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November 7, 2019

Dr. Leroy M. Morishita, President
California State University, East Bay
25800 Carlos Bee Boulevard
Hayward, CA 94542

Dear Dr. Morishita:

Subject: Audit Report 19-36, *Health and Safety*, California State University, East Bay

We have completed an audit of *Health and Safety* as part of our 2019 Audit Plan, and the final report is attached for your reference. The audit was conducted in accordance with the Institute of Internal Auditors' *International Standards for the Professional Practice of Internal Auditing*.

I have reviewed the management response and have concluded that it appropriately addresses our recommendations. The management response has been incorporated into the final audit report, which has been posted to Audit and Advisory Services' website. We will follow-up on the implementation of corrective actions outlined in the response and determine whether additional action is required.

Any observations not included in this report were discussed with your staff at the informal exit conference and may be subject to follow-up.

I wish to express my appreciation for the cooperation extended by the campus personnel over the course of this review.

Sincerely,



Larry Mandel
Vice Chancellor and Chief Audit Officer

c: Timothy P. White, Chancellor

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The California State University
Audit and Advisory Services

HEALTH AND SAFETY

**California State University,
East Bay**

Audit Report 19-36
October 3, 2019

EXECUTIVE SUMMARY

OBJECTIVE

The objectives of the audit were to ascertain the effectiveness of operational and administrative controls related to health and safety (HS) and to ensure compliance with relevant federal and state regulations; Trustee policy; Office of the Chancellor (CO) directives; and campus procedures.

CONCLUSION

Based upon the results of the work performed within the scope of the audit, the operational and administrative controls for HS as of August 22, 2019, were unlikely to provide reasonable assurance that risks were being managed and objectives were met.

Overall, we found that campus departments had been given the responsibility for developing and maintaining certain HS programs, but the campus did not have an effective monitoring process to ensure that responsibilities related to these programs were performed. As a result, the campus did not have an effective HS training program to ensure that all employees and students who handled hazardous materials (HAZMAT) and hazardous waste (HAZWASTE) completed required training and safety inspections, and hazard assessments were not completed as required. We also found that the campus was not effectively administering various safety committees, and access to HAZMAT was not always adequately limited. In addition, the campus did not always follow campus and regulatory policies and procedures, including annual review of the campus Chemical Hygiene Plan (CHP); proper labeling, storing, and disposal of HAZMAT and HAZWASTE; and implementation of the campus-specific laser safety program. Further, the campus had not formally documented or implemented policies and procedures for purchasing HAZMAT, and purchases of HAZMAT using campus procurement cards (P-cards) did not always meet campus requirements.

Specific observations, recommendations, and management responses are detailed in the remainder of this report.

OBSERVATIONS, RECOMMENDATIONS, AND RESPONSES

1. EMPLOYEE HEALTH AND SAFETY TRAINING

OBSERVATION

The campus did not have an effective employee training program to ensure that all employees who handled HAZMAT and HAZWASTE completed HS training.

We noted that the campus Injury and Illness Prevention Program (IIPP) created a decentralized organizational structure and gave campus departments responsibility for the development and maintenance of the employee HS training program. However, we found that the departments did not always develop and maintain a training program that identified all employees who were required to take initial and refresher training, including specialized training, and that documented and maintained training records to ensure that all employees received the required HS training applicable to their jobs.

Additionally, we found that there was no monitoring of compliance with required training, including tracking and notifying employees and/or their supervisors when training was incomplete or overdue.

We reviewed training records for 20 employees, including ten custodians, and we found that:

- Five employees did not complete IIPP training as required by the campus IIPP.
- Seven employees did not complete IIPP training within 30 days of employment. However, they did complete the training in the year that they were hired.
- Eight of the ten custodians did not complete all of their required initial training.

An effective HS training program increases awareness of HAZMAT and HAZWASTE and reduces potential injuries, accidents, and liabilities to the campus.

RECOMMENDATION

We recommend that the campus:

- a. Develop and maintain an effective employee training program that identifies all employees who are required to take initial and refresher HS training, including specialized training, and that documents and maintains training records.
- b. Establish a process to notify employees with overdue or incomplete training, escalate overdue or incomplete training to the employee's supervisor, and report completion rates to appropriate management.

MANAGEMENT RESPONSE

We concur.

