

HAZARDOUS MATERIALS MANAGEMENT

**CALIFORNIA STATE UNIVERSITY,
LOS ANGELES**

**Report Number 00-22
February 20, 2001**

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ABBREVIATIONS

CCR	California Code of Regulations
CSU	California State University
CSULA	California State University, Los Angeles
DOT	Department of Transportation
EH&S	Environmental Health & Safety
EPA	Environmental Protection Agency
HAZMAT	Hazardous Materials
HAZCOMM	Hazardous Communication Policy
HMM	Hazardous Materials Management
H&SC	Health & Safety Code
HWMG	Hazardous Waste Management Guide
IIPP	Injury and Illness Prevention Program
MSDS	Material Safety Data Sheet(s)
RCRA	Resource Conservation and Recovery Act
TSD	Transfer, Storage and Disposal

INTRODUCTION

PURPOSE

Our overall audit objective was to ascertain the effectiveness of policies and procedures concerning Hazardous Materials Management (HMM), determine the adequacy of controls over hazardous materials and waste, and ensure compliance with related governmental regulations.

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

- ▶ administration and management of the HMM program provide clear lines of organizational authority and responsibility, include maintenance of required registrations and permits, and ensure compliance with the key regulatory reporting requirements;
- ▶ hazardous materials (HAZMAT) and waste management policies and procedures are adequately documented;
- ▶ HAZMAT purchasing and receipt processing are conducted in a controlled environment, and material safety data sheets (MSDS) are obtained and readily accessible to employees;
- ▶ a comprehensive HAZMAT communication program has been established, and effective emergency and contingency plans are in place;
- ▶ inventory records are properly maintained for HAZMAT purchases, and HAZMAT safety and equipment inspections are conducted;
- ▶ HAZMAT maintained in containers and tanks are properly labeled and adequately controlled;
- ▶ hazardous waste transfer, storage, and disposal (TSD) agreements exist between the university and TSD contractors and require the contractors to maintain adequate liability insurance;
- ▶ hazardous waste identification procedures are adequately implemented, and waste transportation and disposal processes are in compliance with governmental regulations;
- ▶ employees who handle HAZMAT or generate waste are adequately trained; and
- ▶ hazardous, biomedical and universal waste is properly labeled and not accumulated on-site for greater than the allowable time.

SCOPE AND METHODOLOGY

This review emphasized, but was not limited to, compliance with state and federal laws and campus hazardous materials (HAZMAT) policies, letters and directives. The audit review period was June 1999 to date. At California State University, Los Angeles (CSULA), Environmental Health and Safety (EH&S) Services has overall responsibility for hazardous materials management (HMM).

Our primary focus involved the internal administrative, compliance, and operational controls over the management of the campus HMM function and included visits to three campus units: Biology, Chemistry, and Physical Plant. Specifically, we reviewed and tested:

- ▶ procedures for HAZMAT purchasing, receiving and storage;
- ▶ the use and availability of material safety data sheets (MSDS);
- ▶ HAZMAT communication and training programs, emergency and contingency planning, and related documentation;
- ▶ HAZMAT inventory record keeping practices;
- ▶ procedures for performing HAZMAT safety and equipment inspections;
- ▶ HAZMAT and waste labeling and other forms of required warnings;
- ▶ hazardous waste identification, permit, registration, and manifesting procedures; and
- ▶ the hazardous waste disposal program.

BACKGROUND

As a result of a systemwide risk assessment conducted by the Office of the University Auditor during the last quarter of 1999, the Board of Trustees, at its January 2000 meeting, directed that *Hazardous Materials Management* be reviewed.

The proposed scope of such audits as presented in Attachment B, Agenda Item 3 of the January 25-26, 2000 meeting of the Committee on Audit, stated that the review would include the systems and procedures for controlling the purchase, generation, storage, treatment, use and disposal of hazardous materials (HAZMAT) and wastes and responding to hazardous spills. Potential impacts include environmental damage, adverse publicity, excessive costs and legal liabilities, facilities with inordinate health risks, regulatory fines and sanctions, and the inability to identify HAZMAT in emergency situations. *Hazardous Materials Management* was previously audited in 1992 and a follow-up review was completed in 1996.

