



The California State University

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January 9, 2020

Dr. Thomas A. Parham, President
California State University, Dominguez Hills
1000 E. Victoria Street
Carson, CA 90747

Dear Dr. Parham:

Subject: Audit Report 19-37, *Health and Safety*, California State University, Dominguez Hills

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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HEALTH AND SAFETY

**California State University,
Dominguez Hills**

Audit Report 19-37
November 12, 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 September 13, 2019, were unlikely to provide reasonable assurance that risks were being managed and objectives were met.

Overall, the campus was in the process of making improvements to certain HS areas, with guidance and consultation provided by the risk management and environmental health and safety department (RM/EHS). However, we found that there were repeat observations from the prior hazardous materials management audit in the areas of employee HS training and inspections of laboratories and workspaces. Specifically, the campus did not have HS policies and procedures for non-laboratory locations and purchasing and receiving hazardous materials (HAZMAT). In addition, the campus did not have an effective employee training program to ensure that all employees who handled HAZMAT and hazardous waste (HAZWASTE) completed HS training, and it did not document its annual laboratory and workspace inspections. Also, the campus did not always follow campus and regulatory policies and procedures, including proper labeling and storing of HAZMAT and HAZWASTE, safety equipment maintenance and inspections, and laboratory-specific standard operating procedures (SOP). Further, the campus did not have a method to centrally track and compile a comprehensive campuswide listing of HAZMAT, did not post proper signage at all locations that may contain asbestos containing materials (ACM), and did not maintain an accurate listing of locations with possible ACM.

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

OBSERVATIONS, RECOMMENDATIONS, AND RESPONSES

1. HEALTH AND SAFETY POLICIES AND PROCEDURES

OBSERVATION

The campus did not have HS policies and procedures for non-laboratory locations.

We noted that the Chemical Hygiene Plan (CHP) covered only the locations with laboratories, which were defined as workplaces where relatively small quantities of HAZMAT were used on a non-production basis that met the following conditions:

- Multiple chemical procedures or chemicals are used.
- The procedures do not simulate production processes.
- Chemical manipulations are performed.
- The potential for laboratory worker exposure to hazardous chemicals is minimized by the use of protective laboratory practices and equipment.

As such, we found that the following non-laboratory locations did not have any HS policies and procedures requiring management of HAZMAT, HAZWASTE, and engineering and safeguard controls as detailed in the CHP:

- Campus facilities workshops such as the central plant, auto shop, and paint shop.
- Student housing facilities.
- The College of Arts and Humanities, including the arts and theatre department.

HS policies and procedures for all locations with HAZMAT and HAZWASTE improve compliance with regulatory requirements and promote a healthy and safe environment for employees and students.

RECOMMENDATION

We recommend that the campus:

- a. Develop and implement policies and procedures for all non-laboratory locations on campus with HAZMAT and HAZWASTE.
- b. Communicate and distribute these policies and procedures to appropriate campus administrators, staff, and faculty.

MANAGEMENT RESPONSE

We concur. The campus will:

- a. Develop and implement policies and procedures for all non-laboratory locations on campus with HAZMAT and HAZWASTE.
- b. Communicate and distribute these policies and procedures to appropriate campus administrators, staff, and faculty.

Completion date: February 2020

2. 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 found that the campus did not have a process to identify and assign training requirements for all campus employees or to monitor compliance with initial, refresher, and specialized HS training, and document and maintain training records.

Specifically, we found that employee training records were not maintained for FY 2016/17 and 2017/18.

Additionally, we reviewed the lab safety and supervisor safety training records for all campus employees from 2016 to 2019, and we found that:

- During 2018 and 2019, 46 percent of employees who worked in the College of Natural Sciences and Mathematics, including the chemistry and biology departments, did not receive lab safety training.
- During 2018 and 2019, 39 percent of supervisors did not receive supervisor safety training.

This is a repeat observation from the prior hazardous materials management audit.

An effective HS training program provides greater assurance of compliance with program provisions, increases safety awareness, and reduces potential injuries, accidents, and liabilities to the campus.

RECOMMENDATION

We recommend that the campus develop a written process that identifies training courses and all employees who are required to take initial, refresher, and specialized training; tracks and notifies employees with overdue or incomplete training; and documents and maintains training records.