- a. EHS will develop and maintain an effective employee training program that identifies all employees who are required to take initial and refresher HS training, including specialized training, and that documents and maintains training records by February 14, 2020.
- b. Risk management will establish a process to notify employees with overdue or incomplete training, escalate overdue or incomplete training to the employee's supervisor, and report completion rates to appropriate management by March 31, 2020.

2. STUDENT HEALTH AND SAFETY TRAINING

OBSERVATION

Campus departments did not always maintain proper records showing student completion of HS training.

We reviewed training records for seven courses in which students worked with HAZMAT and found that records for one course with 36 enrolled students had not been maintained.

Effective administration of the student HS training program helps to ensure that students are informed of potential hazards and necessary safety practices and that procedures will be used to reduce potential injuries, accidents, and liabilities to the campus.

RECOMMENDATION

We recommend that the campus:

- a. Develop and implement a process to maintain proper records showing student completion of HS training for all required courses.
- b. Remind all appropriate college administrators, staff, and faculty of the importance of performing and documenting student HS training.

MANAGEMENT RESPONSE

We concur.

- a. EHS will develop and implement a process to maintain proper records showing student completion of HS training for all required courses by March 31, 2020.
- b. EHS will work with appropriate college administrators to remind all applicable faculty and staff the importance of performing and documenting student HS training by November 30, 2019.

3. INSPECTIONS AND HAZARD ASSESSMENTS

OBSERVATION

The campus did not clearly define and document roles and responsibilities for conducting periodic inspections and did not consistently perform and monitor inspections and hazard assessments.

We noted that the campus IIPP and CHP delegated responsibility for conducting periodic inspections to personnel in multiple campus departments and did not identify the frequency or schedule for these inspections.

We also noted that the campus Personal Protective Equipment Program stated that the environmental health and safety (EHS) department was responsible for working with campus departments to conduct hazard assessments to determine the personal protective equipment (PPE) necessary for employees.

We found that inspections and hazard assessments were not always performed by all departments from 2016 to 2018. The campus recently implemented the “inspect” and “assessment” modules within the Risk and Safety Solutions (RSS) software to systematically document inspections and hazard assessments in all College of Science laboratory areas. However, the implementation did not include non-laboratory campus workplaces. Additionally, the campus did not have a process to monitor these inspections and assessments.

Clearly defined, documented, and communicated roles and responsibilities help to ensure that duties are performed to maintain a healthy and safe environment for employees and students and improve compliance with regulatory requirements. Performing regular and systematic inspections helps to ensure compliance with the campus IIPP and CHP; increases the likelihood of identifying unsafe conditions; and reduces potential accidents, injuries, and liabilities to the campus. A written hazard assessment of campus workplaces helps to ensure that hazards and corresponding PPE are identified and communicated to faculty and staff.

RECOMMENDATION

We recommend that the campus:

- a. Clearly define, document, and communicate roles and responsibilities regarding periodic inspections.
- b. Define a schedule or frequency of periodic inspections and communicate this information to appropriate campus personnel.
- c. Continue implementing the “inspect” and “assessment” modules within the RSS software at all locations.
- d. Establish and document inspection and hazard assessment processes for non-laboratory areas.

- e. Develop and implement a process to monitor inspections and hazard assessments that includes escalation of noncompliance to appropriate campus management as necessary.

MANAGEMENT RESPONSE

We concur.

- a. EHS will clearly define, document and communicate roles and responsibilities regarding periodic inspections by January 31, 2020.
- b. EHS will define a schedule or frequency of periodic inspections and communicate this information to appropriate campus personnel by February 14, 2020.
- c. EHS will continue to implement the “inspect” and “assessment” modules within RSS for all appropriate locations by January 31, 2020.
- d. EHS will establish and document the inspection and hazard assessment process for appropriate non-laboratory areas by February 28, 2020.
- e. EHS will develop and implement a process to monitor inspections and hazard assessments that includes escalation of noncompliance to appropriate campus management as necessary by February 28, 2020.

4. SAFETY COMMITTEES

OBSERVATION

The campus did not have a Unit 6 Joint Safety Committee as required by the Unit 6 Collective Bargaining Agreement, Article 28.10, and the Science Safety committees did not always meet as required.

We found that:

- The campus had a campuswide safety committee that was also a Unit 6 Joint Safety Committee, but it did not meet the requirements of the Unit 6 Joint Safety Committee.
- The Science Safety Committee did not meet from 2016 to 2018, and only recently reconvened.

Safety committees help to facilitate communication of HS issues and requirements across campus units and recommend safety regulations, guidelines, training programs, and necessary corrective actions related to maintaining safe working conditions.