In 1976, the Federal Resource Conservation and Recovery Act (RCRA) was enacted to address solid waste

generated nationwide and the growing public concern regarding HAZMAT health risks, waste generation, and waste disposal. RCRA initiated the “cradle to grave” tracking and management of hazardous waste – that is, from the generator to transporter to treatment, storage or disposal. RCRA regulations addressed, but were not limited to, the following management issues: a) generation of hazardous waste, b) hazardous waste treatment, transportation, storage, and disposal, c) federal and state reporting, d) federal, state, or local permits/registration, and e) waste minimization.

RCRA provided the federal government with the authority to authorize states to develop, implement and enforce their own HAZMAT and waste management regulations. However, the state programs must be as stringent or broader in scope than the federal regulations. In 1992, California received such authority from the Environmental Protection Agency (EPA). Most of the California regulations are codified in the Health & Safety Code (H&SC) and the California Code of Regulations (CCR); specifically, titles eight and twenty-two. The California Department of Toxic Substances Control is responsible for enforcing the enacted codes and administrative laws.

All CSU campuses purchase some amount of HAZMAT that result in the generation of hazardous waste. To limit regulatory compliance risks and control waste processing costs, the campuses enter into contracts with waste transfer, treatment, storage and disposal companies. For the most part, campus Environmental Health and Safety (EH&S) departments are responsible for developing, implementing, and monitoring programs that assure compliance with state and federal hazardous materials and waste regulations. Other services provided by EH&S include, but are not limited to, waste consulting and pick-up; transfer, treatment, storage, and disposal coordination; waste tracking and record keeping; employee and student communication and training; and emergency/contingency planning.

The systemwide report related to the 1992 Office of the University Auditor review identified several HAZMAT and waste management topics that required further attention. Specifically, concerns were expressed over training, inspections, waste manifesting, material safety data sheets (MSDS), inventory record keeping, and the monitoring of contractors for adequate insurance and current registration. As a result, the Chancellor’s Office developed a sample Hazardous Waste Management Guide (HWMG) to assist the campus administrators in understanding and complying with applicable health, safety and environmental laws and regulations. The HWMG covered the basic elements involved in understanding hazardous materials management but was not designed to serve as a policy and procedure manual. The HWMG was intended to be a sample document that could be tailored to and serve local campus needs.

OPINION

We visited the California State University, Los Angeles (CSULA) campus from October 30, 2000, through November 29, 2000, and audited the procedures in effect at that time.

In our opinion, the administration and management of the Hazardous Materials Management (HMM) program provided reasonable assurance that CSULA was in compliance with applicable regulations and, for the most part, the HMM function operated effectively. Areas in need of improvement are referenced in the executive summary.

EXECUTIVE SUMMARY

The purpose of this section is to provide management with an overview of conditions requiring their attention. Areas of review not mentioned in this section were found to be satisfactory. Numbers in brackets [] refer to page numbers in the report.

HAZARDOUS MATERIALS ADMINISTRATION [6]

HAZARDOUS WASTE TRANSPORTERS [6]

The contract for biohazardous waste removal did not adequately protect the university. The California State University (CSU) is protected when agreements are supported by contracts in accordance with the CSU policy.

INJURY AND ILLNESS PREVENTION PROGRAM INSPECTIONS [7]

The Injury and Illness Prevention Program (IIPP) was not functioning on a monthly basis in accordance with campus policy. Conducting IIPP inspections reduces IIPP and state regulatory compliance risk.

HAZARDOUS MATERIAL INVENTORY [8]

The chemistry and custodial departments did not maintain a complete hazardous materials inventory listing. A complete inventory listing assures compliance with regulatory requirements.

MATERIAL SAFETY DATA SHEET ADMINISTRATIVE CONTROL [9]

Material Safety Data Sheet(s) (MSDS) administrative controls were in need of strengthening. MSDS that are readily accessible to employees enhance the university's ability to appropriately and expeditiously respond to an emergency.

SHIPPING AND RECEIVING PROCEDURES [10]

Shipping and receiving department procedures did not adequately address the special requirements of hazardous materials. Policies and procedures, which identify and mitigate risk, reduce the likelihood that an accident will occur.

HAZARDOUS WASTE DETERMINATION, STORAGE, TRANSPORTATION, AND DISPOSAL [11]

Controls over hazardous and biohazardous waste labeling needed improvement. Properly labeled and stored hazardous and biohazardous waste reduces operational mishaps and job-related injuries.

