

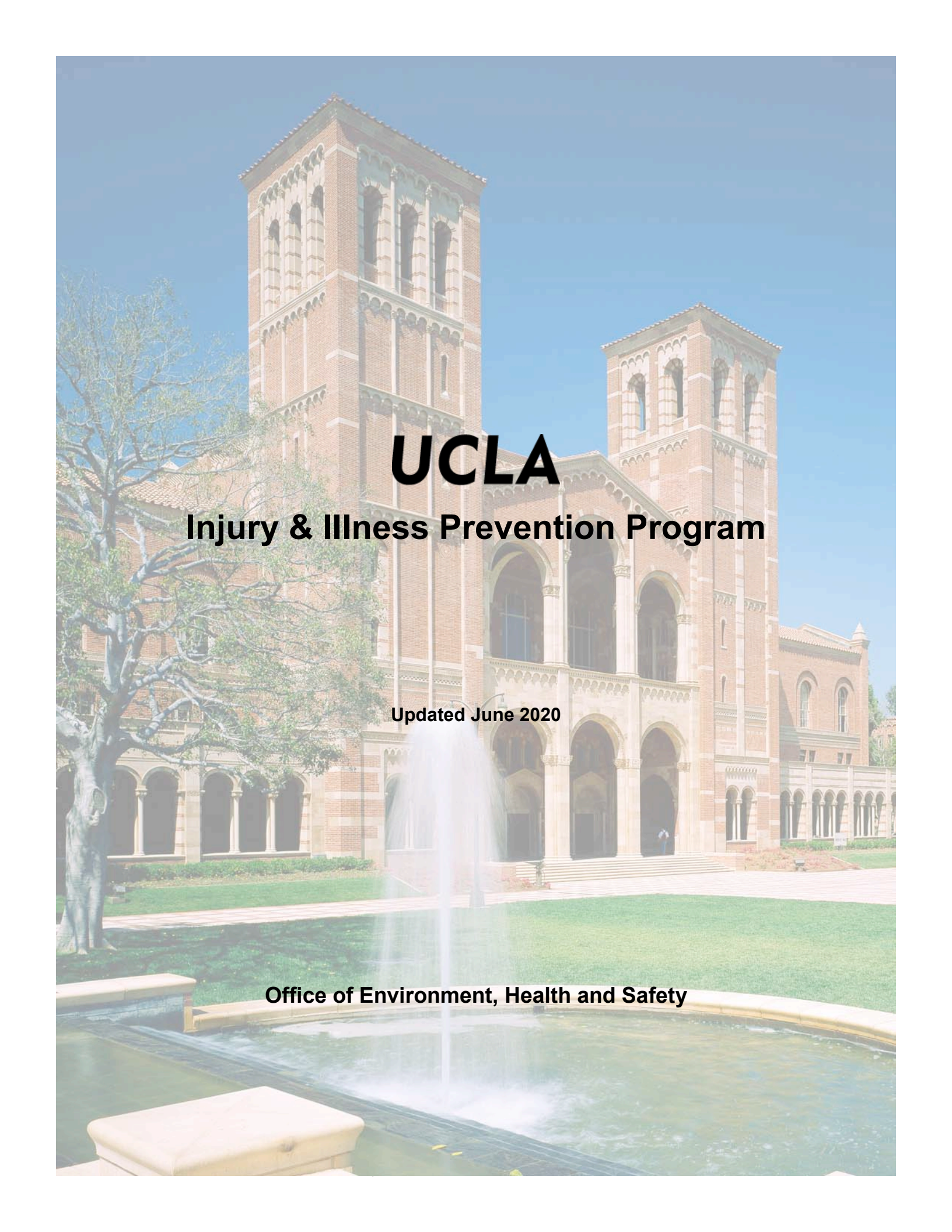
Injury & Illness Prevention Program (IIPP)

Updated June 2020

UCLA
ENVIRONMENT,
HEALTH & SAFETY



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The background image shows the UCLA Campanile building, a large brick structure with two prominent towers and arched windows. In the foreground, there is a green lawn and a fountain with water spraying upwards. A large tree is on the left side of the image.

UCLA

Injury & Illness Prevention Program

Updated June 2020

Office of Environment, Health and Safety

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IIPP Information

Effective Date	Dec 2013, Rev. Apr 2015; Rev May 2016; Rev. May 2017; Rev. Nov 2018; Rev. Nov 2019; Rev. Nov 2020
Department	Institute for Research on Labor and Employment (IRLE)
Department Head	Nancy Velasquez <i>Name</i>
	Chief Administrative Officer <i>Title</i>
Safety Coordinator(s) or liaison(s)	Lily Hernandez <i>Name</i>
	lilyhernandez@irle.ucla.edu <i>E-mail</i>
Safety Related Items	2107 PVUB (also available on box) <i>Location of safety meeting minutes</i>
	2107 PVUB (also available on box) <i>Location of "Employee Safety Recommendation" forms</i>
	2107 PVUB (also available on box) <i>Location of training and other safety-related items</i>
	Nancy Velasquez, 310-267-4567 <i>Person who assists injured employees with appropriate paperwork</i>

The Safety Committee
Meets

Annually

The Safety Committee members are:

Chair's Name	Nancy Velasquez
Section/Sub-unit	IRLE Administrative Office
Member Name	Lily Hernandez
Section/Sub-unit	IRLE Administrative Office
Member Name	Carlos Lopez Paniagua
Section/Sub-unit	Downtown Labor Center
Member Name	Leticia Bustamante
Section/Sub-unit	Downtown Labor Center
Member Name	Karen Vargas
Section/Sub-unit	LOSH
Member Name	Valerie Serrano
Section/Sub-unit	LOSH

Buildings occupied by this department: This section will assist you in ensuring that all your staff members are trained on the appropriate Emergency Response and Business Continuity Plans. (For off campus buildings, write the physical address of the building. Do not include buildings used only for storage.)

- | | |
|---|--|
| 1. Building name or address | Ueberroth Building (PVUB), Suite 1103 & 2107 |
| Unit within your department (if applicable) | UCLA Labor Center, HARRT, IRLE Administrative Office, LOSH |
| Building Contact and phone # | Nancy Velasquez, 310-267-4567 |
| 2. Building name or address | 675 Park View St., Los Angeles, 90057 |
| Unit within your department (if applicable) | UCLA Labor Center |
| Building Contact and phone # | Carlos Lopez Paniagua
213-480-4155x220 |

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Section 1: Introduction and Scope

The UCLA Injury and Illness Prevention Program (IIPP) is a guide to assist university administrators and supervisors to promote the health and safety of their employees. This IIPP complies with the Cal/OSHA requirement to provide a safe and healthful workplace for all employees ([California Code of Regulations Title 8, Section 3203](#)). It establishes methods for identifying and correcting workplace hazards, providing employee safety training, communicating safety information, and ensuring compliance with safety programs. It is reviewed and updated annually to reflect any changes in regulations, personnel or procedures.

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Section 2: Responsibilities

Executive Management

The department AVC/Chair/Dean/Director must ensure that the IIPP is implemented in areas that fall under their control. They are responsible for the following:

1. Communicating management's commitment to health and safety to their employees;
2. Ensuring that areas under their control comply with internal and external regulations and guidelines;
3. Providing individuals under their management with the authority and resources to develop and implement appropriate health and safety programs, practices and procedures;
4. Designating a Department Safety Coordinator; and
5. Establishing a departmental process (such as a safety committee) to maintain and update the departmental IIPP Information, assess departmental compliance with applicable regulations and campus policies, evaluate reports of unsafe conditions, and coordinate any necessary corrective actions.

Principal Investigators/Supervisors/Managers

Supervisors play a key role in the implementation of UCLA's IIPP. They are responsible for the following:

1. Encouraging a safe work culture by communicating UCLA's emphasis on health and safety to their staff;
2. Modeling and enforcing safe and healthy work practices;
3. Ensuring that employees are properly trained to complete all assigned tasks;
4. Ensuring periodic inspection of workspaces under their authority;
5. Stopping work that poses an imminent hazard to any employee;
6. Implementing measures to eliminate or control workplace hazards;
7. Developing safe work procedures such as Standard Operating Procedures (SOP) and Job Safety Analyses (JSA);
8. Providing appropriate safety training and personal protective equipment to employees under their supervision;
9. Reporting and investigating work related injuries and illnesses;
10. Encouraging employees to report health and safety issues without fear of reprisal;
11. Disciplining employees that do not comply with safe work practices; and
12. Documenting employee training and departmental safety activities.