RECOMMENDATION

We recommend that the campus:

- a. Obtain appropriate approval to formally use the campuswide safety committee in place of the Joint Safety Committee that meets the requirements outlined in the collective bargaining agreement.
- b. Communicate to Science Safety Committee members the importance of the Science Safety Committee and continual attendance at the meetings.

MANAGEMENT RESPONSE

We concur.

- a. The Joint Safety Committee will be established in accordance to the collective bargaining agreement requirements by March 31, 2020.
- b. The College of Science will remind Science Safety Committee members the importance of the Science Safety Committee and continual attendance at the meetings by March 31, 2020.

5. CHEMICAL HYGIENE PLAN

OBSERVATION

The campus CHP was not evaluated annually for effectiveness and updated as needed.

Specifically, we found that the CHP was not evaluated and updated from 2010 to 2016 or in 2018, as required by California Code of Regulations (CCR) Title 8 §5191, *Occupational Exposure to Hazardous Chemicals in Laboratories*.

Performing an annual review of the CHP improves compliance with regulatory requirements and helps the campus maintain an effective CHP, which helps to ensure a healthy and safe environment.

RECOMMENDATION

We recommend that the campus document the annual review of the CHP and update the plan as necessary.

MANAGEMENT RESPONSE

We concur. EHS and the College of Science will develop a process to ensure that the CHP is completed annually and updated as necessary by March 31, 2020.

6. HAZARDOUS MATERIALS

OBSERVATION

Campus departments did not always properly label and store HAZMAT in accordance with regulatory and campus requirements.

We reviewed 11 locations with HAZMAT, and we found that:

- At eight locations, HAZMAT container labels did not include a written or graphic hazard warning.
- At eight locations, certain containers did not include the date of receipt.
- At seven locations, HAZMAT container labels did not include the name of the substances or chemicals.
- At seven locations, secondary container labels did not include the date the container was prepared and/or the name of the owner.
- At four locations, liquid chemical containers were not placed in a secondary container.
- At four locations, refrigerators and/or freezers were not properly labeled.
- At two locations, liquid chemical containers were stored above eye level.
- At one location, a label was not clearly legible because it was faded.
- At one location, the area was disorganized due to excessive clutter.

Proper labeling and storage of HAZMAT communicates potential danger and helps to ensure the safety of employees and students who encounter HAZMAT.

RECOMMENDATION

We recommend that the campus provide training and guidance regarding proper labeling and storage of HAZMAT in accordance with regulatory and campus requirements to all personnel involved in handling HAZMAT.

MANAGEMENT RESPONSE

We concur. The campus will provide training and guidance regarding proper labeling and storage of HAZMAT in accordance with regulatory and campus requirements to all personnel involved in handling HAZMAT by March 31, 2020.

7. HAZARDOUS AND UNIVERSAL WASTE

OBSERVATION

Campus departments did not always properly label and dispose of HAZWASTE and universal waste.

We reviewed 15 locations with HAZWASTE and/or universal waste, and we found that:

- At two locations, HAZWASTE containers were open.
- At one location, HAZWASTE containers did not always identify the hazardous properties and accumulation start dates.
- At one location, HAZWASTE had accumulated past the appropriate time period.
- At two locations, universal waste had accumulated past the appropriate time period.

Proper labeling, storing, and timely disposal of HAZWASTE and universal waste reduces the risk of accidents and injuries from mismanagement and reduces the potential liability to the campus.

RECOMMENDATION

We recommend that the campus provide training and guidance regarding proper labeling, storage, and timely disposal in accordance with regulatory and campus requirements to all personnel involved in handling HAZWASTE and universal waste.

MANAGEMENT RESPONSE

We concur. The campus will provide training and guidance regarding proper labeling, storage, and timely disposal in accordance with regulatory and campus requirements to all personnel involved in handling HAZWASTE and universal waste by March 31, 2020.

8. HVAC INSPECTIONS

OBSERVATION

The facilities department did not always properly and consistently document and monitor heating, ventilation, and air conditioning (HVAC) unit maintenance and inspections.

We reviewed maintenance and inspection records for five HVAC units in science buildings and found that the facilities department did not always properly and consistently document maintenance and inspections in the campus facilities workflow system. As a result, we could not determine whether all HVAC units had been regularly maintained and inspected.

Additionally, the completion of HVAC unit maintenance and inspections was not monitored.