HAZARDOUS MATERIALS COMMUNICATION, REPORTING AND TRAINING [12]

HAZARDOUS MATERIAL TRAINING [12]

Controls over employee hazardous materials orientation and refresher training were not adequate. When employees are properly trained, job-related injuries are reduced, and there is an increased probability that an appropriate response will be made in an emergency.

EMERGENCY EYEWASH AND SAFETY SHOWER EQUIPMENT [14]

Certain emergency eyewash and shower units were not installed and inspected in compliance with applicable regulations. Compliance with eyewash and shower regulations increases the likelihood that emergency facilities will function properly in the event of an accident.

OBSERVATIONS, RECOMMENDATIONS, AND CAMPUS RESPONSES

HAZARDOUS MATERIALS ADMINISTRATION

HAZARDOUS WASTE TRANSPORTERS

The contract for biohazardous waste removal did not adequately protect the university.

We found that:

- ▶ the certificate of insurance provided by Stericycle did not have the additional insured language specified by California State University (CSU) policy; and
- ▶ the Stericycle purchase order did not incorporate by reference the contract terms and conditions specified by the CSU policy.

The CSU Policy Manual for Contracting & Procurement (412.06 – Contracts Requiring Insurance Coverage) states, in part, that evidence of general liability insurance coverage is required for any campus contract involving any activities that put the State, the CSU, or the campus at risk. These activities include refuse removal, among other things. The certificate of insurance shall provide an additional insured endorsement.

The CSU Policy Manual for Contracting & Procurement (410 - CSU Standard Terms) states that contracts for obtaining services shall, under the law and under Trustees' policy, contain minimum standard terms and conditions to which both parties must agree, regardless of the kind of service being provided by the contractor. These must be included as an integral part of each contract, whether a CSU standard contracting form is used or not.

The director of procurement and contracts stated that the standard terms and conditions are preprinted on the back of purchase orders. If additional terms and conditions are required, they are attached to the purchase order. He also stated that the omission of the required insurance language on the Stericycle purchase order was an oversight during the purchase order renewal process.

Failure to contractually protect the university could result in CSU sharing responsibility for hazardous materials (HAZMAT) waste transporters' operational, financial failures or oversights.

Recommendation 1

We recommend that the campus:

- a. require the biohazardous waste transporter to provide a certificate of insurance which includes the required additional insured endorsement; and
- b. incorporate by reference, in the purchase order, all applicable terms and conditions.

Campus Response

The purchase order for the biohazardous waste transporter identified has been updated with the additional language requirements and a reference to the previously attached terms and conditions. The Procurement Director has reminded his staff of the above requirements.

INJURY AND ILLNESS PREVENTION PROGRAM INSPECTIONS

The Injury and Illness Prevention Program (IIPP) was not functioning on a monthly basis in accordance with campus policy.

The environmental health and safety (EH&S) officer and risk manager performed four monthly IIPP inspections during the first ten months of 2000. Given the size of the campus and the number of locations involved, the integrity of the campus program relies on consistent inspections.

California Code of Regulations (CCR) Title 8 §3203 states that the IIPP shall, at a minimum, include procedures for identifying and evaluating workplace hazards including scheduled periodic inspections to identify unsafe conditions and work practices. In response to the aforementioned regulation, the campus established a standard of monthly inspections beginning January 2000.

The EH&S officer and risk manager stated that the inspections had been delayed because he was assigned additional duties as the campus risk manager. He agreed that periodic inspections were important and stated that they had occurred informally during the months in question. He also indicated that due to the EH&S staff being recently hired, and due to their unfamiliarity of the campus or buildings, the EH&S officer and risk manager preferred to accompany the inspection team on each audit initially.

Failure to conduct IIPP inspections increases the risk of noncompliance with campus IIPP policies and state regulations.

Recommendation 2

We recommend that the campus:

- a. review the frequency of the inspections in light of the current workload facing the EH&S department; and
- b. train an individual as an IIPP inspection backup.

Campus Response

To ensure that scheduled IIPP inspections continue to be performed on an ongoing basis, in accordance with campus policy and state regulations, the EHS staff has been fully trained so that any one of three staff members can perform IIPP inspections. The University is in the process of reviewing and updating its IIPP program to address contingencies.

