus did not always comply with hazard communication program and chemical hygiene plan labeling requirements.

HAZARDOUS WASTE [9]

Hazardous waste was not always properly labeled in accordance with campus and regulatory requirements. Specifically, hazardous waste was mislabeled in more than half of the accumulation areas inspected.

TRAINING [10]

The campus could not provide evidence that new employees had completed required HMM-related training.
INTRODUCTION

BACKGROUND

Regulation over hazardous waste has its roots in the 1976 Federal Resource Conservation and Recovery Act (RCRA), which was enacted to address growing public concern regarding health risks, waste generation, and waste disposal surrounding hazardous materials (HAZMAT). RCRA initiated the “cradle to grave” tracking and management of hazardous waste, and its regulations addressed, but were not limited to, generation of hazardous waste; hazardous waste treatment, transportation, storage, and disposal; federal and state reporting; federal, state, and local permits and registration; and waste minimization.

RCRA states that the federal government can authorize states to develop, implement, and enforce their own HAZMAT and waste management regulations, with the stipulation that the state programs must be as stringent or broader in scope than the federal regulations. In 1992, the Environmental Protection Agency granted California authority to develop its own regulations, most of which are now codified in the Health and Safety Code and in Titles 8 and 22 of the California Code of Regulations (CCR). The California Department of Toxic Substances Control is responsible for enforcing these codes and administrative laws.

All California State University (CSU) campuses purchase HAZMAT for both instructional and research purposes, most prominently in colleges that focus on the sciences, fine arts, and liberal arts. In addition, campus maintenance departments such as custodial services, facilities, and auto shops use materials that are known to have properties that are harmful to humans and the environment and must be monitored to ensure proper and safe utilization. Nearly all of the areas that utilize HAZMAT generate hazardous waste that is subject to strict regulation for safe and proper storage, transport, and disposal.

Sections of Title 8 of the CCR address hazardous materials management (HMM) in several areas, including training, communication, storage, and safety. However, in response to a number of serious accidents in university laboratories in recent years, there has been an increased diligence from the California Occupational Safety and Health Administration (CalOSHA) and other regulatory agencies in enforcing regulations and standards related to laboratory safety. The Occupational Exposure to Hazardous Chemicals in Laboratories standard (8 CCR 5191), commonly referred to as the Laboratory Standard, was created specifically for non-production laboratories and outlines specific requirements for employers to ensure the safety of employees in these labs. The standard requires that the employer designate a chemical hygiene officer and have a written chemical hygiene plan (CHP), which must be routinely verified for effectiveness. The CHP must include provisions for worker training, chemical exposure monitoring where appropriate, medical consultation when exposure occurs, criteria for the use of personal protective equipment and engineering controls, and special precautions for particularly hazardous substances. The CHP must be tailored to reflect the specific chemical hazards present in the laboratory where it is to be used.

Executive Order (EO) 1039, California State University – Occupational Health and Safety Policy, dated January 1, 2009, recognizes that occupational health and safety or environmental health and safety departments are an integral to the CSU system and that injuries and/or illnesses may arise from work-related activities that include exposure to potentially harmful substances. It outlines the responsibilities of the various parties, including the systemwide Office of Risk Management, campus presidents, campus
environmental health and safety departments, and campus departments. It requires campuses to develop, implement, and maintain a campus health and safety program to address all identified campus hazards, including hazardous materials.

EO 1069, *Risk Management and Public Safety*, dated March 1, 2012, delegates authority and responsibility for systemwide administrative oversight and programmatic responsibility for risk management, environmental health and safety, emergency preparedness, business continuity, and public safety to the assistant vice chancellor for risk management and public safety. This includes responsibility for policies and programs, resource documents, training programs, and production of guidance on the application of risk management techniques and systemwide policies and procedures.