Employees

All employees must comply with all applicable health and safety regulations, policies, and work practices. This includes, but is not limited to the following:

1. Using personal protective equipment (where required);
2. Actively participating in all required safety and health training;
3. Learning about the potential hazards of assigned tasks and work areas;
4. Complying with health and safety-related signs, posters, warnings and directions;
5. Requesting information related to job safety whenever needed;
6. Reporting all work-related injuries and illnesses promptly to their supervisor;
7. Warning co-workers about defective equipment and other hazards;
8. Reporting any unsafe or unhealthy conditions immediately to a supervisor, and stopping work if it poses an imminent hazard;
9. Cooperating with incident investigations to determine the root cause; and
10. Participating in workplace safety inspections.

Department Safety Coordinator or Safety Liaison

The Department Safety Coordinator or safety liaison monitors the safety activities within the department and serves as the departmental liaison with EH&S. The Department Safety Coordinator is responsible for the following:

1. Obtaining relevant information regarding safety and health regulations, procedures, and safeguards affecting employees within their control;
2. Planning and coordinating routine safety meetings (if department has opted to create a Safety Committee);
3. Ensuring that regular health and safety inspections are conducted within their area of responsibility;
4. Reporting to EH&S any unsafe or unhealthy conditions, which they cannot correct; and
5. Maintaining department safety records to document employee training, inspections, safety meetings and incident investigations.

Department Safety Committees

Department based safety committees are important for a successful campus-wide program. While not mandated, implementation of departmental safety committees is highly recommended. Departmental Safety Committees work under the direction of the Department Safety Coordinator or safety liaison and are responsible for the following:

1. Developing, implementing and maintaining the IIPP and department-specific IIPP Information;
2. Assessing departmental compliance with applicable regulations and campus policies;

3. Reviewing workplace inspections to identify any needed corrections;
4. Reviewing reports of unsafe conditions that cannot be immediately corrected by an employee or supervisor, and coordinating any necessary corrective action;
5. Conducting hazard and incident investigations to assist in establishing corrective actions;
6. Tracking of correction of workplace hazards;
7. Reviewing all departmental incident and injury investigations to ensure that all causes have been identified and corrected;
8. Developing suggestions for employee training based on reviews of incidents/injuries;
9. Reviewing employee safety suggestions and submitting recommendations for corrections to department management; and
10. Preparing written meeting minutes

The Departmental Safety Committee should meet at least quarterly and have representatives for each employee within the department. Membership may rotate periodically.

Environment, Health & Safety (EH&S) Safety & Compliance Division

The EH&S Safety and Compliance Division provides consultation and support to Department Safety Coordinators and Safety Committees. Safety Specialists provide support and training to promote a campus-wide safety program. Support activities include, but are not limited to the following:

1. Materials for departmental safety meetings and safety initiatives;
2. Assistance with inspections and incident investigations; and
3. Maintain the UCLA IIPP.

Assistant Vice Chancellor of Environment, Health and Safety

The Assistant Vice Chancellor of Environment, Health, and Safety (EH&S) has authority and responsibility for overall implementation and maintenance of the IIPP. Specific responsibilities include the following:

1. Interpreting external regulations to develop appropriate compliance strategies;
2. Reviewing methods and procedures to correct unsafe and/or unhealthy conditions;
3. Ensuring that there are procedures to communicate UCLA's safety and health policies and guidelines to employees; and
4. Monitoring the effectiveness of the overall IIPP and making improvements as needed.

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Section 3: Identification and Evaluation of Workplace Hazards

Inspection Program Overview

Safety inspections identify and evaluate workplace hazards and conditions that could result in illness, injury or property damage. Managers and supervisors must ensure that safety inspections are conducted on a regular basis. Inspections must also be completed when management is made aware of existing or new hazards in the workplace.

The Departmental Safety Coordinator or designated safety liaison is responsible for identifying workplace hazards. These individuals are responsible for ensuring that periodic inspections are completed to assess, record, and correct hazardous and potentially hazardous conditions that may exist. The inspections may be conducted by the Department Safety Coordinator, Safety Committee, supervisors or other assigned personnel.

Scheduled Safety Inspections

All administrative departments, shops, laboratories, and other high-hazard areas must complete workplace safety inspections. By law, the first of these inspections must take place when the department first adopts the IIPP. Inspections are documented by EH&S and reviewed by the department's management, the Department Safety Coordinator, and/or the Department Safety Committee. Ongoing inspections will take place as indicated below:

OFFICES – Annual inspections of all office areas will be completed by the Department to detect and eliminate any hazardous conditions that exist. The Office Inspection Checklist (See Appendix A), or similar form, can be used to complete inspections. Computer workstation evaluations can be completed using the BruinErgo Office Ergonomics & Risk Management Solutions on-line program, or by contacting the [IRM Ergonomics Division](#) for assistance.

CHEMICAL LABORATORIES – Annual inspections of all laboratories are required (semi-annual inspections suggested as best practice) to detect and eliminate any existing hazardous conditions using the Laboratory Inspection Checklist or similar form. One of these inspections will be completed by the Chemical Hygiene Officer or an EH&S Laboratory Inspector; the second inspection can be completed by the Laboratory Manager, Principal Investigator (PI), Safety Coordinator or designee.

SHOPS/TECHNICAL AREAS – Semi-annual inspections are required (quarterly inspections suggested as best practice) to detect and eliminate any existing hazardous conditions using the Shop Safety Self-Inspection Checklist or similar form. EH&S Safety Specialists will complete one of these inspections. The remaining inspection(s) must be completed by the Shop/Technical Area Supervisor, Safety Coordinator or designee.

BIOSAFETY LEVEL (BSL) 1–2+, EXEMPTED SELECT TOXIN, AND ANIMAL BIOSAFETY LEVEL (ABSL) 2/2+ LABORATORIES — Checkups are required annually, and comprehensive facility and document reviews are required every three years to review, reduce, or eliminate potentially hazardous conditions. Reviews and checkups are conducted by EH&S Research Safety staff.

BIOSAFETY LEVEL (BSL) 3 LABORATORIES – Inspections of BSL3 Laboratories are required annually to ensure that the appropriate containment principles, technologies and practices are in place for a safe working environment. The BSL 3 Laboratory inspection takes in to consideration risks associated with agent hazards, procedure hazards and applicable local, state and federal regulatory requirements. These inspections are conducted by the EH&S Biosafety Office, Responsible Official (RO) or Alternate Responsible Official (ARO) and the Director of UCLA High Containment (HCLD). Validation testing and certification of BSL3 laboratories are also conducted annually to provide assurance that the facility is in proper operational condition. Validation testing is conducted by the EH&S Biosafety Office, RO or ARO, HCLD and Facilities Management.

RADIATION – Facilities that use radioactive materials and/or radiation producing machines require inspections by EH&S Radiation Safety. Inspections are to be conducted for these hazards periodically (as required by their Radiation Use Authorization) by the Laboratory Manager, Principal Investigator (PI), Safety Coordinator or designee in addition to those conducted by EH&S.

LASER FACILITIES – All individual open beam lasers and/or embedded / enclosed laser systems with maximum output power of 5mW or greater, that are purchased or acquired and brought onto the Westwood campus and/or UCLA's managed off-site locations, are required to be inventoried and registered with EH&S Laser Safety prior to its use. Laser safety requirements are multi-level and include Engineering Controls, Administrative Controls, Training and Periodic Audits. All laser operations at UCLA must be reviewed and approved by EH&S Laser Safety. If you are unsure of your laser equipment status, please contact the UCLA EH&S Laser Safety Officer.

PERFORMING ARTS/THEATERS – Annual inspections of performing arts facilities, including front of house areas, backstage, catwalks, storage rooms, and shops, are required to identify and mitigate hazardous conditions. These annual inspections should focus on topics such as general housekeeping, seismic

safety, electrical safety, emergency egress and hazardous materials storage. Inspections of specialized systems (e.g. counterweight rigging system, tension grid, etc.) should be conducted based on industry best practice, frequency of use, and/or as recommended by the manufacturer. Routine inspections (quarterly or annual) of specialized systems can be performed by a knowledgeable in-house representative. A qualified contractor should be hired every three to five years to conduct a more formal inspection of these systems. Refer to the [UC Performing Arts Safety Manual](#) for more information.