HAZARDOUS MATERIAL INVENTORY

The chemistry and custodial departments did not maintain a complete hazardous materials inventory listing.

We found that:

- ▶ compressed gas cylinders had not been counted during the chemistry building's annual inventory; and
- ▶ hazardous materials located in the building used to store cleaning supplies had not been counted during the custodial department's annual inventory.

The Los Angeles City Fire Department requires that each hazardous material, above certain thresholds, be disclosed in the Business Plan on a Chemical Disclosure Form.

CCR Title 8 §5194(h)(1) requires that employers provide employees with the location and availability of the written hazardous communication program, including the list(s) of hazardous substances and material safety data sheets required by this section.

The campus' September 2000 Hazard Communication Program (in effect during the time of our audit) states that an annual inventory will be taken of all hazardous materials, by room.

The EH&S officer and risk manager commented that area management with responsibility for the submittal of inventory data must have misunderstood the requirements of inventory submittal, since the compressed gas cylinders were consistently omitted.

An incomplete inventory listing of hazardous materials limits the university's ability to comply with regulatory requirements.

Recommendation 3

We recommend that the campus develop procedures that ensure a full and complete inventory is completed annually.

Campus Response

The EHS Office maintains a master list of campus departments where hazardous materials are in use. The list has been updated to include the two departments identified in the audit report. Inventory reports are checked against the master list, and IIPP Building Inspection Reports issued to responsible department personnel include reminders and notices of deficiency as necessary.

The IIPP building inspection program is being utilized to ensure completeness of inventory reports. The master list is updated during IIPP building inspections for rooms found to be storing previously unreported hazardous materials. Room administrators are notified and required to submit an inventory. In addition, the EHS Office reviews and approves all hazardous material purchases, and monitors rooms requesting and receiving chemicals.

Correspondence was disseminated during the audit requiring that area inventories be evaluated for accuracy including compressed gas cylinders. Post audit bulletins were issued to reinforce these expectations.

MATERIAL SAFETY DATA SHEET ADMINISTRATIVE CONTROL

Material Safety Data Sheet(s) (MSDS) administrative controls were in need of strengthening.

Our review and evaluation of MSDS administrative controls disclosed that MSDS were not readily accessible to employees in the areas we visited. Of the 35 items selected, MSDS were not readily accessible for 18 hazardous materials. Moreover, we were unable to locate backup MSDS in the EH&S office.

CCR Title 8 §5194(g) states, in part, that employers shall have an MSDS for each hazardous substance they use. Further, the employer shall maintain copies of the required MSDS for each hazardous substance in the workplace, and shall ensure that they are readily accessible during each work shift to employees when they are in their work area(s).

The campus' January 1994 Hazard Communication Program (in effect during the scope of our audit testing) states that each work area shall have a collection of MSDS, readily available to employees, for all hazardous substances located in that work area.

The campus' September 2000 Hazard Communication Program (in effect at the time of our audit) states, in part, that the EH&S will maintain the central library for MSDS.

The EH&S officer and risk manager stated that MSDS were available on the campus and, when faced with an emergency, the campus would be able to respond within a reasonable amount of time.

MSDS for hazardous substances, which are not readily accessible to employees, could negatively impact the university's ability to appropriately and expeditiously respond to an emergency.

Recommendation 4

We recommend that the campus ensure that MSDS are readily accessible to employees, which may include instructing employees on how to obtain MSDS data online.

Campus Response

The University has updated its hard copy MSDS records in the individual areas identified during the audit to ensure missing items were replaced.

Instructions have been placed at Biology/Chemistry computers, and are currently being installed on Physical Plant computers directing personnel to chemical manufacturer's websites for access to material safety data sheets. The project will be completed this month.

In addition to the manual process of maintaining physical MSDS records, the campus has undertaken a project to create an online MSDS automatic access reminder and link. This will be available to all applicable employees, including areas that are on the master list of hazardous materials users. Target date for completion is August 2001.

To further support the University's efforts to inform all employees about health and safety issues, including MSDS requirements and availability, the EHS Office publishes a quarterly Environmental Health and Safety Advisor, which has campus wide distribution, and is made available in Human Resources. This is consistent with the University's IIPP program.