In 2000, the Office of the University Auditor conducted an audit of HMM at nine campuses and issued a systemwide report. The report noted issues related to contractual arrangements and insurance coverage for waste transporters, material safety data sheets (MSDS), and staff HAZMAT orientation and refresher training. Previous to the 2000 review, OUA audited HMM in 1992, with a follow-up review in 1996. The OUA also audited Occupational Health and Safety in 2007 and reviewed activities that also involved HMM.
PURPOSE

Our overall audit objective was to ascertain the effectiveness of existing policies and procedures related to HMM activities 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 audit objective, specific goals included determining whether:

- Administration of HMM is well-defined and includes clear lines of organizational authority and responsibility.
- Risks related to HMM have been identified and assessed, and the results are applied to appropriate plans and processes.
- Policies and procedures pursuant to HMM are current and comprehensive, and distribution procedures are effective.
- Appropriate due diligence and oversight controls are in place to ensure that contractors conducting HMM services meet both regulatory and CSU contractual obligations.
- The campus has established the required HAZMAT communication documents.
- The campus has obtained the required registrations and permits and complies with key regulatory reporting requirements.
- Hazardous materials inventories are maintained, and purchasing and receipt processing is conducted in a controlled environment.
- HAZMAT in containers are properly labeled to communicate contents and hazards to users.
- The campus has established effective emergency and contingency plans for HAZMAT spills and exposures.
- Campus laboratories are operating and lab activities are conducted in accordance with 8 CCR 5191, The Occupational Exposure to Hazardous Chemicals in Laboratories standard, commonly referred to as the Laboratory Standard.
- Adequate procedures exist to identify hazardous waste.
- Hazardous waste, including biomedical and universal waste, is properly stored and labeled and does not accumulate on-site for longer than the allowable time.
- Hazardous waste transportation and disposal processes are in compliance with regulations.
- Employees and students who handle HAZMAT and/or generate hazardous waste have been adequately trained.
INTRODUCTION

SCOPE AND METHODOLOGY

The proposed scope of the audit as presented in Attachment A, Audit Agenda Item 2 of the January 22 and 23, 2013, meeting of the Committee on Audit stated that Hazardous Materials Management would include, but was not limited to, a review of the systems and procedures for controlling the purchase, generation, storage, use, and disposal of HAZMAT and wastes; employee training; emergency response plans; reporting requirements; and compliance with federal and state regulations.

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 that accounting 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 policies, letters, and directives. The audit focused on procedures in effect from July 1, 2011, through July 19, 2013.

We focused primarily upon the internal administrative, compliance, and operational controls over HMM activities. Specifically, we reviewed and tested:

- Campus administration of HMM, including clear reporting lines and defined responsibilities and current policies and procedures for HAZMAT handling and waste disposal.
- Compliance with permit and registration requirements, as well as with required regulatory and CSU reporting requirements.
- Contents of HAZMAT safety plans, such as the CHP and Hazard Communication plan, as required by the CCR and CalOSHA.
- Hazard communication practices, including the accessibility of MSDS, appropriate hazard signage, and proper labeling of containers stored on site.
- Hazardous waste determination, storage, transportation, and disposal practices.
- Training for employees and students on HAZMAT handling and hazardous waste disposal.
OBSERVATIONS, RECOMMENDATIONS, AND CAMPUS RESPONSES

GENERAL ENVIRONMENT

GOVERNANCE

The campus did not prepare and provide the required annual health and safety program report to the campus president and the Systemwide Office of Risk Management for fiscal years 2010/11 and 2011/12.

Executive Order (EO) 1039, California State University Occupational Health and Safety Policy, dated January 1, 2009, states that the campus environmental health and safety (EHS) program administrators shall provide an annual health and safety program report to the university president with a copy to the Systemwide Office of Risk Management. It further states that the report may include review of significant events, program trends, status reports for key program areas, and performance data.

The director of energy and EHS stated that he was unaware of the requirement of the EO.

Lack of required health and safety reports increases the risk that critical compliance events or situations will not be disclosed or remedied in a timely manner.