Intermittent Safety Inspections

Intermittent safety inspections will be completed whenever new substances, processes, procedures, or equipment are introduced into the workplace and present new safety or health hazards. Additional inspections will be completed whenever management is informed of previously unrecognized hazards. EH&S reserves the right to conduct unscheduled safety inspections as needed.

Reporting Hazards or Unsafe Work Practices

Employees are encouraged to report existing or potentially hazardous conditions or unsafe work practices to their supervisor so that necessary action (including training, purchase of appropriate equipment, etc.) can be taken in a timely manner.

Supervisors, the Safety Coordinator or liaison, or members of safety committees should make a notification to management or EH&S when made aware of an unsafe condition for which an immediate remedy cannot be implemented. Corrective actions shall be identified and completed by the department.

For additional assistance with safety notifications and/or identification of the appropriate corrective actions, please contact EH&S Safety & Compliance Division at safetyandcompliance@ehs.ucla.edu. Employees who report such conditions cannot be disciplined or suffer any reprisals. Complaints can be made anonymously.

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Section 4: Correcting Workplace Hazards

Hazard Correction

Hazard levels range from being imminently dangerous to relatively low risk. Corrective actions or plans, including suitable timetables for completion, are the responsibility of the department. EH&S consultation is available to determine appropriate abatement actions.

Corrective actions or plans must be appropriate for the severity of the hazard. If an imminent hazard exists, work in the area should cease, and the appropriate supervisor be contacted. If the hazard cannot be immediately corrected without endangering employees or property, evacuate all unnecessary personnel from the area. Individuals entering the hazard area to correct the condition must have protective equipment and other necessary safeguards before addressing the situation.

Specific procedures that can be used to correct hazards include, but are not limited to, the following:

1. Stopping unsafe work practices and providing retraining on proper procedures before work resumes;
2. Reinforcing use of and providing personal protective equipment;
3. Lock-out/tag-out of unsafe equipment;
4. Isolating or barricading areas that have chemical spills or other hazards to deny access until appropriate correction is made; and
5. Reporting problems or hazardous conditions to a supervisor, EH&S main line at 310-825-5689, or Facilities Trouble Call Desk at 310-825-9236.

Hazard Correction Report

Hazard correction must be documented, including projected and actual completion dates.

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Section 5: Communicating Workplace Hazards

Supervisors

Supervisors are responsible for communicating safety and health issues in a form readily understandable by all workers. All department personnel are encouraged to communicate safety concerns to their supervisor without fear of reprisal.

Safety Committee

The Departmental Safety Committee serves as the primary resource for communicating health and safety issues to department employees. Each employee is represented by a member of the safety committee. This representative is responsible for communicating information concerning hazard identification and correction. Safety Committee minutes are posted or available at a convenient location in the department.

The Safety Committee can also sponsor seminars or speakers, or coordinate other means to communicate with employees regarding health and safety matters.

Resources

While supervisors have primary responsibility for providing employees with hazard information pertinent to their work assignments, information concerning safety hazards is available from a number of other sources. Safety information is communicated to employees by e-mail, voice mail, distribution of written memoranda, or by articles in internal departmental newsletters (if applicable). Other resources include, but are not limited to the following examples:

EH&S WEBSITE

The EH&S website has extensive health and safety information and resources for employees. Health and safety specialists can be contacted through the website to answer inquiries and provide assistance to employees. Visit the [EH&S website \(ehs.ucla.edu\)](https://ehs.ucla.edu) for more information.

SAFETY DATA SHEETS

Safety Data Sheets (SDS) provide information on the potential hazards of products or chemicals. Hard copies of SDS for the chemicals should be available to all employees in a convenient location. SDSs, hazard communication videos, and other training materials are available from the manufacturer and/or EH&S. Visit the chemical manufacturer's website to locate SDSs for your chemicals.

STANDARD OPERATING PROCEDURE (SOP) OR JOB SAFETY ANALYSIS (JSA)

The purpose of an SOP or JSA is to recognize hazards associated with the operation of a piece of equipment or task and determine how to control those hazards. SOPs or JSAs are available for tasks and equipment that present hazards to employees. Components of the JSA include: Picture of equipment or task; Tasks associated with use of equipment or job that have hazards; Risks associated with tasks; Solutions to reduce risk and; Recommended PPE.

EH&S has developed SOPs for a wide variety of chemical hazards. These SOPs are generally grouped by control bands, which specify a common set of precautions that apply to chemicals with a specific hazard, or combination of hazards, associated with them. Chemicals for which no control band is appropriate retain their own chemical-specific SOP.

Please contact EH&S at laboratorysafety@ehs.ucla.edu for assistance in determining which control band applies to a particular material. Refer to the [EH&S JSA Library \(jsa.ehs.ucla.edu\)](http://ehs.ucla.edu/jsa) for examples.

EQUIPMENT OPERATING MANUALS

All equipment must be operated in accordance with the manufacturer's instructions as specified in the equipment's operating manual. Copies of operating manuals are kept with each piece of equipment used in the department. Employees are required to review, demonstrate understanding of the SOP/JSA or the operating manual, and document their training before using the equipment.

EXPOSURE SPECIFIC PROGRAMS

EH&S has supplemental written programs that address specific exposures in addition to the IIPP, including but not limited to Confined Space Program, Exposure Control Plans for Bloodborne Pathogens and Aerosol Transmissible Diseases, Fall Protection Program, Hazard Communication Program, UCLA Heat Illness Prevention Plan, UCLA Hot Work and Permit Program, and UCLA Lock Out Tag Out (LOTO) Program. Visit the [EH&S website](http://ehs.ucla.edu) for details.

Departments will need to identify the workplace hazards posed by novel (such as COVID-19) or unknown pathogens during a pandemic. Departments will also need to identify measures to prevent or reduce the spread of the pathogen based on their operations. Basic measures that should be assessed and implemented include but are not limited to: cleaning and disinfecting; good hand hygiene; when and what personal protective equipment (PPE) is needed or appropriate; physical distancing; and training employees on infection prevention methods. Implementing prevention measures could incorporate UCLA approved infection control guidance, as well as CDC, OSHA, state and local guidelines and orders.

SAFETY MANUALS

EH&S has area- and job-specific safety manuals in addition to the IIPP, including the Biohazard Safety Manual, Chemical Hygiene Plan/Laboratory Safety Manual, Laser Safety Manual, Radiation Safety Manual, and Shop Safety Manual. These manuals provide general guidelines for these jobs and areas and are available at the [EH&S website](#).

UCLA GUIDELINES

EH&S has job-specific safety guidelines, including but not limited to, Contractor Safety, Window Washing, and Permanent Cranes and Hoists. These guidelines provide general information on UCLA recommendations for work involving these activities and are available at the [EH&S website](#).

FACT SHEETS

Environment, Health & Safety Factsheets cover all areas of safety for UCLA. Factsheets are available for download and should be used as guidelines in assisting with specific safety concerns. They are organized by specialty and are available for download at the [EH&S website](#).

UC PERFORMING ARTS SAFETY MANUAL

The UC Performing Arts Safety Manual provides faculty, staff, and students who work or participate in the performing arts with a general overview of potential hazards and related safe work procedures. The manual includes industry-specific inspection checklists and Codes of Safe Practice as additional guidance on implementing safe work procedures as required by the Injury and Illness Prevention Program (IIPP). Visit the [UC Performing Arts Safety Webpage](#) for more information.

UC FIELD SAFETY MANUAL

The UC Field Safety Manual provides faculty, staff, and students who work or participate in research out doors, at remote sites, and abroad, with a general overview of potential hazards and related safe work procedures. The Manual was developed to serve as a reference document and teaching tool as well as to highlight applicable UC policies and State/Federal laws. The manual is organized into key sections on planning, training, incident response, best practices for trip leaders, and appendices on common field hazards and local campus resources. Visit the [UC Field Safety Webpage](#) for more information.