SHIPPING AND RECEIVING PROCEDURES

Shipping and receiving department procedures did not adequately address the special requirements of hazardous materials.

In our observation of the shipping and receiving area and discussion with management personnel, we learned that facilities were not provided to store HAZMAT overnight and hazardous materials were not temporarily segregated pending delivery to the requestor.

CCR Title 8 §5164(c) states that containers of hazardous substances shall not be stored in such locations or manner as to result in damage to the container. Containers shall not be stored where they are exposed to heat sufficient to rupture the containers or to cause leakage.

The EH&S officer and risk manager stated that relatively little hazardous material was received by shipping and receiving in any given period, and deliveries were made as quickly as possible. Furthermore, employees also relied on the Department of Transportation (DOT) labels annotated on the package or box to alert them of hazardous contents. Due to the infrequent receipt of hazardous materials, incompatible materials were not a significant concern.

Failure to segregate hazardous materials upon their arrival on campus increases the probability of an accident while handling hazardous materials.

Recommendation 5

We recommend that the campus:

- a. instruct shipping and receiving employees of the presence of DOT labels, and inform them that MSDS may not always be present on the outside of a package or box housing hazardous materials; and
- b. identify a segregated area within shipping and receiving for immediate delivery of hazardous materials.

Campus Response

Shipping and Receiving personnel have been instructed on the proper protocols for handling hazardous materials. Also, two cabinets, one for flammable and one for corrosive materials have been placed in the Shipping and Receiving area.

HAZARDOUS WASTE DETERMINATION, STORAGE, TRANSPORTATION, AND DISPOSAL

Controls over hazardous and biohazardous waste labeling needed improvement.

We noted that:

- ▶ in the biology and chemistry laboratories, there were waste containers with incomplete and inaccurate labels;
- ▶ the blank hazardous waste labels provided by EH&S were not consistently used by employees who deposited waste at the satellite accumulation areas; and
- ▶ a waste container was filled beyond capacity with unlabeled biohazardous bags of waste.

The campus Hazardous Waste Management Plan requires, in part, that each department ensure that hazardous waste containers are properly labeled. The campus Medical Waste Management Plan states that nonsharp medical waste shall be placed in biohazard bags, and that the bags shall be labeled with the name of the generating department, telephone number, and the date collection began.

Title 22 §66262.34(e) allows a generator to 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.

The EH&S officer and risk manager agreed that hazardous waste needed to be labeled. He informed us that the labels had been recently created and that employees had not yet realized that they must use them, despite repeated attempts to inform them.

Failure to properly label and store waste increases the likelihood of operational mishaps and job-related injuries.

Recommendation 6

We recommend that the campus reemphasize the importance of compliance with hazardous waste labeling policies and regulations. In addition, labeling compliance should be monitored during the IIPP inspections and EH&S walk-throughs.

Campus Response

Correspondences requiring the proper labeling of hazardous materials have been distributed. Also, compliance with hazardous material labeling has been incorporated into the IIPP inspection program.

HAZARDOUS MATERIALS COMMUNICATION, REPORTING AND TRAINING

HAZARDOUS MATERIAL TRAINING

Controls over employee hazardous materials orientation and refresher training were not adequate.

We noted that:

- ▶ the Supervisor's Orientation Checklist did not address all the regulatory requirements of Title 8 §5191 or Title 8 §5194;
- ▶ new employee orientation training was not supported by documentation. Only 3 of 15 personnel files selected were supported by orientation training documentation;
- ▶ employees from chemistry, biology, and facilities were not consistently attending annual refresher training. Of the 30 selections made, only 8 had attended refresher training within the last year; and
- ▶ no effort was made to offer and document orientation training to full-time or part-time faculty.

CCR Title 8 §5191(f) requires that the employer provide employees with certain information and training to ensure that they are apprised of the hazards of chemicals present in their work area. In part, the information and training should include the employer's Chemical Hygiene Plan.

CCR Title 8 §5194(h)(1) requires that employers provide employees with 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. Information and training may relate to general classes of hazardous substances to the extent appropriate and reasonably foreseeable exposures on the job. In part, the information and training should include the employer's Hazardous Communication Program.

The CSULA Supervisor Orientation Checklist requires the completed and signed checklist be sent to the human resources department and added to the employee's personnel file.

