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February 4, 2020

Dr. Eduardo M. Ochoa, President  
California State University, Monterey Bay  
100 Campus Center, Administration Building  
Seaside, CA 93955

Dear Dr. Ochoa:

**Subject: Audit Report 19-51, Health and Safety, California State University, Monterey 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, Monterey Bay**

Audit Report 19-51  
January 13, 2020

## 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 November 21, 2019, were unlikely to provide reasonable assurance that risks were being managed and objectives were met.

Our review found that the campus recently underwent a change to the organizational structure related to the management of HS programs, and since the prior hazardous materials management audit, the campus has shown slow progress in implementing certain HS programs and has displayed a need to enhance several processes. Overall, the campus was in the process of making improvements to HS programs, with guidance provided primarily by the department of environmental health, safety and risk management (EHSRM). However, we found that there were repeat observations from the prior hazardous materials management audit in the areas of employee health and safety training, inspections, hazardous materials (HAZMAT), hazardous waste (HAZWASTE), and reporting. The campus had not implemented an effective HS safety training program to ensure that all employees, students, and people of interest who handled HAZMAT and HAZWASTE were identified and completed required training. We also found that important components of the HS program, such as laboratory inspections and hazard assessments to determine the necessary personal protective equipment (PPE), were not always performed or monitored. Further, we found that access to hazardous equipment was not adequately limited, and HAZMAT inventories were not always maintained and complete.

In addition, the campus did not always follow campus and regulatory policies and procedures, including proper labeling and storing of HAZMAT; labeling and disposal of HAZWASTE; and safety equipment inspections. Further, purchases of HAZMAT using campus procurement cards (P-cards) did not always meet campus requirements; safety equipment was not always readily available or easily accessible to employees; and the campus did not properly notify employees about locations that contained asbestos.

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 and people of interest who handled HAZMAT and HAZWASTE completed HS training.

We noted that the campus *Injury and Illness Prevention Program* (IIPP) and standard operating procedures created a decentralized organizational structure giving campus departments significant responsibility for key components of HS training. However, we found that departments did not always identify all employees required to take initial and refresher HS training, monitor compliance with required training, and document and maintain training records to ensure that all employees received the required HS training applicable to their job duties.

Additionally, we found that EHSRM did not monitor 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 initial training records for ten employees and refresher training records for ten other employees, and found that:

- None of the employees had a completed Employee Safety Checklist to identify and document required HS training.
- Five employees did not complete all of their required initial training, including Hazard Communication training, as required by the IIPP.
- None of the ten employees reviewed for refresher training completed all of their required refresher training.

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

We also noted that some people of interest, or non-employee affiliates of the campus such as volunteers, were allowed to handle HAZMAT and HAZWASTE. However, we found that the campus did not have a process to identify all people of interest required to take initial and refresher HS training, monitor compliance with required training, and document and maintain training records to ensure that all people of interest received the required HS training applicable to their duties.

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. Evaluate and update the employee training program to ensure that it effectively identifies all employees and people of interest who are required to take initial and refresher HS training, including specialized training, and documents and maintains training records.
- b. Communicate key elements of the above training program to the appropriate personnel.
- c. Monitor and escalate overdue or incomplete training to the employee’s supervisor and report completion rates to appropriate management.

**MANAGEMENT RESPONSE**

We concur. The campus will evaluate and update the employee training program to ensure that it effectively identifies all employees and people of interest who are required to take initial and refresher HS training, including specialized training, and documents and maintains training records; communicate key elements of the above training program to the appropriate personnel; and monitor and escalate overdue or incomplete training to the employee’s supervisor and report completion rates to appropriate management.

Expected completion date: June 30, 2020

**2. STUDENT HEALTH AND SAFETY TRAINING**

**OBSERVATION**

The campus did not have a documented student safety training program.

We found that the campus did not have a program to identify training requirements and provide and document training for students in academic areas where hazards are present. As such, responsibility for determining the necessary student safety training was placed on faculty overseeing courses where hazards were present.

We reviewed the safety training provided to students for six courses in which students were required to wear PPE and found that:

- For two courses, there was no documentation showing that training was provided to and understood by the students.
- For one course, one student did not sign the safety training acknowledgement form.

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

**RECOMMENDATION**

We recommend that the campus establish a documented student safety training program that identifies training requirements; tracks and notifies students with overdue or incomplete training; and documents and maintains training records.

**MANAGEMENT RESPONSE**

We concur. The campus will establish a documented student safety training program that identifies training requirements; tracks and notifies students with overdue or incomplete training; and documents and maintains training records.

Expected completion date: June 30, 2020

**3. HAZARD ASSESSMENTS****OBSERVATION**

The campus did not consistently perform and monitor written hazard assessments for all campus workplaces to determine the PPE necessary for employees, as required by California Code of Regulations (CCR), Title 8, §3380, *Personal Protective Devices*.