EMERGENCY ACTION PLAN

The UCLA Emergency Action Plan addresses life and safety issues that emerge as a result of a disaster, emergency, catastrophic event or crisis (e.g., earthquake, fire, flood, loss of critical infrastructure, terrorist attack, civil unrest, etc.). The EH&S Office of Emergency Management provides campus building personnel with an Emergency Action Plan template, which incorporates the critical elements necessary for area specific plans for each building. The Office of Emergency Management also provides

Facility, Floor and Area Warden training and consultations on the Emergency Action Plan. Visit the [UCLA Office of Emergency Management website](#) or email uclaoem@ehs.ucla.edu, or visit the Cal/OSHA regulation webpage ([§3220. Emergency Action Plan](#)) for more information.

BUSINESS CONTINUITY PLAN

A Business Continuity Plan is used to help you to continue your operations once life and safety have been secured. Although the two plans work hand in hand, the Business Continuity Plan is different from an Emergency Action Plan in that the former describes a departmental plan of action that can be taken to lessen the impact of disruptions, while the latter describes how to prepare and respond to these disruptions. The Office of Insurance and Risk management assists campus departments with developing a Business Continuity Plan using the “UC Ready” software tool. Visit the [IRM Business Continuity website](#) for more information.

Section 6: Incident, Injury & Illness Reporting and Investigations

Introduction

An incident is an unplanned event which results in an accident, injury, illness or property damage. A near miss is an unplanned event that did not result in an accident, injury, illness, or damage, but had the potential to do so. Both incidents and near misses are reported and investigated to implement procedures to reduce the likelihood of future reoccurrence.

Incident, Injury and Illness Reporting and Treatment

Employees who are injured or become ill at work must report the injury or illness immediately to their supervisor and personnel department. The supervisor/department must provide employees with the level of medical attention required for the situation.

MEDICAL TREATMENT

For non-emergency medical treatment of work-related injuries or illnesses, employees should be sent to the [Occupational Health Facility \(OHF\)](#) between 7:00am and 4:00pm Monday through Friday. OHF is located at 10833 Le Conte Avenue, Center for Health Sciences (CHS) Room 67-120. For non-serious injuries occurring outside of normal business hours or on weekends, refer employees to the Emergency Department (ED) at the [Ronald Reagan/UCLA Medical Center \(RRMC\)](#), located at 757 Westwood Plaza (entrance located on Charles E. Young Drive).

If immediate medical treatment beyond first aid is required, call 911 from a campus phone, or contact UCPD dispatch at 310-825-1491 from off-campus or cell phones. If working at a site other than the main UCLA campus, use the nearest designated medical facility for your organization.

FORMS

Supervisors must complete and provide injured employees with the UCLA Incident Report & Referral for Medical Treatment form to take to the treating facility. If the injury is more than first aid treatment, also provide the employee with a “Workers’ Compensation Claims Form (DWC-1) & Notice of Potential Eligibility” form. Refer to [Appendix A](#) for the necessary forms.

REPORTING

All injuries must be reported to Insurance and Risk Management (IRM) within 24 hours. Injuries can be reported to IRM using the Incident Report and Referral for Medical

Treatment and DWC-1 Claim Forms, or through Electronic First Report at <https://ehs.ucop.edu/efr>.

Injuries that meet the Cal/OSHA definition of “Serious Injuries” must be immediately reported to the EH&S Hotline at 310-825-9797. Refer to the next paragraph in this Section and [Appendix A](#) for reporting specifics.

SERIOUS INJURIES

Serious occupational injuries, illnesses or exposures to hazardous substances, as defined by Cal/OSHA, must be reported to EH&S within 8 hours of when they become known to managers or supervisors. Serious injuries include deaths, amputations, concussions, crush injuries, fractures, burns, lacerations with significant bleeding or requiring stitches, or hospitalization (other than for observation) for greater than 24 hours. Supervisors must report injuries that meet the Cal/OSHA definition of Serious Injury to the EH&S Hotline at 310-825-9797 as soon as they are notified of the injury. Required information includes the name of the injured employee, a brief summary of the incident, description of the injuries obtained by the employee, and a number where the reporting supervisor can be reached. EH&S must report the injury to Cal/OSHA within eight hours of occurrence. **Departments are responsible for a minimum payment of a \$5000 fine for late reporting.** EH&S will conduct an incident investigation with a representative from the injured employee’s department to determine any contributing conditions and develop corrective action plans.

EMPLOYEE INJURIES/ILLNESSES OCCURRING AT OFF-SITE LOCATIONS

Employees working off-site must report any injury or illness to their immediate supervisor and the Departmental Injury Reporting Liaison (on the UCLA campus) within 8 hours of the incident or sooner if at all possible. If the initial report of the incident is made by phone, a follow up email shall be sent specifying the date, time and details about the injury or illness.

The highest level supervisor traveling with the cohort of field workers to any off-site event or venue is responsible for making sure that the appropriate telephone numbers (including the campus telephone number of the Departmental Injury Reporting Liaison) are programmed into the traveling employee’s phone.

Incident Investigations

Incident Investigations are conducted to determine and correct for any safety hazards that may result or have resulted in injury or illness. Specific procedures that can be used to investigate workplace incidents and hazardous substance exposures include:

1. Interviewing injured personnel and witnesses;
2. Examining the site of the injury for causative factors;

3. Reviewing established procedures to ensure they are adequate and were followed;
4. Reviewing training records of affected employees;
5. Determining all contributing causes to the incident;
6. Taking corrective actions to prevent the incident/exposure from reoccurring; and
7. Recording all findings and corrective actions taken.

Findings and corrective actions must be documented using the Incident Investigation form or similar form.

The employee's supervisor or departmental designee must review the investigation report to ensure that the investigation was thorough and that all corrective actions are completed. Investigations and/or corrective actions that are found to be incomplete should be routed back to the investigator for further follow-up. All corrective actions that are not implemented within the assigned time limit must be discussed with the department manager. EH&S Safety Specialists are available to help resolve outstanding issues and problems.

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Section 7: Training and Documentation

Effective dissemination of safety information is essential for a successful IIPP. All employees must be trained in general safe work practices, including specific instructions on hazards unique to their job assignment. Minimal training requirements include safe use of workplace equipment, materials handling, identifying hazards in work areas, use of personal protective equipment, safe handling of hazardous materials, and proper procedures for disposal of hazardous waste. Training must be completed by the department before use of any dangerous equipment, exposure to any known hazardous conditions, or when new hazards are identified.

Managers must ensure supervisors are trained to recognize and abate safety and health hazards to which their employees are exposed. Supervisors are responsible for ensuring their employees receive appropriate safety training and for documenting that this training has been provided. Attendance at training classes and safety meetings is required. Documentation of individual safety training and safety meetings must be kept by the Department Safety Coordinator or safety liaison, and site-specific trainings for high hazard areas must be kept by the manager in that area.

Safety Training

Cal/OSHA mandates that all employees participate in periodic safety trainings during which topics relevant to the workplace are reviewed and discussed. Safety training meetings can include status reports on safety inspections, hazard mitigation projects, incident investigation results, and employee safety suggestions. Safety trainings can be incorporated into staff meetings, presented during “tailgate” meetings, done electronically, or conducted via one-on-one coaching. The duration of safety meetings can vary based on the subject and training format.

As best practices, all employees should complete training in the following areas:

1. Illness and Injury Prevention Program;
2. Fire Safety;
3. Emergency Preparedness/Earthquake Safety;
4. Safety Lifting/Back Injury Prevention;
5. Hazard Communication & Awareness (Use of SDS);
6. General Safety and Housekeeping;
7. Specific hazard instruction unique to the job assignment such as hazardous waste, blood borne pathogens, power tool safety, laser safety, radiation safety, etc.;
8. Hazard instruction related to introduction of new substances, processes, procedures or equipment introduced to the workplace; and
9. Hazard instruction of new or previously unrecognized hazards.

Refer to [Cal/OSHA Training and Instruction Requirements](#) for more information on mandated safety trainings. Additional assistance with training needs can be obtained by contacting training@ehs.ucla.edu or logging on to worksafe.ucla.edu.

Documentation

Cal/OSHA regulations require that records for occupational injuries and illnesses, medical surveillance, exposure monitoring, inspections, training, and other safety activities be maintained for specific periods of time. Records must be kept in employee personnel files following University guidelines. Department personnel representatives must present them to Cal/OSHA or other regulatory agency representatives if requested. EH&S may review these records at any time.