MANAGEMENT RESPONSE

We concur. The campus will develop a written process that identifies training courses and all employees who are required to take initial, refresher, and specialized training; tracks and notifies employees with overdue or incomplete training; and documents and maintains training records.

Completion date: May 2020

3. FACILITIES EMPLOYEE SAFETY TRAINING**OBSERVATION**

The campus facilities employees did not always receive safety training.

We noted that mandatory weekly tailgate safety meetings were conducted in each facilities unit to provide facilities employees with job-related safety training, as well as information pertinent to the operations within each unit. However, we found that there was no make-up training provided when facilities employees did not attend these meetings and there was no monitoring method in place to ensure that all employees received the appropriate safety training.

Specifically, we selected three of the six facilities units and reviewed their weekly attendance records for tailgate safety meetings for four months between 2016 and 2019, and we found that evidence of individuals' attendance was not always provided for all units to verify that all facilities employees received required training.

Completion of HS training for facilities employees ensures compliance with program provisions, increases safety awareness, and reduces potential injuries, accidents, and liabilities to the campus.

RECOMMENDATION

We recommend that the campus evaluate the current process for providing safety training to facilities employees and revise it as necessary to ensure that all facilities employees complete required training. This process should include notification to employees with overdue or incomplete training; escalation of overdue or incomplete training to the employee's supervisor; and reports of completion rates to the appropriate management.

MANAGEMENT RESPONSE

We concur. The campus will evaluate the current process for providing safety training to facilities employees and revise it as necessary to ensure that all facilities employees complete required training. The process will include notification to employees with overdue or incomplete training; escalation of overdue or incomplete training to the employee's supervisor; and reports of completion rates to the appropriate management.

Completion date: May 2020

4. LABORATORY AND WORKSPACE INSPECTIONS

OBSERVATION

The campus did not always document its annual inspections or comply with campus and regulatory requirements.

We reviewed the annual RM/EHS inspection documents for 25 locations, and we found that documentation of inspections was not maintained from 2016 to 2018 for two departments that handled HAZMAT or HAZWASTE or for any science labs prior to 2018.

Additionally, we reviewed 21 locations with HAZMAT, and we found that:

- At 13 locations, exits were not marked with illuminated signage, as required by California Code of Regulations (CCR) Title 8, §3225, *Maintenance and Access to Exits*.
- At nine locations, there was no line of tape markings six inches behind the fumehood sash to indicate where chemicals and equipment within the fumehood should be placed during experiments, as required by the CHP.
- At eight locations, there were no posted emergency response guides or first aid kits, as required by the CHP.
- At seven locations, there was no signage posted inside or outside the location to indicate the use of personal protective equipment (PPE) for specific lab hazards, as required by 8 CCR §3382, *Eye and Face Protection*.
- At six locations, spill kits or absorbent materials, required by 22 CCR §66265.32, *Required Equipment*, were not available.
- At six locations, some labels did not clearly display hazard warnings, as required by 8 CCR §5194, *Hazard Communication*.
- At five locations, some HAZMAT labels were unclear or illegible; clear labeling is required by 8 CCR §5194, *Hazard Communication*.
- At four locations, large equipment inside the fumehoods was not on blocks to allow air to flow underneath it, as required by the CHP.
- At three locations, refrigerators and/or freezers did not have signage noting the content or intended use in the location, as required by 29 Code of Federal Regulations (CFR) Part 1910.141, *General Environmental Controls – Sanitation*, and the CHP.
- At three locations, microwaves did not have signage noting the intended use in the location, as required by 8 CCR 3368, *Consumption of Food and Beverages*, and the CHP.
- At three locations, some secondary containers were not labeled with the name, hazard warning, or with a user-defined label that included the content and information about the hazardous properties of the HAZMAT, as required by 8 CCR §5194, *Hazard Communication*.

- At two locations, there was chemical residue on some HAZMAT bottles, which is prohibited by 8 CCR §5194, *Storage of Hazardous Substances*.
- At two locations, containers of HAZMAT were not stored in a sensible manner, as required by 8 CCR §5194, *Storage of Hazardous Substances*. They were located on the ground inside or near the entrance of these locations.
- At one location, there was excessive clutter in the workspace, which is prohibited by the CHP.
- At one location, there was excessive corrosion on the inside and outside of the fumehood. Additionally, there was an experiment with HAZMAT being conducted in the fumehood; however, the fumehood sash was not completely closed, as required by the CHP.
- At one location, there was no signage stating that food and drink were prohibited in the location, as required by 29 CFR §1910.141, *Sanitation*, and 8 CCR §5193, *Bloodborne Pathogens*.
- At two locations, pressurized gas cylinders were not properly secured to prevent them from falling, as required by 8 CCR §4650, *Storage, Handling, and Use of Cylinders* and the CHP.
- At one location, pressurized gas cylinders did not have valve caps in place, as required by 8 CCR §4650, *Storage, Handling, and Use of Cylinders* and the CSUDH *Gas Cylinder Storage and Handling Policy*.
- At four locations, SOP were not readily available.