Recommendation 1

We recommend that the campus prepare and provide annual health and safety program reports to the president and the Systemwide Office of Risk Management.

Campus Response

We concur. The annual report, as required by EO 1039, will be submitted by the annual deadline to the campus president and copied to the chancellor’s office Risk Management department. The preparation and completion of the report will be tracked through the University Work Order System.

This action will be completed by January 10, 2014.

INJURY AND ILLNESS PREVENTION PROGRAM

The campus injury and illness prevention program (IIPP) had not been revised since July 2003.

Title 8 §3203 states that every employer shall establish, implement, and maintain an effective IIPP, which shall, at a minimum, include a system for ensuring employee compliance with safe and healthy work practices; and include a system for communicating with employees on matters relating to occupational safety and health and procedures for identifying and evaluating workplace hazards, including scheduled periodic inspections to identify unsafe conditions and work practices.
EO 1039, *California State University Occupational Health and Safety Policy*, dated January 1, 2009, states that the California State University (CSU), its officers, and its employees are responsible for ensuring that activities and tasks are performed in a manner that reasonably controls hazards that can cause injuries or illnesses. It further states that the campus EHS program administrators are responsible for developing and maintaining an IIPP that meets the regulatory requirements.

The director of energy and EHS stated that a project to update the IIPP had been delayed due to resource and time constraints.

Lack of a current and specific IIPP increases the risk of accidents and injuries and exposes the university to potential litigation and regulatory sanctions.

**Recommendation 2**

We recommend that the campus review and update the campus IIPP.

**Campus Response**

We concur. The IIPP will be updated to comply with the required regulations.

This action will be completed by January 10, 2014.

**INSPECTIONS**

The campus did not conduct hazardous materials management (HMM) safety inspections in accordance with stated policies.

Specifically, we found that the campus could not provide evidence that:

- Facilities management had conducted scheduled inspections for seven of the 16 eyewash and shower stations we reviewed, or for any of the six fume hoods we reviewed.
- Required safety inspections were conducted for art studios, food services, and shipping and receiving in 2011 or 2012.
- Required safety inspections were conducted for the science laboratories during part of 2011 and all of 2012.

EO 1039, *California State University Occupational Health and Safety Policy*, dated January 1, 2009, states that campuses shall develop procedures for identifying and evaluating workplace hazards, including scheduled and unscheduled inspections.

Title 8 §3203(a) states that every employer shall establish, implement, and maintain an effective IIPP that shall provide procedures for identifying and evaluating workplace hazards, including scheduled periodic inspections to identify unsafe conditions and work practices. It further states that the IIPP will 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 conditions.

The Sonoma State University (SSU) IIPP, dated July 2003, states that the director of EHS is tasked with the development and implementation of the campus IIPP. It further states that individual departments are required to conduct monthly periodic inspections, and that the appropriate manager shall either select a checklist provided in the IIPP, or develop inspection checklists for specific equipment, areas, and work processes that may pose potential injury or illness.

The SSU Chemical Hygiene Plan, dated December 2011, states that the facilities department is responsible for reviewing and approving laboratory equipment installations for compliance with pertinent building codes and regulations. The plan further states that it is the responsibility of the chemical hygiene officer (CHO) to organize inspections of laboratories, and the responsibility of the associate CHO to ensure the inspections occur semi-annually.

The director of energy and EHS stated that HMM inspections were not performed in accordance with the IIPP policy due to the fact that the policy was outdated and actual inspection frequencies had changed. In addition, he stated that policies did not include sufficient follow up or auditing procedures to hold departments accountable for completing the inspections. Furthermore, he stated that eyewash showers and fume hoods were not being inspected frequently enough due to competing priorities, and that EHS had not sufficiently communicated and trained the facilities personnel.

Inadequate administration of inspections increases the risk that unsafe conditions will not be identified and increases the potential for accidents and injuries, litigation, and regulatory sanctions.