SAFETY TRAINING

Employee training must be provided at no cost to the employee during the employee's normal working hours. Safety training may be provided by a knowledgeable supervisor or department member, by representatives from other relevant campus departments and/or by approved vendors. A catalog of select topics for online and classroom training is provided at worksafe.ucla.edu. All safety training must be documented using the Training Documentation Form or similar form, which includes all the following:

1. Date of training;
2. Name of trainer;
3. Topic;
4. Name, department, ID number, and signature of each attendee; and
5. Outline of safety topic (may be attached).

SAFETY INSPECTION REPORTS

The Department Safety Coordinator or safety liaison, human resources specialist, or area supervisor is responsible for maintaining safety inspection records and reports. Inspection reports are to be kept in. The record must include the following:

1. Name of inspector;
2. Date of inspection;
3. Any identified unsafe or unhealthy condition or work practice; and
4. Corrective action(s) to remedy the identified hazard(s).

Recordkeeping

The following records must be kept on file in the department for the minimum times indicated below:

1. Safety inspection forms = 5 years;
2. Hazard identification forms = 5 years;

3. Incident investigations = 5 years;
4. Safety postings and safety meeting agendas = 5 years;
5. Safety training checklists and related training documents = Duration of each individual's employment; and

Exposure records, or other employee medical records = 30 years or for the duration of each individual's employment if > 30 years. Access to employee medical records will be limited in accordance with University policies, state and federal guidelines.

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Section 8: Compliance

Compliance is critical for an effective Injury & Illness Prevention Program. Managers and supervisors serve as role models for working safely and provide resources necessary to ensure a safe work environment for their staff. All employees are required to follow safety policies and operating procedures. Employees will be provided with safety training and information to complete all assigned duties safely. When needed, employees will be provided with additional training and information, or re-training to maintain their knowledge of campus safety policies and procedures.

Employees who demonstrate safe work practices may be rewarded through the use of performance evaluations or incentive programs. Any employee who demonstrates repeated unsafe, unhealthy work practices will be subject to corrective action and/or disciplinary action. Disciplinary action will be in conformance with UCLA policies and/or corrective bargaining agreements. If the offense is egregious or willful, the action may result in immediate disciplinary action. The Employee Labor Relations Department must be consulted on any disciplinary matter as it relates to compliance with this program.

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Appendix A: Forms and Checklists

This appendix includes the following checklists, forms and safety related documents:

1. How to Use a Self-Inspection Checklist
2. Office Inspection Checklist
3. Injury and Illness Reporting Procedures
4. Serious Injury Poster
5. Injury Reporting and Treatment Flow Chart
6. Incident Report & Referral for Medical Treatment
7. Workers' Compensation Claim Form (DWC-1)
8. Incident Investigation Form
9. Guide for Completing Incident Investigations
10. Disciplinary Action Guidelines

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The Office of Environmental Health and Safety (EH&S) has developed a self-audit Office Inspection Checklist to assist departments in eliminating workplace hazards. The checklist can be used by an entire department, a section of a department, a particular room or an individual to document findings from regular inspections.

The EH&S Office Inspection checklist can be modified for development of a customized checklist to meet your department's specific needs.

The checklist is for internal departmental use. There is no need to send copies of completed checklists to EHS. If assistance from EHS is desired, please contact us at (310)825-5689.

There are a series of self-audit checklists available from EH&S for a variety of work settings. They include the following:

- Office Safety Checklist
- Floor Inspection Checklist (Slip and Fall Prevention Program)
- Laboratory Safety Inspection Checklist
- Shop Inspection Checklist
- Biosafety Inspection Checklists
- Radiation Inspection Checklists

The checklists can be obtained from the EH&S website or your EH&S Safety Specialist. Hard copy versions of the checklists can be requested from EH&S.

Safety inspections should be completed annually by someone familiar with your workplace, tasks and jobs. Any problems found must be corrected. Assign an individual to develop a correction plan for problems and set deadline for corrections to be completed. The Hazard Identification Record Form can be used to document the correction process.

Inspections should be reviewed for trends to determine if problems are re-occurring. These problems need to be addressed at Safety meetings and corrected.

If you have any questions about the inspection checklists, contact EH&S at x55689 or safetyandcompliance@ehs.ucla.edu.

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	Yes	No	Comments
Administrative			If NO, describe what will be done to correct the hazard.
Is there a current IIPP in a location known & accessible to all employees?			
Is there a safety bulletin board or equivalent displaying emergency contact information, evacuation routes, safety information, etc.?			
Is there a departmental Emergency Response Plan/Emergency Action Plan in place?			
Are all employees trained on all departmental protocols & procedures?			
General Safety/ Housekeeping			
Are stairwells & walkways kept clear from boxes & clutter?			
Are stairs & handrails in good condition?			
Are doorways & exits kept clear from obstacles and clutter?			
Are stepladders available for easy access to high storage areas & overhead bins?			
Are file cabinets kept closed when not in use to prevent contusions and/or trip/fall injuries?			
Are coffee makers & water dispensers positioned securely to avoid scalds and/or slip/fall injuries?			
Are all kitchen appliances positioned/stacked safely?			
Are waste materials placed in the appropriate waste containers (trash, recycling, etc.)?			
Are storage rooms and recycling areas neatly maintained?			
Are kitchen/break room areas clean & free from slip/fall hazards?			
Are all ceiling tiles in place and in good condition?			
Ergonomics/ Computer Workstations			
Have all employees completed online ergonomics training/a workstation evaluation through EH&S Ergonomics Division? *Required only for CUE employees within 90 days of hire.			

	Yes	No	Comments
Earthquake & Fire Protection			
Are exit routes (means of egress) visibly marked and easily accessible?			
Are filing cabinets, bookcases & other items over 5 feet tall securely bolted to walls?			
Is there enough clearance beneath desks to duck, cover and hold in the event of an earthquake?			
Are heavy shelved materials located above chest level secured by doors or straps?			
Are items stored accordingly with lighter items on top and heavier items on bottom?			
Are evacuation procedures in place for persons with disabilities?			
Are fire doors closed securely at all times?			
Are fire extinguishers properly mounted and inspected?			
Are materials stored at least 1½ feet below sprinkler heads or 2 feet below ceilings where no sprinkler system exists?			
Are fire drills conducted on a regular basis? <small>*Required for high rise buildings, medical facilities and educational occupancy buildings (K-12 grade).</small>			
Electrical			
Are plugs, cords, electrical panels & receptacles in good condition (no exposed conductors or broken insulation)?			
Are extension cords & surge suppressors being used correctly and not posing safety hazards? <ul style="list-style-type: none"> • They must not run beneath carpet or across door entrances/walkways. • They must not be linked together nor have additional outlets installed. 			
Are electrical panels easily accessible with a clearance of at least 36 inches on each side?			
Are electrical panels kept closed when not in use?			
Are lamps & light fixtures clear of drapes, papers and other combustible materials?			
Are cord/cable systems used to manage cords and/or cables?			
TOTALS → *Total "No" Responses indicates number of corrective items needed			

Inspected By/Department: _____ Date: _____

Contacts

Administrative & General Safety
Ergonomics/Computer Workstation
Earthquake & Fire Protection/Electrical

EH&S Injury Prevention Division 310-825-9797
EH&S Ergonomics Division 310-794-5590
Building Manager or EH&S Fire Safety 310-825-2684

Employees who are injured or become ill at work must report the injury or illness immediately to their supervisor and personnel department. Follow the procedures below as appropriate for the situation:

1. Get the employee medical attention
 - a. For non-emergency medical treatment for work-related injuries or illnesses
 - i. Between 7:30 AM and 4:30 PM Monday-Friday, send the employee to the Occupational Health Facility (OHF) at 67-120 CHS, 10833 Le Conte Avenue (Telephone 310-825-6771).
 - ii. Outside of OHF hours, use the Emergency Department (ED) at Ronald Reagan/UCLA Medical Center (RRMC), 757 Westwood Plaza, ER entrance off Gayley Avenue, north of Le Conte (Telephone 310-267-8400).
 - iii. If working off the main UCLA campus, use the nearest designated medical facility for your organization. Your Human Resources consultant can direct you to the appropriate facility.
 - b. Immediate medical treatment beyond first aid
 - i. Call 911 from a campus phone, or 310-825-1491 from off-campus or from your cell phone to contact UCPD dispatch.
 - ii. UCPD Dispatch will send medical responders to transport the employee to the appropriate hospital or medical center.
2. Complete the “UCLA Incident Report & Referral for Medical Treatment” form or Electronic First Report at ehs.ucop.edu/efr.
 - a. Employee and/or supervisor shall complete the designated sections.
 - b. Send the form with the employee to the medical provider or facility.
 - c. The doctor or medical provider will complete their designated section of the form indicating type of treatment provided, return to work status, work restrictions, and any future appointments.
 - d. The employee should return the form to the supervisor (if in hard copy).
 - e. The employer should try to accommodate any temporary work restrictions.
 - f. If there are questions concerning work restrictions and accommodation, contact the Transitional Return to Work Coordinator at 310-794-6955.
3. If the injury is more than first aid treatment, provide the following forms to the employee in addition to the “UCLA Incident Report & Referral for Medical Treatment” form or Employer’s First Report:
 - a. “Workers’ Compensation Claims Form (DWC-1) & Notice of Potential Eligibility” form

- i. Supervisor should complete bottom section 9 through 17, sign the form, and give to employee. Keep a copy of the completed form for department records, and send a copy to Payroll/Personnel and Insurance and Risk Management.
- ii. Employee should complete top section of form and return to employer.