The campus Hazard Communication Program states that all new employees shall receive safety orientation training covering the elements of Hazard Communication and Employee Right-to-Know Program.

The human resources manager stated that the Orientation Checklist had been written to cover a multitude of new employee orientation issues. She was unaware of the HAZMAT regulatory orientation requirements and deferred to EH&S guidance regarding the adequacy of the portion of the checklist that dealt with HAZMAT issues. The human resources manager also stated that although they did not always receive checklists, the ones that were received were placed in the employee files. Moreover, to her knowledge, attempts were not made to offer orientation training to affected full-time or part-time faculty.

The EH&S officer and risk manager stated that training was now being offered in more ways than in previous periods to facilitate employee attendance. He went on to state that it was the responsibility of the employee to ensure that they attended training, but that management was responsible for ensuring the scheduling and overall compliance with employee training requirements.

Failure to ensure that all employees attend required training increases the risk of job-related injuries and inappropriate responses during an emergency.

Recommendation 7

We recommend that the campus:

- a. expand the topics covered on the Supervisor's Orientation Checklist to include those items required by Title 8 §5191 and Title 8 §5194;
- b. ensure that all completed and signed checklists are forwarded to human resources for inclusion in employment files;
- c. utilize a preprinted (control) attendance sheet for refresher training to document and verify that all applicable employees attend annual refresher training; and
- d. require full-time and part-time faculty to attend orientation training before their initial assignment.

Campus Response

The Supervisor's Orientation Checklist will be updated with the necessary requirements and Human Resources will monitor compliance. Also, an EH&S presentation will be incorporated into the faculty new hire orientation by August 2001.

EMERGENCY EYEWASH AND SAFETY SHOWER EQUIPMENT

Certain emergency eyewash and shower units were not installed and inspected in compliance with applicable regulations.

We noted that several eyewash and shower units:

- ▶ could not be used simultaneously as an eyewash and shower;
- ▶ had the activation handles/ropes tied or propped up in such a manner that restricted their use and/or access; and
- ▶ had not been tested since 1996.

CCR Title 8 §5162(c) states, in part, if both an eyewash and shower are needed, they shall be located so that one person can use both at the same time.

CCR Title 8 §5162(c) goes on to state that the area of the eyewash and shower equipment shall be maintained free of items, which obstruct their use.

CCR Title 8 §5162(e) requires plumbed eyewash and shower equipment to be activated at least monthly to flush the line and to verify proper operation.

The EH&S officer and risk manager stated that certain eyewash and shower units had recently been installed and that at that time, he had not been aware that the eyewash and shower had to be simultaneously accessible. He further stated that testing had not been conducted because the university recently assigned the responsibility for testing to the facilities services department, and they have not yet procured the required equipment to initiate that testing.

The university biological safety officer indicated that the handles/ropes had been propped up because they interfered with employee access to doorways. The challenges involved in retrofitting the building(s) with eyewash and shower units gave rise to circumstances where a perfect installation was not feasible.

Noncompliance with eyewash and shower equipment regulations increases the risk that emergency equipment will not function properly in the event of an accident.

Recommendation 8

We recommend that the campus:

- a. verify that eyewash and shower units are in compliance with the operational requirements of Title 8 §5162(c); and
- b. perform monthly inspections of eyewash and shower units in compliance with Title 8 §5162(e).

Campus Response

The University completed an assessment of requirements for bringing shower and eyewash equipment identified in the audit report into compliance with Title 8, 5162(c). An assurance process was implemented that includes allocation of funds, commitment of resources, and work assignments. Equipment testing and repairs began on April 23, 2001, and replacement work began May 2, 2001. This process will continue until all the equipment has been brought into compliance with Cal-OSHA regulations.

Monthly eyewash/shower equipment inspections are being performed and recorded by the Facilities Department.