**Recommendation 3**

We recommend that the campus conduct safety inspections in accordance with stated policies.

**Campus Response**

We concur. The updated IIPP will outline the procedures for the conduct of the safety inspections. The updated program will contain an internal verification component to measure and ensure the ongoing success of the program. The inspections will occur in the first and/or third quarters based on frequency required in the IIPP.

This action will be completed by January 10, 2014.

**HAZARD COMMUNICATION PROGRAM**

The campus did not always comply with hazard communication program (HAZCOMM) and chemical hygiene plan (CHP) labeling requirements.

We reviewed 11 science laboratories, and we found that six of them had improperly or inadequately labeled hazardous materials (HAZMAT) receptacles.
Title 8 §5194(f) states that the employer shall ensure that each container of hazardous substances in the workplace is labeled, tagged, or marked with the following information: identity of the hazardous substance, and appropriate hazard warning.

The SSU HAZCOMM states that each department shall ensure that each container of hazardous substances in the workplace is labeled, tagged, or marked in English with the following information: identify of the hazardous substance within; appropriate hazard warnings; and, name and address of the manufacturer, importer, or other responsible party.

The SSU CHP, dated December 2011, states that every secondary container should be labeled or cross-referenced with the identity of its contents and appropriate hazard warnings if more than one person will be using the secondary container or if the container is to be left unattended for more than half an hour.

The director of energy and EHS stated his belief that overall, the rooms reviewed were organized and neat and contained only isolated instances of mislabeling. He also stated that the mislabeling was due to human error.

Lack of compliance with HAZCOMM and CHP labeling procedures undermines the safety of employees and students in contact with HAZMAT and increases the risk of litigation and regulatory sanctions.

**Recommendation 4**

We recommend that the campus comply with HAZCOMM and CHP labeling requirements.

**Campus Response**

We concur. The safety inspections outlined in the new IIPP will include inspection procedures of proper labeling. The labeling procedures will comply with required regulations.

This action will be completed by January 10, 2014.

**HAZARDOUS WASTE**

Hazardous waste was not always properly labeled in accordance with campus and regulatory requirements.

We reviewed ten hazardous waste accumulation areas, and we found that:

- In seven instances, waste accumulation start dates were not noted on hazardous waste receptacle labels.
- In three instances, the nature of the hazards within waste receptacles was not included on labels.
Title 22 §66262.34 states that a generator may accumulate hazardous waste if the initial date of waste accumulation is clearly marked and visible for inspection on each container used for accumulation of hazardous waste. Further, it states that a hazardous waste generator may accumulate hazardous waste on-site for 90 days or less provided that the waste is placed in containers, on drip pads, or in containment areas that meet regulatory requirements.

The SSU CHP, dated December 2011, states that each waste container must be labeled properly and that labels shall include description of the waste and the date of the initial accumulation.

The director of energy and EHS stated his belief that overall, the rooms reviewed were organized and neat and contained only isolated instances of mislabeling. He further stated that the exceptions were due to human error.

Improper labeling of hazardous waste increases the potential for accidents, injuries, litigation, and regulatory sanctions.

**Recommendation 5**

We recommend that the campus properly label hazardous waste in accordance with campus and regulatory requirements.

**Campus Response**

We concur. The requirements described in the SSU *Simplified Guide for Primary Hazardous Waste Generators* and the California Code of Regulations, Title 22, Section 66261.126, will be used as training documents/procedures for personnel who will do the labeling.

This action will be completed by January 10, 2014.

**TRAINING**

The campus could not provide evidence that new employees had completed required HMM-related training.

Specifically, we found that:

- The campus could not provide evidence that 11 of the 15 employees hired in the past two years who worked with HAZMAT or hazardous waste handling or in campus laboratories had been trained on HAZCOMM requirements, the IIPP, and hazardous waste.

- The campus could not provide evidence that nine of ten science department employees we reviewed had been trained on laboratory safety.