4. Report injuries

- a. All injuries must be reported to Insurance and Risk Management within 24 hours
 - i. Scan and email completed forms to wcreports@irm.ucla.edu.
 - ii. If available, report injury electronically by using Electronic First Report at <https://ehs.ucop.edu/efr>.
 - a. UCLA Incident Report and Referral for Medical Treatment (Appendix A)
 - b. Workers' Compensation Claim Form (DWC 1) (Appendix A)

Serious Injuries

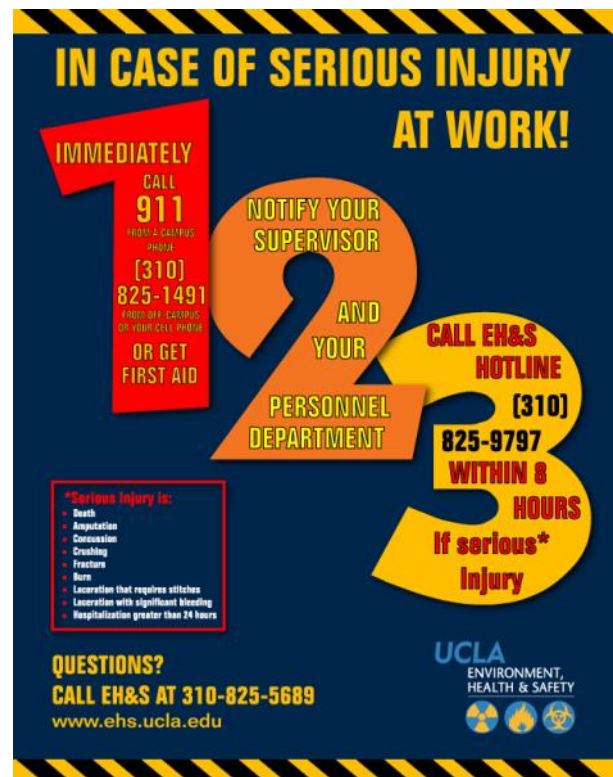
Serious occupational injuries, illnesses or exposures to hazardous substances, as defined by Cal/OSHA, must be reported to EH&S immediately when they become known to managers or supervisors.

Serious injuries include amputations, concussions, crush injuries, fractures, burns, lacerations with significant bleeding or requiring stitches, or hospitalization (other than for observation) for greater than 24 hours. Call the EH&S Hotline at 310-825-9797 to report any injury that you think meets the Cal-OSHA definition of a serious injury.

Information required includes:

- name of the injured employee
- brief summary of the incident
- description of injuries obtained
- phone number where the reporting supervisor can be reached

EH&S must report the injury to Cal-OSHA within eight (8) hours of occurrence. **Departments are responsible for a minimum payment of a \$5000 fine for late reporting.** An incident investigation will be conducted by EH&S in conjunction with a representative from the injured employee's department.



IN CASE OF SERIOUS INJURY AT WORK!

1 IMMEDIATELY

CALL

911

FROM A CAMPUS
PHONE

(310)

825-1491

FROM OFF-CAMPUS
OR YOUR CELL PHONE

OR GET
FIRST AID

2 NOTIFY YOUR
SUPERVISOR

AND
YOUR

PERSONNEL
DEPARTMENT

3 CALL EH&S
HOTLINE

(310)

825-9797

**WITHIN 8
HOURS**

**If serious*
Injury**

***Serious Injury is:**

- Death
- Amputation
- Concussion
- Crushing
- Fracture
- Burn
- Laceration that requires stitches
- Laceration with significant bleeding
- Hospitalization greater than 24 hours

QUESTIONS?

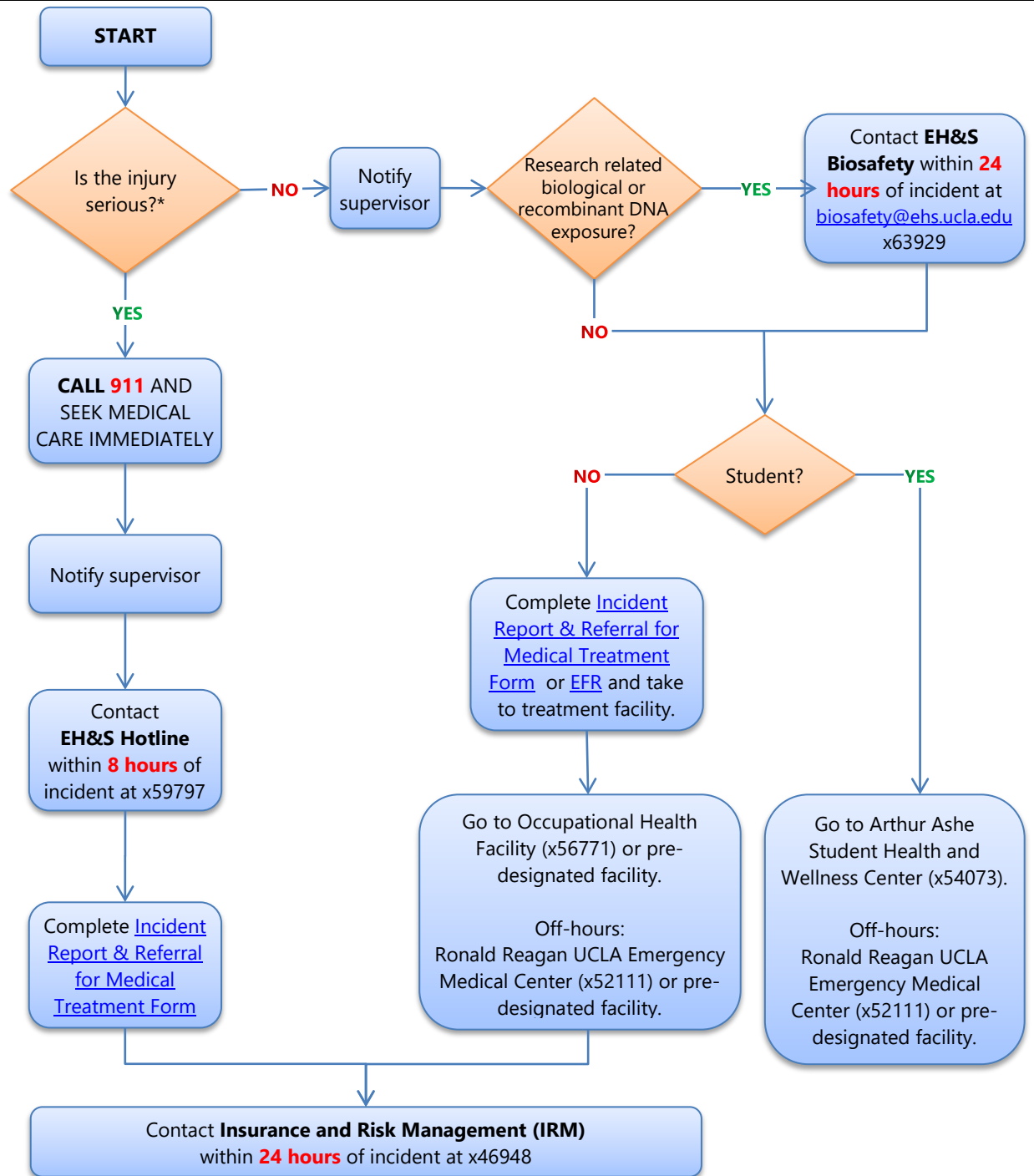
CALL EH&S AT 310-825-5689

www.ehs.ucla.edu

UCLA
ENVIRONMENT,
HEALTH & SAFETY



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***Serious injuries include:** amputation, burn, concussion, crushing, death, fracture, hospitalization greater than 24 hours, and laceration with significant bleeding and/or that requires stitches.