This is a repeat observation from the prior hazardous materials management audit.

Performing regular and systematic laboratory and workspace inspections help to ensure compliance with campus and regulatory requirements, increases the likelihood of identifying unsafe conditions, and reduces the potential for accidents, injuries, and liabilities to the campus. Additionally, proper signage and labeling of HAZMAT communicate potential danger, and proper storage of HAZMAT and equipment helps to ensure the safety of employees and students.

RECOMMENDATION

We recommend that the campus:

- a. Evaluate the current process for annual inspections of all locations with HAZMAT and HAZWASTE and revise the process as necessary to ensure that annual inspections are performed and documented at all locations.
- b. Provide continued training and guidance of regulatory and campus requirements to all personnel involved in handling HAZMAT, including, but not limited to, proper signage posting; proper labeling and storage of HAZMAT and equipment; and maintenance of first aid kits, spill kits, and SDS.

MANAGEMENT RESPONSE

We concur. The campus will:

- a. Evaluate the current process for annual inspections of all locations with HAZMAT and HAZWASTE and revise the process as necessary to ensure that annual inspections are performed and documented at all locations.
- b. Provide continued training and guidance of regulatory and campus requirements to all personnel involved in handling HAZMAT, including, but not limited to, proper signage posting; proper labeling and storage of HAZMAT and equipment; and maintenance of first aid kits, spill kits, and SDS.

Completion date: March 2020

5. HAZARDOUS MATERIALS INVENTORY**OBSERVATION**

The campus did not have a method to centrally track and compile a comprehensive campuswide listing of HAZMAT, and annual inventory listings were not always maintained or complete.

We reviewed 21 locations with HAZMAT, and we found that:

- At one location, an inventory listing of HAZMAT was not maintained.
- At one location, an inventory listing of HAZMAT was incomplete.

We also reviewed 77 chemicals in 14 locations with HAZMAT, and we found that:

- 21 chemicals in five locations were not included in the inventory listing.
- Four chemicals in two locations were included in the appropriate inventory listing; however, the listing did not include the exact locations or room numbers where the chemicals were stored.

A comprehensive inventory listing and annual inventory of HAZMAT ensure the safe handling of the materials, as well as the ability of emergency responders to identify and remediate specific hazards when responding to emergency situations.

RECOMMENDATION

We recommend that the campus:

- a. Develop a method to centrally track and compile a comprehensive campuswide listing of HAZMAT.

- b. Remind appropriate college administrators, staff, and faculty of the requirement to complete an annual inventory of HAZMAT, including maintaining a complete listing, and provide training as needed.

MANAGEMENT RESPONSE

We concur. The campus will:

- a. Develop a method to centrally track and compile a comprehensive campuswide listing of HAZMAT.
- b. Remind appropriate college administrators, staff, and faculty of the requirement to complete an annual inventory of HAZMAT, including maintaining a complete listing, and provide training as needed.

Completion date: February 2020

6. SAFETY EQUIPMENT MAINTENANCE AND INSPECTIONS

OBSERVATION

Emergency eyewash and safety shower stations and fire extinguishers did not always exist or were not always inspected monthly by the facilities department.

We reviewed 21 locations with HAZMAT, and we found that:

- Six locations did not have emergency eyewash and safety shower stations. Additionally, one location did not have a sink, as required by 29 CFR §1910.141, *Sanitation*.
- At three locations, there was no inspection tag noting the completion of monthly inspections for the emergency eyewash and safety shower stations; therefore, we could not determine whether monthly inspections were completed, as required by 8 CCR §5162, *Emergency Eyewash and Shower Equipment*.
- At two locations, access to the emergency eyewash and safety shower stations was obstructed, as prohibited by 8 CCR §5162, *Emergency Eyewash and Shower Equipment*, and the CHP.
- Two locations did not have emergency signage near the emergency eyewash and safety shower station, as required by 8 CCR §5162, *Emergency Eyewash and Shower Equipment*.
- Two locations did not have a fire extinguisher, as required by 8 CCR §6151, *Portable Fire Extinguishers*.
- At one location, monthly fire extinguisher inspections were not performed, as required by 19 CCR §574, *Inspection Procedures*.