We noted that the campus Chemical Hygiene Plan (CHP) stated that laboratory supervisors were responsible for determining proper PPE with assistance from lab managers and the academic health and safety specialist (AEHSS). However, we found that written hazard assessments were not performed prior to the implementation of the Risk and Safety Solutions (RSS) software. The campus recently implemented the “assessment” module within RSS to systematically document hazard assessments and communicate PPE requirements in all College of Science laboratory areas. However, the implementation did not include non-laboratory workplaces. Additionally, the campus did not have a process to monitor the completion of these assessments.

Performing hazard assessments to identify hazards in workplaces that necessitate the use of PPE helps to reduce potential injuries, accidents, and liabilities to the campus.

**RECOMMENDATION**

We recommend that the campus:

- a. Continue implementing the “assessment” module within the RSS software at all laboratory locations.
- b. Establish and document hazard assessment processes for non-laboratory work areas.
- c. Develop and implement a process to monitor hazard assessments that includes escalation of noncompliance to appropriate campus management as necessary.

**MANAGEMENT RESPONSE**

We concur. The campus will continue implementing the “assessment” module within the RSS software at all laboratory locations, establish and document hazard assessment processes for non-laboratory work areas, and develop and implement a process to monitor hazard assessments that includes escalation of noncompliance to appropriate campus management as necessary.

Expected completion date: April 27, 2020

#### 4. LABORATORY INSPECTIONS

##### **OBSERVATION**

The campus did not clearly define and document roles and responsibilities for conducting laboratory inspections and did not consistently perform and monitor these inspections.

We found that the campus CHP did not define who was responsible for conducting laboratory inspections or give guidance on the frequency of these inspections. As a result, the campus did not always perform laboratory inspections. Additionally, we found that the campus did not perform audits of laboratory areas to monitor the completion of laboratory inspections.

Clearly defined, documented, and communicated roles and responsibilities help to ensure that duties are performed to maintain a healthy and safe work environment for employees and students. Performing regular and systematic laboratory inspections helps to ensure compliance with the campus CHP; increases the likelihood of identifying unsafe conditions; and reduces potential accidents, injuries, and liabilities to the campus.

##### **RECOMMENDATION**

We recommend that the campus:

- a. Clearly define, document, and communicate roles and responsibilities regarding periodic laboratory inspections.
- b. Define a schedule or frequency of periodic laboratory inspections and communicate this information to appropriate campus personnel.
- c. Perform periodic laboratory inspections in accordance with the CHP for all locations as outlined in the schedule or frequency of periodic lab inspections.

##### **MANAGEMENT RESPONSE**

We concur. The campus will clearly define, document, and communicate roles and responsibilities regarding periodic laboratory inspections; define a schedule or frequency of periodic laboratory inspections and communicate this information to appropriate campus personnel; and perform periodic laboratory inspections in accordance with the CHP for all locations as outlined in the schedule or frequency of periodic lab inspections.

Expected completion date: June 30, 2020

## 5. ACCESS TO HAZARDOUS EQUIPMENT

### OBSERVATION

Access to hazardous equipment was not always adequately limited and supervised.

Specifically, during our review, we found that one location did not have adequate safeguards to prevent unauthorized access to hazardous equipment, as undergraduate students had the combination to a lock on a shed containing hazardous equipment and were able to access the equipment without supervision.

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

### RECOMMENDATION

We recommend that the campus review the location in which unsupervised access is permitted and hazardous equipment is present, assess the risks associated with the unsupervised access, and change the lock combination provided to students, as necessary, to obtain acceptable levels of risk.

### MANAGEMENT RESPONSE

We concur. The campus will review the location in which unsupervised access is permitted and hazardous equipment is present; assess the risks associated with the unsupervised access; and change the lock combination provided to students, as necessary, to obtain acceptable levels of risk.

Expected completion date: March 3, 2020

## 6. HAZARDOUS MATERIALS

### OBSERVATION

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

We reviewed six locations with HAZMAT and found that:

- At three locations, HAZMAT container labels did not always include the name of the substances or chemicals.
- At three locations, HAZMAT containers did not always include a written or graphic hazard warning.
- At one location, flammables were not stored in a flammable cabinet.
- At one location, drinks for human consumption were stored in the laboratory work area.



- At one location, a refrigerator was not labeled with signage identifying its use (e.g., “Chemical Storage Only – No Food Allowed”).
- At one location, a compressed gas cylinder was not properly secured.

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

Proper labeling and storage of HAZMAT communicates potential danger and reduces potential liability to the campus.

#### **RECOMMENDATION**

We recommend that the campus properly label and store all HAZMAT in accordance with regulatory requirements and provide training to the appropriate campus employees on these requirements.