Title 8 §5194(h) states that employers shall provide employees with effective information and training on hazardous substances in their work area at the time of their initial assignment and
Whenever a new hazard is introduced into their work area. It further states that the training shall include information on the applicable regulations; the operations in the employee’s work area where hazardous substances are present; the location and availability of the hazard communication program, including the list of substances and the material safety data sheets (MSDS); methods and observations used to detect the presence or release of hazardous substances in the work area; the health hazards of the substances in the work area and measures they can take to protect themselves from the hazards; and an explanation of the labeling system and the MSDS and how employees can use this information.

Title 8 §5191(e)(3) states that lab employees shall be trained on the hazards of chemicals present in their work areas at the time of the initial assignment to the work area and prior to assignments involving new exposure situations. It further states that the training should include methods and observations used to detect the presence or release of a hazardous chemical, the physical and health hazards of chemicals in the work area, and the measures employees can take to protect themselves from these hazards, such as appropriate work practices, emergency procedures, and personal protective equipment usage.

Title 8 §3203(a)(7) states that the IIPP will provide for training and instruction to all new employees and to all employees given new job assignments for which training has not previously been received. It further states in §3203(b)(2) that documentation of training shall include the employee name, training dates, type(s) of training, and training providers, and that these records will be maintained for at least one year.

Title 22 §66264.16 states that new employees shall receive introductory training in hazardous waste management procedures relevant to the positions in which they are employed, and that it should occur before they are left unsupervised and annually thereafter. It further states that the facility will maintain records of every employee involved in hazardous waste management, a description of the training provided to these individuals, and records that the training occurred.

CSU Records Retention Schedule, dated October 10, 2010, states that student training records should be maintained under “CSU Best Practices” for three years.

EO 1039, California State University Occupational Health and Safety Policy, dated January 1, 2009, states that campuses shall develop, implement, and maintain a health and safety program that includes a training program that ensures employees receive adequate safety training for the tasks they are performing and/or that is included in the job description or scope of work.

The director of energy and EHS stated that the lack of tracking and failure to maintain employee training records was due to delays in the implementation of a training management system. In addition, he stated that the campus interpreted the CSU records retention schedule as a best practice, rather than a requirement.

Inadequate administration of required safety training related to HAZMAT and hazardous waste increases the risk of accidents, injuries, litigation, and regulatory sanctions.
Recommendation 6

We recommend that the campus maintain evidence showing that new employees have completed required HMM-related training.

Campus Response

We concur. The campus will complete the implementation of its online training system and the associated training management system. The HMM-related training will be provided to all affected employees and required by all new employees hired since August 1, 2013.

This action will be completed by January 10, 2014.
APPENDIX A:  
PERSONNEL CONTACTED

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<tr>
<th>Name</th>
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<tr>
<td>Ruben Armiñana</td>
<td>President</td>
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<tr>
<td>Letitia Coate</td>
<td>Associate Vice President, Administration and Finance</td>
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<tr>
<td>Jenifer Crist</td>
<td>Purchasing Manager, Financial Services</td>
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<tr>
<td>Craig Dawson</td>
<td>Director of Energy and Environmental, Health, and Safety (EHS)</td>
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<tr>
<td>Christopher Dinno</td>
<td>Associate Vice President, Facilities Operations and Planning</td>
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<tr>
<td>Jon Fukuto</td>
<td>Professor of Chemistry and Chemical Hygiene Officer</td>
</tr>
<tr>
<td>Christy Gorman</td>
<td>Instructional Support Technician III and Associate Chemical Hygiene Officer</td>
</tr>
<tr>
<td>Tyson Hill</td>
<td>Senior Director of Risk Management</td>
</tr>
<tr>
<td>Kurt Koehle</td>
<td>Director, Internal Operations, Analysis and Review</td>
</tr>
<tr>
<td>Scott Lance</td>
<td>Information Technology Consultant</td>
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<tr>
<td>Steve Nank</td>
<td>Mail and Receiving Coordinator</td>
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<tr>
<td>Brian Orr</td>
<td>Director, Tax and Compliance</td>
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<tr>
<td>Shawn Potts</td>
<td>Building Service Engineer Supervisor</td>
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<tr>
<td>Thomas Sargent</td>
<td>EHS Specialist</td>
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<tr>
<td>Laurence Furukawa-Schlereth</td>
<td>Vice President, Administration and Finance/Chief Financial Officer</td>
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November 8, 2013