Adequate and regular inspection of safety equipment helps to ensure that equipment is in good working condition and easily accessible and further ensures a healthy and safe environment for employees and students.

RECOMMENDATION

We recommend that the campus:

- a. Install emergency eyewash and safety shower stations and fire extinguishers at the locations noted above.
- b. Evaluate and revise the current process for regular inspections of safety equipment as necessary to ensure that all safety equipment is subject to routine and comprehensive inspections.
- c. Move the obstruction noted above away from the safety equipment noted to ensure adequate access to the equipment.
- d. Remind facilities personnel of the regulatory and campus requirements regarding safety equipment accessibility and inspections, and provide training as needed.

MANAGEMENT RESPONSE

We concur. The campus will:

- a. Install emergency eyewash and safety shower stations and fire extinguishers at the locations noted above.
- b. Evaluate and revise the current process for regular inspections of safety equipment as necessary to ensure that all safety equipment is subject to routine and comprehensive inspections.
- c. Move the obstruction noted above away from the safety equipment noted to ensure adequate access to the equipment.
- d. Remind the facilities personnel of the regulatory and campus requirements regarding safety equipment accessibility and inspections, and provide training as needed.

Completion date: February 2020

7. ASBESTOS CONTAINING MATERIALS

OBSERVATION

The campus did not post proper signage at all locations that may contain ACM and did not maintain an accurate listing of locations with possible ACM.

We reviewed 28 locations in seven buildings where possible ACM were present, and we found that:

- Fifteen locations had asbestos caution or warning signs but were not included in the listing of locations with possible ACM.
- Nine locations did not have asbestos caution or warning signs but were included in the listing of locations with possible ACM.
- One location did not have an asbestos caution or warning sign and was not included in the listing of locations with possible ACM.

Proper signage and a comprehensive listing of locations with possible ACM decrease the risk that employees will be exposed and reduces the risk of potential injuries, accidents, and liabilities to the campus.

RECOMMENDATION

We recommend that the campus post appropriate asbestos signage in areas with possible ACM and review and update the listing of possible ACM.

MANAGEMENT RESPONSE

We concur. The campus will post appropriate asbestos signage in areas with possible ACM and review and update the listing of possible ACM.

Completion date: March 2020

8. HAZARDOUS MATERIALS PROCUREMENT

OBSERVATION

The campus had not formally documented or implemented policies and procedures for purchasing and receiving HAZMAT, and HAZMAT was purchased using procurement cards (P-cards).

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

Additionally, in discussions with RM/EHS personnel, the purchasing director, faculty, principal investigators (PI), and lab technicians, we found that campus personnel was able to purchase HAZMAT using P-cards, which was prohibited by the campus *Procurement Card Policy*.

Specifically, we reviewed 15 P-card purchases and found that eight transactions were related to the purchase of HAZMAT. During the audit, the campus updated the P-card policy to remove the prohibition of HAZMAT purchases and instead restricted the purchase of HAZMAT on P-cards to specific pre-approved personnel.

Written procurement policies and procedures help to ensure consistent HAZMAT purchasing practices 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 and communicate and distribute the new policies and procedures to the appropriate campus employees.
- b. Provide P-card training to cardholders, transaction approvers, and appropriate campus personnel regarding the updated P-card policy addressing the purchase of HAZMAT using P-cards.

MANAGEMENT RESPONSE

We concur. The campus will document and implement policies and procedures to ensure proper HAZMAT purchasing and communicate and distribute the new policies and procedures to the appropriate campus employees.

Completion date: April 2020

9. HAZARDOUS AND UNIVERSAL WASTE

OBSERVATION

The campus did not always label HAZWASTE and universal waste containers in accordance with regulatory and campus requirements.