Routine maintenance and inspection of HVAC units helps to ensure that equipment is in good working condition.

RECOMMENDATION

We recommend that the campus:

- a. Evaluate the current process for regular maintenance and inspections and revise the process, as necessary, to ensure that maintenance and inspections of HVAC units are documented in the facilities workflow system.
- b. Develop and implement a process to monitor the completion of regular maintenance and inspections of HVAC units.

MANAGEMENT RESPONSE

We concur.

- a. Facilities management will evaluate the current process for regular maintenance and inspections and revise the process, as necessary, to ensure HVAC maintenance and inspections are documented in the facilities workflow system by March 31, 2020.
- b. EHS will work with facilities management to develop and implement a process to monitor the completion of regular HVAC maintenance and inspections by March 31, 2020.

9. SAFETY EQUIPMENT MAINTENANCE AND INSPECTIONS

OBSERVATION

The campus did not always conduct and monitor maintenance and inspections of the working condition of safety equipment.

We reviewed 13 locations with HAZMAT, and we found that:

- At 12 locations, monthly fire extinguisher inspections were not always performed.
- At one location, access to the fire extinguisher was obstructed.
- At one location, an eyewash and shower station was not present in the room or nearby.

We also found that there was no process in place to inspect fire extinguishers located inside campus commercial vehicles and that the completion of monthly fire extinguisher inspections was not monitored.

Regular inspections of safety equipment helps to ensure that the equipment is available and in working condition and helps to ensure a healthy and safe environment for students and employees.

RECOMMENDATION

We recommend that the campus:

- a. Evaluate and revise the current process for regular maintenance and inspections as necessary to ensure that all safety equipment is subject to routine and comprehensive inspections.
- b. Move the obstruction away from the safety equipment noted above to ensure adequate access to the equipment.
- c. Install an eyewash and shower station at the area noted above, or move covered activities to a space with adequate access to the equipment.
- d. Develop and implement a process to inspect fire extinguishers located inside campus commercial vehicles.
- e. Develop and implement a process to monitor the completion of regular maintenance and inspections of safety equipment.
- f. Remind employees of the regulatory and campus requirements regarding safety equipment maintenance and inspections, and provide training as needed.

MANAGEMENT RESPONSE

We concur.

- a. EHS will evaluate and revise the current processes for regular maintenance and inspections, as necessary, to ensure all safety equipment is subject to routine and comprehensive inspections by February 28, 2020.
- b. The obstruction was moved away from the safety equipment noted above on July 23, 2019, to ensure adequate access to the equipment.
- c. The campus will install an eyewash and shower station at North Science 252 or move covered activities to a space with adequate access to the equipment by March 31, 2020.
- d. EHS will develop and implement a process to inspect fire extinguishers located inside campus commercial vehicles by January 31, 2020.
- e. EHS will develop and implement a process to monitor the completion of regular maintenance and inspections of safety equipment by February 28, 2020.
- f. EHS will remind employees of the regulatory and campus requirements regarding safety equipment maintenance and inspections and provide training as needed by March 31, 2020.

10. HAZARDOUS MATERIALS PROCUREMENT

OBSERVATION

The campus had not formally documented or implemented policies and procedures for purchasing HAZMAT, and some HAZMAT purchases were made using P-cards without proper approval.

We found that the campus did not have defined policies and procedures detailing the appropriate process for purchasing HAZMAT.

Additionally, in discussion with the procurement director and several instructional support technicians and principal investigators, we found that campus personnel was able to purchase HAZMAT using P-cards, which was prohibited by the campus *P-Card Policy*, unless the purchase was pre-approved by the procurement director. We reviewed 12 P-card purchases of HAZMAT and noted that none had been pre-approved by the procurement director.

Written procurement policies and procedures and proper approval help to ensure consistent practices for the purchasing of HAZMAT and reduce the potential liability to the campus.

RECOMMENDATION

We recommend that the campus:

- a. Document and implement policies and procedures to ensure proper HAZMAT purchasing.
- b. Communicate and distribute the new policies and procedures to appropriate campus employees.
- c. Provide P-card training to cardholders, transaction approvers, and appropriate campus personnel of the campus requirements regarding the procurement of HAZMAT when using P-cards.

MANAGEMENT RESPONSE

We concur.