APPENDIX A: PERSONNEL CONTACTED

<u>Name</u>	<u>Title</u>
James M. Rosser	President
Kevin Brady	EH&S Officer and Risk Manager, Environmental Health and Safety
Frank Ford	Environmental Coordinator, Environmental Health and Safety
Steven Garcia	Vice President, Administration and Finance
Silvia Gonzalez	Manager, Human Resource Management
Brian Kritzell	Director, Procurements and Contracts
Yuet K. Lee	University Internal Auditor
Todd McIntyre	Safety Coordinator, Environmental Health and Safety
Sal Membreño	University Biological Safety Officer, School of Natural and Social Sciences
Joseph Mitchell	Manager, Material Management
Anji Petruso	Project Coordinator, Procurement and Contracts
Dr. Stanley Pine	University Chemical Safety Officer, Chemistry and Biochemistry Departments
Peter Quan	Associate Vice President, Information Resources Management
Chris Rapp	Systems Integration Specialist, Network and Communications Services
Deborah Roberson-Simms	Director, Human Resources Management
Al Varos	Warehouse Supervisor, Shipping and Receiving
Glenn Venner	Director of Facilities Services
Son Vu	Radiation Safety Officer

CALIFORNIA STATE UNIVERSITY, LOS ANGELES

5151 STATE UNIVERSITY DRIVE, LOS ANGELES, CA 90032-8500

OFFICE OF THE PRESIDENT

(323) 343-3030 FAX: (323) 343-3039 <http://www.calstatela.edu>

May 10, 2001

Mr. Larry Mandel, University Auditor
Office of the University Auditor
Office of the Chancellor – The California State University
401 Golden Shore, 4th Floor
Long Beach, CA 90802-4210

Re: University's response to recommendations contained in Report 00-22,
Hazardous Materials Management

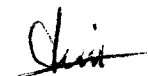

Dear Mr. Mandel:

Pursuant to our recent discussion with Mr. Nate Clark, the University has enlarged upon its response to recommendations 2, 3, 4, and 8 contained in Report Number 00-22, Hazardous Materials Management, of February 27, 2001. Enclosed is a complete copy of our response, which incorporates the additional information. Please note that our original response to recommendation 7 has been updated to eliminate an erroneous reference to June 2001; the correct date is August 2001 as stated.

As soon as acceptance is received, we will provide documentation to facilitate closure.

Please contact Ms. Linda Shaffer, Acting University Internal Auditor, at (323) 343-5102 if you wish to discuss any matter contained herein.

Sincerely,


James M. Rosser
President

Attachment

cc: Steven N. Garcia, Vice President for Administration and Finance (w/o attachments)
Deborah Roberson-Simms, Director for Human Resources Management (w/o attachments)
Kevin Brady, Environmental Health & Safety Officer/ Risk Manager
Linda Shaffer, Acting University Internal Auditor



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Recommendation 1

We recommend that the campus:

- a. require the biohazardous waste transporter to provide a certificate of insurance which includes the required additional insureds endorsement; and
- b. incorporate by reference, in the purchase order, all applicable terms and conditions.

Campus Response

The purchase order for the biohazardous waste transporter identified has been updated with the additional language requirements and a reference to the previously attached terms and conditions. The Procurement Director has reminded his staff of the above requirements.

Recommendation 2

We recommend that the campus:

- a. review the frequency of the inspections in light of the current workload facing the EH&S department; and
- b. train an individual as an IIPP inspection back-up.

Campus Response

To ensure that scheduled IIPP inspections continue to be performed on an ongoing basis, in accordance with campus policy and state regulations, the EHS staff has been fully trained so that any one of three staff members can perform IIPP inspections. The University is in the process of reviewing and updating its IIPP program to address contingencies.

Monthly inspections resumed in October 2000.

Recommendation 3

We recommend that the campus develop procedures that ensure a full and complete inventory is completed annually.

Campus Response

The EHS Office maintains a master list of campus departments where hazardous materials are in use. The list has been updated to include the two departments identified in the audit report. Inventory reports are checked against the master list, and IIPP Building Inspection Reports issued to responsible department personnel include reminders and notices of deficiency as necessary.

The IIPP building inspection program is being utilized to ensure completeness of inventory reports. The master list is updated during IIPP building inspections for rooms found to be storing previously unreported hazardous materials. Room administrators are notified and required to submit an inventory. In addition, the EHS Office reviews and approves all hazardous material purchases, and monitors rooms requesting and receiving chemicals.

Correspondence was disseminated during the audit requiring that area inventories be evaluated for accuracy including compressed gas cylinders. Post audit bulletins were issued to reinforce these expectations.