We reviewed nine locations with HAZWASTE and one location with universal waste, and we found that:

- At three locations, HAZWASTE containers did not have proper labeling that included the contents, accumulation start date, and hazard properties, as required by 22 CCR §66262.34, *Hazardous Waste – Accumulation Time*, and the CHP. Therefore, we could not determine whether HAZWASTE had been accumulating beyond the appropriate time period.
- At two locations, HAZWASTE container labels were illegible; clear labels are required by 22 CCR §66262.34, *Hazardous Waste – Accumulation Time*.
- At one location, the barrels of fluorescent light tubes were not labeled with the contents or accumulation start date, as required by 22 CCR 66273.34, *Universal Waste – Labeling/Marking*. Therefore, we could not determine whether universal waste had been accumulating beyond the appropriate time period.

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

RECOMMENDATION

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

MANAGEMENT RESPONSE

We concur. The campus will provide training and guidance regarding proper labeling in accordance with regulatory and campus requirements to all personnel involved in the handling of HAZWASTE and universal waste.

Completion date: April 2020

10. STANDARD OPERATING PROCEDURES

OBSERVATION

The campus did not always develop and implement laboratory-specific SOPs for certain hazardous chemicals and particularly hazardous chemicals (PHS).

We reviewed 12 labs with HAZMAT, and we found that eight chemistry labs did not have laboratory-specific SOPs.

The CHP states that PIs or laboratory supervisors are required to develop and implement laboratory-specific SOPs for certain hazardous chemicals and PHS that are used in their laboratories.

Laboratory-specific SOPs promote safe practices with HAZMAT and reduce the risk of accidents and injuries from mismanagement of HAZMAT and potential liability to the campus.

RECOMMENDATION

We recommend that the campus develop and implement laboratory-specific SOPs for all labs with certain hazardous chemicals and PHS.

MANAGEMENT RESPONSE

We concur. The campus will develop and implement laboratory-specific SOPs for all labs with certain hazardous chemicals and PHS.

Completion date: April 2020

11. RESPIRATORY PROTECTION PROGRAM

OBSERVATION

The campus did not identify all areas on campus that used respirators, and the campus respiratory protection program (RPP) did not include all of the elements required by 8 CCR §5144, *Respiratory Protection*.

We noted that the university police department (UPD) was the only area on campus that was approved to use respirators; however, we found that the art and design department was using respirators.

Additionally, we noted that RM/EHS was in the process of drafting a campuswide RPP that would replace the UPD RPP. However, neither the UPD RPP nor the draft version of the campuswide RPP stated that respirators, training, and medical evaluations should be provided at no cost to employees.

Identification of all locations that use respirators and a complete RPP improve compliance with regulatory requirements and help to protect employees from hazards of airborne contaminants by ensuring the proper use of protective devices.

RECOMMENDATION

We recommend that the campus:

- a. Evaluate the use of respirators in the art and design department and take the necessary steps to formally approve or prohibit the use.
- b. Finalize the campuswide RPP and communicate and distribute it to the appropriate campus administrators, staff, and faculty.

MANAGEMENT RESPONSE

We concur. The campus will:

- a. Evaluate the use of respirators in the art and design department and take the necessary steps to formally approve or prohibit the use.
- b. Finalize the campuswide RPP and communicate and distribute it to the appropriate campus administrators, staff, and faculty.

Completion date: April 2020

12. SAFETY COMMITTEES

OBSERVATION

The campus did not have a formally approved Unit 6 Joint Safety Committee, as required by the Unit 6 Collective Bargaining Agreement, Article 28.10. In addition, campus safety committees did not always meet, and members did not consistently attend meetings as required.

We reviewed two safety committee meeting agendas, minutes, and attendance records, and we found that:

- The campus created the Campuswide Health and Safety Committee (CWHSC), which was also a Unit 6 Joint Safety Committee, in 2018. However, it was not formally approved to be the Unit 6 Joint Safety Committee, and as the CWHSC was created in 2018, the Unit 6 Joint Safety Committee did not exist in 2016 and 2017. Also, the CWHSC did not always meet, and meeting minutes were not always documented and kept as required. Additionally, the required members did not consistently attend the meetings.
- The Chemical Hygiene Committee (CHC), which met monthly, was also established in 2018, so the campus did not have a CHC in 2016 or 2017. Also, the CHC did not always meet, and required members did not consistently attend the meetings.

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 approval to formally designate the CWHSC as the Unit 6 Joint Safety Committee.
- b. Communicate to committee members the importance of the committees and continual attendance at the meetings.
- c. Remind committee members to document and maintain minutes.