MEMORANDUM

TO: Larry Mandel
University Auditor
California State University
401 Golden Shore, 4th Floor
Long Beach, California 90802-4200

FROM: Laurence Furukawa-Schleich
Chief Financial Officer and
Vice President for Administration and Finance

Campus Response

On behalf of President Armínana, I am submitting the initial Campus Response to the recommendations of Draft Audit Report # 13-148, Hazardous Materials Management.

We will provide documentation to demonstrate the completion of corrective actions for each recommendation.

This memorandum [.pdf copy], and the Campus Response is submitted via email to OUA@calstate.edu.

Enclosure

c: President Ruben Armínana
Nate Johnson
Christopher Dinno
Letitia Coate
Brian Orr
Jon Fukuto
Craig Dawson
Kurt Koehle

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HAZARDOUS MATERIALS MANAGEMENT
SONOMA STATE UNIVERSITY
Audit Report 13-48

GENERAL ENVIRONMENT

GOVERNANCE

Recommendation 1

We recommend that the campus prepare and provide annual health and safety program reports to the president and the Systemwide Office of Risk Management.

Campus Response

We concur. The annual report, as required by EO 1039, will be submitted by the annual deadline to the campus president and copied to the chancellor’s office Risk Management department. The preparation and completion of the report will be tracked through the University Work Order System.

This action will be completed by January 10, 2014.

INJURY AND ILLNESS PREVENTION PROGRAM

Recommendation 2

We recommend that the campus review and update the campus IIPP.

Campus Response

We concur. The IIPP will be updated to comply with the required regulations.

This action will be completed by January 10, 2014.

INSPECTIONS

Recommendation 3

We recommend that the campus conduct safety inspections in accordance with stated policies.

Campus Response

We concur. The updated IIPP will outline the procedures for the conduct of the safety inspections. The updated program will contain an internal verification component to measure and ensure the ongoing success of the program. The inspections will occur in the first and/or third quarters based on frequency required in the IIPP.
This action will be completed by January 10, 2014.

HAZARD COMMUNICATION PROGRAM

Recommendation 4

We recommend that the campus comply with HAZCOMM and CHP labeling requirements.

Campus Response

We concur. The safety inspections outlined in the new IIPP will include inspection procedures of proper labeling. The labeling procedures will comply with required regulations.

This action will be completed by January 10, 2014.

HAZARDOUS WASTE

Recommendation 5

We recommend that the campus properly label hazardous waste in accordance with campus and regulatory requirements.

Campus Response

We concur. The requirements described in the SSU Simplified Guide for Primary Hazardous Waste Generators and the California Code of Regulations, Title 22, Section 65261.126 will be used as training documents/procedures for personnel who will do the labeling.

This action will be completed by January 10, 2014.

TRAINING

Recommendation 6

We recommend that the campus maintain evidence showing that new employees have completed required HMM-related training.

Campus Response

We concur. The campus will complete the implementation of its online training system and the associated training management system. The HMM-related training will be provided to all affected employees, and required by all new employees hired since August 1, 2013.

This action will be completed by January 10, 2014.
November 21, 2013

MEMORANDUM

TO: Mr. Larry Mandel  
University Auditor

FROM: Timothy P. White  
Chancellor


In response to your memorandum of November 21, 2013, I accept the response as submitted with the draft final report on Hazardous Materials Management, Sonoma State University.

TPW/amd