Recommendation 4

We recommend that the campus ensure that MSDS are readily accessible to employees, which may include instructing employees on how to obtain MSDS data online.

Campus Response

The University has updated its hard copy MSDS records in the individual areas identified during the audit to ensure missing items were replaced.

Instructions have been placed at Biology/Chemistry computers, and are currently being installed on Physical Plant computers directing personnel to chemical manufacturer's websites for access to material safety data sheets. The project will be completed this month.

In addition to the manual process of maintaining physical MSDS records, the campus has undertaken a project to create an online MSDS automatic access reminder and link. This will be available to all applicable employees, including areas that are on the master list of hazardous materials users. Target date for completion is August 2001.

To further support the University's efforts to inform all employees about health and safety issues, including MSDS requirements and availability, the EHS Office publishes a quarterly Environmental Health and Safety Advisor, which has campus wide distribution, and is made available in Human Resources. This is consistent with the University's IIPP program.

Recommendation 5

We recommend that the campus:

- a. instruct Shipping and Receiving employees of the presence of DOT labels, and inform them that MSDS may not always be present on the outside of a package or box housing hazardous material; and
- b. identify a segregated area within Shipping and Receiving for immediate delivery of hazardous materials.

Campus Response

Shipping and Receiving personnel have been instructed on the proper protocols for handling hazardous materials. Also, two cabinets, one for flammable and one for corrosive materials have been placed in the Shipping and Receiving area.

Recommendation 6

We recommend that the campus re-emphasize the importance of compliance with hazardous waste labeling policies and regulations. In addition, labeling compliance should be monitored during the IIPP inspections and EH&S walk-throughs.

Campus Response

Correspondences requiring the proper labeling of hazardous materials have been distributed. Also, compliance with hazardous material labeling has been incorporated into the IIPP inspection program.

Recommendation 7

We recommend that the campus:

- a. expand the topics covered on the Supervisor's Orientation Checklist to include those items required by Title 8, 5191 and Title 8, 5194;
- b. ensure that all completed and signed checklists are forwarded to Human Resources for inclusion in employment files;
- c. utilize a preprinted (control) attendance sheet for refresher training to document and verify that all applicable employees attend annual refresher training; and
- d. require full-time and part-time faculty to attend orientation training before their initial assignment.

Campus Response

The Supervisor's Orientation Checklist will be updated with the necessary requirements and Human Resources will monitor compliance. Also, an EH&S presentation will be incorporated into the faculty new hire orientation by August 2001.

Recommendation 8

We commend that the campus:

- a. verify that eyewash and shower units are in compliance with the operational requirements of Title 8, 5162(c); and
- b. perform monthly inspections of eyewash and shower units in compliance with Title 8, 5162(e).

Campus Response

The University completed an assessment of requirements for bringing shower and eyewash equipment identified in the audit report into compliance with Title 8, 5162(c). An assurance process was implemented that includes allocation of funds, commitment of resources, and work assignments. Equipment testing and repairs began on April 23, 2001 and replacement work began May 2, 2001. This process will continue until all the equipment has been brought into compliance with Cal-OSHA regulations.

Monthly eyewash/shower equipment inspections are being performed and recorded by the Facilities Department.

THE CALIFORNIA STATE UNIVERSITY

OFFICE OF THE CHANCELLOR

BAKERSFIELD

CHANNEL ISLANDS

May 29, 2001

CHICO

MEMORANDUM

DOMINGUEZ HILLS

FRESNO

TO: Larry Mandel
University Auditor

FULLERTON

HAYWARD

FROM: Charles B. Reed
Chancellor

HUMBOLDT

SUBJECT: Draft Final Report Number 00-22 on *Hazardous Materials Management*,
California State University, Los Angeles

LONG BEACH

LOS ANGELES

MARITIME ACADEMY

In response to your memorandum of May 29, 2001, I accept the response
as submitted with the draft final report on *Hazardous Materials*
Management, California State University, Los Angeles.

MONTEREY BAY

NORTHRIDGE

POMONA

LM:amd

SACRAMENTO

Enclosure

SAN BERNARDINO

cc: Dr. James M. Rosser, President

SAN DIEGO

SAN FRANCISCO

SAN JOSE

SAN LUIS OBISPO

SAN MARCOS

SONOMA

STANISLAUS