MANAGEMENT RESPONSE

We concur. The campus will:

- a. Obtain approval to formally designate the CWHSC as the Unit 6 Joint Safety Committee.
- b. Communicate to committee members the importance of the committees and continual attendance at the meetings.
- c. Remind committee members to document and maintain minutes.

Completion date: March 2020

13. DELEGATION OF AUTHORITY

OBSERVATION

The campus did not have a written delegation of authority or revised job description for the interim RM/EHS director describing the position's roles and responsibilities regarding HS programs.

Clearly defined and documented roles and responsibilities help to ensure proper oversight of HS programs.

RECOMMENDATION

We recommend that the campus establish a written delegation of authority or revised job description for the interim RM/EHS director that describes the position's roles and responsibilities regarding HS program.

MANAGEMENT RESPONSE

We concur. The campus will establish a written delegation of authority or revised job description for the interim RM/EHS director that describes the position's roles and responsibilities regarding the HS program.

Completion date: January 2020

14. HEALTH AND SAFETY PLAN/PROGRAM

OBSERVATION

The Health Facility Operations Plan (HFOP) and the Medical Monitoring Program (MMP) were not documented during the audit period.

We found that the HFOP was recently finalized, and the MMP had not been documented.

Current and complete HS plans or programs improve compliance with regulatory requirements and promote a healthy and safe environment for employees and students.

RECOMMENDATION

We recommend that the campus:

- a. Document the MMP.
- b. Implement, communicate, and distribute the HFOP and MMP to the appropriate campus administrators, staff, and faculty.

MANAGEMENT RESPONSE

We concur. The campus will:

- a. Document the MMP.
- b. Implement, communicate, and distribute the HFOP and MMP to the appropriate campus administrators, staff, and faculty.

Completion date: January 2020

15. ANNUAL REPORTING

OBSERVATION

The campus did not always provide an annual HS report to the CO.

We found that the campus submitted the annual HS report for FY 2015/16; however, it was not submitted in FY 2016/17 and FY 2017/18, as required by Executive Order (EO) 1039, *Occupational Health & Safety Policy*.

Annual HS reports provide the CO with the necessary information for providing systemwide oversight to campuses.

RECOMMENDATION

We recommend that the campus annually prepare and submit an HS report to the CO.

MANAGEMENT RESPONSE

We concur. The campus will annually prepare and submit an HS report to the CO.

Completion date: January 2020

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 environmental health and safety (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 CHP that includes, among other things, provisions for worker training, criteria for the use of personal protective equipment 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, Dominguez Hills (CSUDH), the responsibility for establishing and maintaining effective policies regarding EHS resides with the campus president. Oversight and responsibility for the EHS program is overseen by the director of RM/EHS, who reports to the interim vice president of administration and finance. The mission of RM/EHS is to collaborate with faculty, staff, students, administrators, service providers and community to provide a safe and healthy environment and promote, institute, and enhance a culture of safety throughout the campus. RM/EHS strives to reduce health and safety risks by focusing on prevention, identifying and assessing potential hazards, controlling and reducing vulnerabilities, and enacting changes in partnership with campus stakeholders. Services provided by RM/EHS include serving as the liaison with campus and regulatory agencies related to environmental compliance and occupational safety; identifying, evaluating, and mitigating workplace hazards; implementing procedures for injury and illness investigation; and providing education and training to campus employees. The program currently has an interim RM/EHS director, a part-time CHO, and a safety specialist.

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 CSUDH campus from August 5, 2019, through September 13, 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, through September 13, 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 PPE; 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 HAZCOM 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 laser safety; bloodborne pathogens; respiratory protection; and spill containment.
- Appropriate identification, storage, and monitoring of accumulated HAZWASTE and universal waste.

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 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*
- CSUDH *Injury and Illness Prevention Program*
- CSUDH *Chemical Hygiene Program*
- CSUDH *Gas Cylinder Storage and Handling Policy*
- CSUDH *Hazard Communication Plan*
- CSUDH *Procurement Card Policy*
- CSUDH *Restricted Purchases HAZMAT Policy*
- CSUDH *Respiratory Protection Program*
- CSUDH *Bloodborne Pathogens Exposure Control Plan*
- CSUDH *HAZMAT and HAZWASTE Transportation Procedures*

AUDIT TEAM

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