- a. EHS and the College of Science will document and implement policies and procedures to ensure proper HAZMAT purchasing by January 31, 2020.
- b. EHS will communicate and distribute the new policies and procedures to appropriate campus employees by February 14, 2020.
- c. The campus will provide P-card training to cardholders, transaction approvers, and appropriate campus personnel of the campus requirements regarding the procurement of HAZMAT when using P-cards by March 31, 2020.

11. ACCESS TO HAZMAT

OBSERVATION

Access to HAZMAT was not always adequately limited.

We found that storage rooms, stockrooms, research labs, and instructional labs did not have adequate safeguards to prevent unauthorized access to the rooms, as multiple facilities and administrative personnel had master keys to these rooms.

Appropriate safeguards reduce the risk of inappropriate and/or unauthorized access to campus facilities and misuse of HAZMAT.

RECOMMENDATION

We recommend that the campus review locations in which access is permitted to campus buildings and facilities where HAZMAT is present, assess and document the risks associated with the access for each building and facility, and limit the master keys provided to facilities and administrative personnel as necessary to obtain acceptable levels of risk.

MANAGEMENT RESPONSE

We concur. The campus will review locations in which access is permitted to campus buildings and facilities where HAZMAT is present, assess and document the risks associated with the access for each building and facility, and limit the master keys provided to facilities and administrative personnel as necessary to obtain acceptable levels of risk by March 31, 2020.

12. LASER SAFETY PROGRAM

OBSERVATION

The campus-specific laser safety program had not been fully implemented.

We found that the campus did not have a documented laser safety program prior to May 2019. The campus was using the laser safety program from other universities while it was working on developing a campus-specific program.

A written and comprehensive laser safety program reduces the risk of injuries associated with the use of lasers.

RECOMMENDATION

We recommend that the campus implement a campus-specific written laser safety program and communicate the program to the applicable employees.

MANAGEMENT RESPONSE

We concur. The campus will implement a campus-specific written laser safety program and communicate the program to the applicable employees by March 31, 2020.

13. HEALTH FACILITY OPERATION PROGRAM

OBSERVATION

The campus did not have a written plan addressing HS risks associated with health facility operations that included the elements required in Executive Order (EO) 943, Section IX, *Health Facility Safety and Cleanliness*.

Specifically, we found that the campus did not have a written plan that addressed:

- Appropriate consultation with custodial staff to address health facility sanitation and safety issues and provide for the assignment of identified and trained custodial personnel to ensure appropriate cleanliness of the health facility.
- The unique conditions that determined the frequency and adequacy of cleaning of specific health facility areas.
- Orientation, continuing education, and training of custodians regarding the transmission and prevention of infectious diseases.

A complete and comprehensive plan for health facility operations helps to ensure that employees are knowledgeable and adequately trained regarding the HS risks associated with operating a health facility in order to provide a safer environment for employees and patients.

RECOMMENDATION

We recommend that the campus develop and implement a written plan for health facility safety and cleanliness that includes the elements noted above, and communicate the plan to the appropriate personnel.

MANAGEMENT RESPONSE

We concur. The campus developed a written plan in May 2019 for health facility safety and cleanliness that included the elements noted. As part of the implementation, a communication went out to appropriate personnel regarding the new plan on October 22, 2019.

GENERAL INFORMATION

BACKGROUND

California state regulations require all employers, including the California State University (CSU), to provide a safe and healthy work environment. Each campus has a designated EHS program administrator that is responsible for developing and maintaining a campus HS program.

All 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 may use materials that are known to have properties that are harmful to humans and the environment. Nearly all of the areas that use HAZMAT generate HAZWASTE that is subject to strict regulations for safe and proper storage, transport, and disposal.

California regulations relating to HS are primarily codified in the California *Health and Safety Code* (HSC) and in Titles 8 and 22 of the CCR. California's Division of Occupational Safety and Health (Cal/OSHA) is primarily responsible for the enforcement of the state's occupational HS laws and regulations. Title 8 of the CCR addresses HAZMAT safety, including, but not limited to, training, communication, storage, and safety. Specific to laboratory environments, the *Occupational Exposure to Hazardous Chemicals in Laboratories* standard (8 CCR 5191) requires that the employer designate a chemical hygiene officer and have a written chemical hygiene plan that includes, among other things, provisions for worker training, criteria for the use of PPE and engineering controls, and standard operating procedures for handling HAZMAT. Title 22 of the CCR addresses HAZWASTE management.

The primary CSU HS policy is EO 1039, *Occupational Health and Safety*. This policy requires campuses to develop, implement, and maintain a HS program and also addresses student HS training. EO 1069, *Risk Management and Public Safety*, delegates systemwide administration oversight and programmatic responsibility for environmental HS to Systemwide Risk Management.