#### **MANAGEMENT RESPONSE**

We concur. The campus will properly label and store all HAZMAT in accordance with regulatory requirements and provide training to the appropriate campus employees on these requirements.

Expected completion date: March 3, 2020

## **7. HAZARDOUS AND UNIVERSAL WASTE**

#### **OBSERVATION**

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

We reviewed seven locations with HAZWASTE and/or universal waste and found that:

- At five locations, HAZWASTE containers were not always labeled with accumulation start dates.
- At four locations, HAZWASTE containers were not always properly labeled to identify the contents and hazardous properties.
- At one location, HAZWASTE was not always inspected on a weekly basis.
- At one location, universal waste was not properly labeled to identify the contents and accumulation start date.

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

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

**RECOMMENDATION**

We recommend that the campus properly label and dispose of all HAZWASTE and universal waste in accordance with regulatory requirements and provide training to the appropriate campus personnel on these requirements.

**MANAGEMENT RESPONSE**

We concur. The campus will properly label and dispose of all HAZWASTE and universal waste in accordance with regulatory requirements and provide training to the appropriate campus personnel on these requirements.

Expected completion date: April 17, 2020

**8. SAFETY EQUIPMENT MAINTENANCE AND INSPECTIONS****OBSERVATION**

The campus did not always conduct regular inspections of the working condition of safety equipment or maintain preventive maintenance (PM) records of heating, ventilation, and air conditioning (HVAC) units, and spill kits were not always readily available.

We reviewed eight locations to verify that safety equipment was readily accessible and inspections were performed monthly. We found that:

- At three locations, fire extinguishers were not always visually inspected monthly.
- At one location, fire extinguishers were not readily accessible.
- At two locations, eyewash and shower stations were not always inspected monthly.
- At one location, an eyewash and shower station was not readily available within ten seconds.
- At one location, the eyewash station was obstructed.
- At one location, a spill kit was not readily accessible.

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

Additionally, we requested work order records for five HVAC units where HAZMAT was located and found that the facilities department could not provide PM records for one HVAC unit. As a result, we were unable to verify whether the HVAC unit was inspected at least annually, as required by 8 CCR §5142, *Mechanically Driven Heating, Ventilating and Air Conditioning (HVAC) Systems to Provide Minimum Building Ventilation*. According to the facilities department, PM records for this HVAC unit were lost due to a system failure.

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

and students. Routine PM and inspections of HVAC systems help to ensure proper equipment operation and ventilation where HAZMAT is stored and used.

### **RECOMMENDATION**

We recommend that the campus:

- a. Reiterate documented procedures and provide training to personnel involved with safety equipment inspections on proper and timely inspection of safety equipment.
- b. Evaluate the need for eyewash stations and spill kits at the location noted above, and provide them if determined necessary.
- c. Maintain records of completed inspections and PM of all campus HVAC systems.

### **MANAGEMENT RESPONSE**

We concur. The campus will reiterate documented procedures and provide training to personnel involved with safety equipment inspections on proper and timely inspection of safety equipment; evaluate the need for eyewash stations and spill kits at the location noted above; and provide them if determined necessary and maintain records of completed inspections and PM of all campus HVAC systems.

Expected completion date: April 17, 2020

## **9. PROCUREMENT OF HAZARDOUS MATERIALS**

### **OBSERVATION**

Purchases of HAZMAT did not always align with the requirements in the campus *Procurement Card Program Handbook*.

We noted that the requirements for purchasing HAZMAT using a P-card in the campus *Procurement Card Program Handbook* included pre-approval from a department chair, director, administrator, or authorized individual. However, in discussions with campus personnel, we found that a listing of authorized individuals was not maintained as required by the campus *Procurement Card Program Handbook*.

In our review of P-card purchases, we identified one instance in which HAZMAT was purchased and was not approved in advance by a department chair, administrator, or authorized individual. Additionally, in discussions with several instructional support technicians and principal investigators, we found that campus personnel were able to purchase HAZMAT using P-cards without pre-approvals.

Furthermore, the campus *Hazard Communication Program* did not align with the procedures outlined in the campus *Procurement Card Program Handbook*.

Consistent enforcement of campus HAZMAT procurement procedures allows for improved oversight and monitoring of HAZMAT present on campus.

**RECOMMENDATION**

We recommend that the campus provide procurement training to cardholders, transaction approvers, and appropriate campus personnel of the campus requirements regarding the procurement of HAZMAT, and update the campus P-card policy and CHP accordingly.

**MANAGEMENT RESPONSE**

We concur. The campus will provide procurement training to cardholders, transaction approvers, and appropriate campus personnel of the campus requirements regarding the procurement of HAZMAT, and update the campus P-card policy and CHP accordingly.