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University of California Los Angeles
INCIDENT REPORT & REFERRAL FOR MEDICAL TREATMENT

Incident Reporting is required and ensures that there is a record on file with the employer. If an employee is injured or develops a job-related illness (developed gradually over time) as a result of their employment at UC, they must complete and submit this form. If the employee is unable to complete this form, the supervisor must complete it on their behalf. If an injury occurs, first aid may be the appropriate treatment. If you have any questions, please call your Campus Workers' Compensation representative at: Insurance & Risk Management (IRM) 310-794-6948 or Health System Human Resources (HS/HR) 310-794-0500. **EMPLOYEE: Return this form to your department after you have been seen at the Occupational Health Facility (OHF) DEPARTMENT: within 1 day of the incident, Call 877-682-7778 24 hr report or Fax to 310-794-6957 or Email to wcreports@irm.ucla.edu**

EMPLOYEE COMPLETES THIS SECTION:

Date of report: _____ Check one UCLA Campus UCLA Medical Center Santa Monica UCLA NPH/I
Sex: Male Female Check one Part-time Full-time Student Volunteer
Name **PRINT:** Last _____ First _____ SSN _____
Home Address: _____ City: _____ Zip: _____
Home Phone: _____ Work Hours (Shift): _____
Department: _____ Job Title: _____ Work phone: _____
Do you have other employment? Yes No If yes, where: _____
Date of Incident: _____ Time of Incident: _____ AM PM Describe what you were doing: _____

Describe all injured body parts (e.g. bruised elbow): _____

Were there witnesses? Yes No Unknown Name(s): _____

Is this a new injury? Yes No If "no", please indicate date of original injury: _____

INITIAL MEDICAL TREATMENT

No medical treatment; reporting only Declined treatment at this time Treatment was/will be provided
Treatment was provided by: Self Occupational Health Emergency Room Other (please specify below)

Name: _____

Address: _____ Phone: _____

I, the injured employee, herein certify the information above is true and to best of my knowledge:

Date: _____ **Signature of Employee:** _____

SUPERVISOR/EMPLOYEE COMPLETES THIS SECTION:

Supervisor Name: _____ Email address: _____

Work Phone: _____ Was the incident reported to you? Yes No Date reported: _____

Address/Bldg, name & room # where the incident occurred: _____

Describe how the employee was injured: _____

Did employee lose time from work? Yes No Unknown First day off work due to injury: _____

Was the Employee paid for the full date of injury? Yes No Date Employee returned to work: _____

Was equipment/chemical involved? Yes No If answered "yes" what was the equipment/chemical: _____

Was employee exposed to blood/bodily fluid other than his/her own? Yes No Source name/MR # _____

What action will be taken to prevent recurrence? _____

Date: _____ **Supervisor Signature:** _____ Title: _____

MEDICAL PROVIDER COMPLETES THIS SECTION: Occupational Health Facility (OHF) Emergency Medicine Other

Name/Address/Phone: _____

What treatment was provided for this injury (check one) First Aid Medical Treatment

Return To Work: Can Return immediately Yes No Full duty Restrictions: _____

Date: _____ **Signature:** _____ Title: _____

REPORT ALL SERIOUS INJURIES TO EH&S HOTLINE 310-825-9797 Serious Injuries include death, loss of limb, burns, concussions, lacerations requiring stitches, crushes, fractures, and any hospitalization greater than 24-hours.

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WORKERS' COMPENSATION CLAIM FORM (DWC 1)

PETITION DEL EMPLEADO PARA DE COMPENSACIÓN DEL TRABAJADOR (DWC 1)

Employee: Complete the "Employee" section and give the form to your employer. Keep a copy and mark it "Employee's Temporary Receipt" until you receive the signed and dated copy from your employer. You may call the Division of Workers' Compensation and hear recorded information at (800) 736-7401. An explanation of workers' compensation benefits is included in the Notice of Potential Eligibility, which is the cover sheet of this form. Detach and save this notice for future reference.

Empleado: Complete la sección "Empleado" y entregue la forma a su empleador. Quédese con la copia designada "Recibo Temporal del Empleado" hasta que Ud. reciba la copia firmada y fechada de su empleador. Ud. puede llamar a la División de Compensación al Trabajador al (800) 736-7401 para oír información gravada. Una explicación de los beneficios de compensación de trabajadores está incluido en la Notificación de Posible Elegibilidad, que es la hoja de portada de esta forma. Separe y guarde esta notificación como referencia para el futuro.

You should also have received a pamphlet from your employer describing workers' compensation benefits and the procedures to obtain them. You may receive written notices from your employer or its claims administrator about your claim. If your claims administrator offers to send you notices electronically, and you agree to receive these notices only by email, please provide your email address below and check the appropriate box. If you later decide you want to receive the notices by mail, you must inform your employer in writing.

Ud. también debería haber recibido de su empleador un folleto describiendo los beneficios de compensación al trabajador lesionado y los procedimientos para obtenerlos. Es posible que reciba notificaciones escritas de su empleador o de su administrador de reclamos sobre su reclamo. Si su administrador de reclamos ofrece enviarle notificaciones electrónicamente, y usted acepta recibir estas notificaciones solo por correo electrónico, por favor proporcione su dirección de correo electrónico abajo y marque la caja apropiada. Si usted decide después que quiere recibir las notificaciones por correo, usted debe de informar a su empleador por escrito.

Any person who makes or causes to be made any knowingly false or fraudulent material statement or material representation for the purpose of obtaining or denying workers' compensation benefits or payments is guilty of a felony.

Toda aquella persona que a propósito haga o cause que se produzca cualquier declaración o representación material falsa o fraudulenta con el fin de obtener o negar beneficios o pagos de compensación a trabajadores lesionados es culpable de un crimen mayor "felonía".

<p>Employee—complete this section and see note above</p> <p>1. Name. <i>Nombre.</i> _____</p> <p>2. Home Address. <i>Dirección Residencial.</i> _____</p> <p>3. City. <i>Ciudad.</i> _____ State. <i>Estado.</i> _____ Zip. <i>Código Postal.</i> _____</p> <p>4. Date of Injury. <i>Fecha de la lesión (accidente).</i> _____ Time of Injury. <i>Hora en que ocurrió.</i> _____ a.m. _____ p.m.</p> <p>5. Address and description of where injury happened. <i>Dirección/lugar dónde ocurrió el accidente.</i> _____</p> <p>6. Describe injury and part of body affected. <i>Describe la lesión y parte del cuerpo afectada.</i> _____</p> <p>7. Social Security Number. <i>Número de Seguro Social del Empleado.</i> _____</p> <p>8. <input type="checkbox"/> Check if you agree to receive notices about your claim by email only. <input type="checkbox"/> <i>Marque si usted acepta recibir notificaciones sobre su reclamo solo por correo electrónico. Employee's e-mail.</i> _____ <i>Correo electrónico del empleado.</i> _____</p> <p>You will receive benefit notices by regular mail if you do not choose, or your claims administrator does not offer, an electronic service option. <i>Usted recibirá notificaciones de beneficios por correo ordinario si usted no escoge, o su administrador de reclamos no le ofrece, una opción de servicio electrónico.</i></p> <p>9. Signature of employee. <i>Firma del empleado.</i> _____</p>	<p>Empleado—complete esta sección y note la notación arriba.</p> <p>Today's Date. <i>Fecha de Hoy.</i> _____</p>
<p>Employer—complete this section and see note below. Empleador—complete esta sección y note la notación abajo.</p> <p>10. Name of employer. <i>Nombre del empleador.</i> _____</p> <p>11. Address. <i>Dirección.</i> _____</p> <p>12. Date employer first knew of injury. <i>Fecha en que el empleador supo por primera vez de la lesión o accidente.</i> _____</p> <p>13. Date claim form was provided to employee. <i>Fecha en que se le entregó al empleado la petición.</i> _____</p> <p>14. Date employer received claim form. <i>Fecha en que el empleado devolvió la petición al empleador.</i> _____</p> <p>15. Name and address of insurance carrier or adjusting agency. <i>Nombre y dirección de la compañía de seguros o agencia administradora de seguros.</i> _____</p> <p>16. Insurance Policy Number. <i>El número de la póliza de Seguro.</i> _____</p> <p>17. Signature of employer representative. <i>Firma del representante del empleador.</i> _____</p> <p>18. Title. <i>Título.</i> _____ 19. Telephone. <i>Teléfono.</i> _____</p>	

Employer: You are required to date this form and provide copies to your insurer or claims administrator and to the employee, dependent or representative who filed the claim within **one working day** of receipt of the form from the employee.