At California State University, East Bay (CSUEB), the responsibility for establishing and maintaining effective policies regarding EHS resides with the campus president. Oversight and responsibility of EHS is delegated to the EHS director within the department of risk management. The EHS director reports to the associate vice president of risk management and internal control, who then reports to the vice president of administration and finance and chief financial officer. The office of EHS is committed to creating safe and healthy working environments by partnering with the campus community to provide technical support, information and training, and consultation regarding environmental, health and safety practices and regulatory information.

In 2017, due to HS concerns at two CSU campuses, the Joint Legislative Audit Committee directed the California State Auditor (CSA) to review HS compliance at four campuses (Channel Islands, Sacramento, San Diego, and Sonoma), as well as oversight by the CO. The review noted several issues, including observations relating to the annual evaluation of chemical plans; monitoring and documenting of student and employee HS training; and consistent and timely inspections of safety equipment. Based on the nature and trends of the observations

noted in the CSA review, Audit and Advisory Services informed the Board of Trustees that it would perform reviews at all CSU campuses in 2019.

SCOPE

We visited the CSUEB campus from July 8, 2019, through August 22, 2019. Our audit and evaluation included the audit tests we considered necessary in determining whether operational and administrative controls are in place and operative. The audit focused on procedures in effect from January 1, 2016, to August 22, 2019.

Specifically, we reviewed and tested:

- Oversight and administration of the campus HS program, including clearly defined roles and responsibilities; appropriate safety and chemical committees; departmental self-audits and monitoring practices; and current policies and procedures.
- The adequacy and availability of safety equipment, including evaluation of the CHP; provision of personal protective equipment; and regular inspections and monitoring of key safeguards and engineering controls.
- Proper storage and safety of HAZMAT, including procurement; maintenance of accurate inventories; appropriate labeling and storage practices; and access controls.
- Communications and training processes, including evaluation of the hazard communication plan; availability of material safety data sheets; asbestos notifications and signage; and documentation and monitoring of student and employee training.
- Whether appropriate safety programs were in place, when applicable, for radiation sources; laser safety; bloodborne pathogens; respiratory protection; and spill containment.
- Appropriate identification, storage, and monitoring of accumulated HAZWASTE.

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.

Our testing and methodology, which was designed to provide a review of key operational and administrative controls, included interviews, walkthroughs, and detailed testing on certain aspects of the HS program. The review was limited to gaining reasonable assurance that essential elements of the HS program were in place and did not examine all aspects of the program.

CRITERIA

Our audit was based upon standards as set forth in federal and state regulations and guidance; Trustee policy; Office of the Chancellor directives; and campus procedures; as well as sound administrative practices and consideration of the potential impact of significant risks. This audit was conducted in conformance with the Institute of Internal Auditors' *International Standards for the Professional Practice of Internal Auditing*.

This review emphasized, but was not limited to, compliance with:

- 10 Code of Federal Regulations (CFR) Part 20, *Standards for Protection Against Radiation*
- 29 CFR Part 1910, *Occupational Safety and Health Standards*
- California HSC Division 20, *Miscellaneous Health and Safety Provisions*
- CCR Title 8, *Industrial Relations*
- CCR Title 17, *Public Health*
- CCR Title 19, *Public Safety*
- CCR Title 22, Division 4.5, *Environmental Health Standards for the Management of Hazardous Waste*
- EO 1031, *Systemwide Records/Information Retention and Disposition Schedules Implementation*
- EO 1039, *California State University - Occupational Health & Safety Policy*
- EO 1069, *Risk Management and Public Safety*
- Collective Bargaining Agreement, Unit 6, Article 28, *Health and Safety*
- CSUEB *Bloodborne Pathogen Exposure Control Plan*
- CSUEB *Chemical Hygiene Plan*
- CSUEB *Employee Medical Monitoring Program*
- CSUEB *Hazard Communication Program*
- CSUEB *Injury and Illness Prevention Program*
- CSUEB *Laser Safety Program*
- CSUEB *P-Card Policy*
- CSUEB *Personal Protective Equipment Program*
- CSUEB *Radiation Safety Program*
- CSUEB *Respiratory Protection Program*
- CSUEB *Universal Waste Program*

AUDIT TEAM

Audit Manager: Caroline Lee
Senior Auditor: Laura Vazquez