Expected completion date: April 17, 2020

**10. HAZARDOUS MATERIALS INVENTORY**

**OBSERVATION**

Campus department chemical inventories were not always complete and up to date as required by campus policy.

The campus CHP requires campus departments and laboratories to establish and maintain up-to-date chemical inventories of all stored chemicals. We reviewed the HAZMAT inventories for six locations and found that:

- One location did not maintain a HAZMAT inventory.
- One location did not maintain a complete and up-to-date inventory that included all HAZMAT on site.

A complete inventory of HAZMAT improves campus oversight and monitoring of HAZMAT activities and allows emergency responders to identify and remediate specific hazards when responding to emergency situations.

**RECOMMENDATION**

We recommend that the campus:

- a. Create and maintain a complete inventory of HAZMAT on campus.
- b. Communicate campus inventory requirements to appropriate campus personnel.

**MANAGEMENT RESPONSE**

We concur. The campus will create and maintain a complete inventory of HAZMAT on campus and communicate campus inventory requirements to appropriate campus personnel.

Expected completion date: April 17, 2020

## 11. SAFETY COMMITTEES

### **OBSERVATION**

The Unit 6 Joint Safety Committee did not always retain appropriate meeting documents or meet as required by the Unit 6 Collective Bargaining Agreement, Article 28.10.

We noted that the Unit 6 Joint Safety Committee maintained meeting notes to document the items discussed but did not record attendance. Therefore, we were unable to verify whether an equal number of management and employee representatives attended 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 ensure that the Unit 6 Joint Safety Committee meets the requirements outlined in the collective bargaining agreement and maintains minutes to document these meetings.

### **MANAGEMENT RESPONSE**

We concur. The campus will ensure that the Unit 6 Joint Safety Committee meets the requirements outlined in the collective bargaining agreement and maintains minutes to document these meetings.

Expected completion date: March 3, 2020

## 12. ASBESTOS NOTIFICATIONS

### **OBSERVATION**

The campus did not properly notify employees of locations that contained asbestos.

We found that the campus did not provide a written annual asbestos notification to each campus employee during 2016, 2017, and 2018, as required by Health and Safety Code (HSC) 25915.2(a). Additionally, we found that the recent asbestos survey did not include all campus buildings.

Proper notification regarding asbestos decreases the risk that employees will be exposed to asbestos and decreases the risk of potential injuries, accidents, and liabilities to the campus.

### **RECOMMENDATION**

We recommend that the campus provide employees with an annual written asbestos notification and perform an asbestos survey that includes all campus buildings.

**MANAGEMENT RESPONSE**

We concur. The campus will provide employees with an annual written asbestos notification and perform an asbestos survey that includes all campus buildings.

Expected completion date: June 30, 2020

**13. REPORTING**

**OBSERVATION**

The campus did not always generate reports to identify whether extremely hazardous substances were above the reportable quantity threshold. Substances over the threshold should be included in the Hazardous Materials Business Plan (HMBP) that is submitted to the local certified unified program agency.

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

Accurate submission of required reports helps to ensure compliance with systemwide and regulatory provisions and reduces the likelihood of fines, citations, and additional regulatory oversight.

**RECOMMENDATION**

We recommend that the campus regularly generate reports to identify substances over the reportable quantity threshold and include them in the HMBP.

**MANAGEMENT RESPONSE**

We concur. The campus will regularly generate reports to identify substances over the reportable quantity threshold and include them in the HMBP.

Expected completion date: March 3, 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 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 PPE and engineering controls, and standard operating procedures for handling HAZMAT. Title 22 of the CCR addresses HAZMAT waste management.

The primary CSU HS policy is Executive Order (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, Monterey Bay (CSUMB), the responsibility for establishing and maintaining the campus IIPP and effective EHS programs is delegated to the director of EHSRM, who reports directly to the vice president of administration and finance. EHSRM oversees the EHS programs on campus; works to promote environmental stewardship; protects the HS of CSUMB faculty, staff, and students; and provides technical expertise and support through the development of EHS programs, training, and consultations.

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 CSUMB campus from September 30, 2019, through November 21, 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 November 21, 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. We did not re-perform any testwork completed in our 2018 hazardous materials management audit at CSUMB. Instead, for those areas tested in the prior audit that are also included in the current audit scope, we reviewed the implementation of campus corrective actions for any noted issues.



## 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*
- CSUMB *Chemical Hygiene Program*
- CSUMB *Hazard Communication Program*
- CSUMB *Injury Illness Prevention Program*
- CSUMB *Procurement Card Program Handbook*

## AUDIT TEAM

Audit Manager: Jennifer Rethwisch  
Senior Auditor: Laura Vazquez  
Internal Auditor: Stephanie Martinelli