Empleador: Se requiere que Ud. feche esta forma y que provéa copias a su compañía de seguros, administrador de reclamos, o dependiente/representante de reclamos y al empleado que hayan presentado esta petición dentro del plazo de **un día hábil** desde el momento de haber sido recibida la forma del empleado.

SIGNING THIS FORM IS NOT AN ADMISSION OF LIABILITY

EL FIRMAR ESTA FORMA NO SIGNIFICA ADMISION DE RESPONSABILIDAD

Employer copy/Copia del Empleador Employee copy/Copia del Empleado Claims Administrator/Administrador de Reclamos Temporary Receipt/Recibo del Empleado

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Incident: Report Only Accident/Injury Serious Injury Other

Worker's Compensation: No Yes Claim No.

Injured Employee:		
Name		
Job Title/Department		
Phone Number/Ext.		
Date of Incident		
Time of Incident		
Location of Incident		
Supervisor Name/Ext.		
Interviewee(s):		
	Interviewee 1	Interviewee 2
Name		
Job Title/Department		
Phone Number/Ext.		
Investigator:		
Name		
Job Title/Department		
Phone Number/Ext.		
Date of Investigation		
Incident Description		
Contributors to Incident		
<input type="checkbox"/> Improper personal protective equipment	<input type="checkbox"/> Employee inexperienced in job performed	
<input type="checkbox"/> Faulty or defective equipment/tools	<input type="checkbox"/> Insufficient safety policies and trainings	
<input type="checkbox"/> Improper machine guarding	<input type="checkbox"/> Employee not performing routine task	
<input type="checkbox"/> Hazards not identified		
<input type="checkbox"/> Identify equipment/tools used when incident occurred:		
<input type="checkbox"/> Hazardous weather conditions:		

Other:

Results of Investigation

Did the employee receive medical treatment? Yes No
If yes, explain:

Is there lost time from work? Yes No
If yes, how many days:

Corrective Actions

Service/replace faulty equipment/tools. Identify:

Revise safety procedures for task

Provide appropriate PPE. Identify:

Complete job safety analysis. Topic:

Employee safety compliance review

Ergonomic Evaluation

Other:

Comments

Completed Corrective Actions

Safety training. Topic:

Serviced and/or replaced faulty equipment/tools. Identify:

Revised safety procedures for task

Provided appropriate PPE. Identify:

Complete job safety analysis. Topic:

Employee counseled/ disciplined

Ergonomic Evaluation

Other:

Attachments: (photos, additional documentation, etc.)

Injury and Illness Prevention Program
Incident Investigation – Training Documentation and
Acknowledgment Form

501 Westwood Plaza, 4th Fl • Los Angeles, CA 90095 • Ph: 310-825-5689 • Fx: 310-825-7076 • www.ehs.ucla.edu

Claim: EXAMPLE: Doe, John SOM Anesthesiology DOI 5-15-13 Claim No. 2011011111

Purpose: Incident Investigation Report Review

Safety Topic (if applicable):

1. Reporting Workplace Injuries
2. xyz
3. xyz

Supervisor/Facilitator Name: _____

Supervisor/Facilitator Signature: _____ **Date:** _____

By signing this form, I acknowledge that I have read and understood the contents of the Incident Investigation Report, Recommendations and/or Safety Topics referenced above.

A copy of this Incident Investigation Report shall be maintained in the departmental files for reference.

Employee Name	Employee Signature	Employee UCLA ID#	Date

**Add signature spaces as needed.*

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PURPOSE

When incidents occur on the job, an investigation must be completed to identify the root cause and contributing factors that led to the incident. Supervisors must complete any repairs and implement procedural changes to correct conditions contributing to the incident. Doing so will decrease the likelihood of the incident from reoccurring in the future. This handout summarizes the necessary steps in conducting an effective incident investigation, completing a thorough report and implementing the necessary corrective actions.

INCIDENT INVESTIGATION AND REPORT

- **Investigate the incident as soon as possible.**
 - This ensures that the gathered facts are fresh in the mind of the interviewee(s).
- **Preserve the scene and document the investigation.**
 - Document any physical changes observed at the incident site. Photograph or videotape the scene and potentially defective equipment so that the conditions of the incident are captured.
- **If interviewing more than one person, conduct separate meetings with each interviewee.**
 - This improves accuracy in that it allows interviewees to develop their own statements without being influenced by statements provided by others.
- **Be very detailed and include specifics in the investigation report.**
 - Who?
 - Incidents usually involve more people than just the injured employee. This includes witnesses and persons who may have contributed to the incident.
 - What?
 - Verify what the employee was doing when the incident occurred. What specific task was the employee performing? What equipment was involved? Was the proper training completed?
 - When?
 - It is important to indicate the time and date the incident occurred. This provides an idea of the turnaround time in which injuries are being reported. This is especially important for OSHA recordable injuries, which are time sensitive.
 - Where?
 - Be as detailed as possible when describing the scene of the incident. Make note and/or take photos of spilled contents on the floor, cords across walkways, and other observed hazards. Indicate whether or not the employee was in his/her common work area or performing a task in another work environment.
 - Why?
 - Compile all of the above information to develop an objective reason as to how and why the incident occurred. Why was the employee performing that task? Why did the equipment malfunction? Was it a defective piece of equipment or a user error?

IMPLEMENTING CORRECTIVE ACTIONS

- **Review the incident investigation report and document corrective actions.**
 - Determine the root cause of the incident and identify what can be done differently to reduce the likelihood of reoccurrence. Discuss the specific events that may have led to the incident. Exhaust the question “why?” until the root cause is identified. Refer to the example below:
 - **Incident: Joe was using a ladder to perform a routine maintenance task in the warehouse when Paul came by on a forklift and ran into the ladder, causing Joe to fall.**
 - **Why was the ladder hit by the forklift?**
 - *The operator did not see Joe.*
 - **Why did Paul not see Joe?**
 - *The operator was transporting a large load that blocked his vision.*
 - **Why was the load blocking Paul’s vision?**
 - *He was driving forward instead of backwards as trained to do so when operating with a large load.*
 - **Why was Paul driving forward instead of backwards?**
 - *Paul had forgotten this rule regarding safe forklift operation procedures.*
 - Review contents of the incident investigation report with the safety committee and identify possible solutions. Some general corrective actions may include the following:
 - Repair and/or replacement of faulty equipment per lock out/tag out procedures.
 - Revision to current safety procedures associated with job task (implement 2-man lifts, spotters for forklift operators, job rotation, etc.)
 - Disciplinary actions for violation of safety protocol (documentation of verbal warning and/or write up, suspension from job or termination).
 - Job hazard analysis outlining known hazards associated with job task and preventative actions for each.
 - **The following are some solutions for the example presented above:**
 - *Refresher safety training for forklift operators and warehouse employees.*
 - *Have a helper at the foot of the ladder who can warn oncoming traffic.*
 - *Have a spotter for forklift operators.*
 - *Notify warehouse when maintenance work will be performed.*
 - Follow up procedures must be in place to ensure the timely completion of corrective actions:
 - As best practices, a 30-day completion period should be applied to safety recommendations.
 - Intermittent corrective actions should be applied to hazards posing immediate exposures until recommendations can be completed (stanchion posts delineating unlevel flooring, cones around spills, LO/TO of machine with no guards, etc.).

** Investigative reports should be retained by the Department Safety Coordinator for five years. The Office of Environment, Health & Safety (EH&S) is available for and assistance to remedy any outstanding problems.*

Contact Information:
EH&S Safety and Compliance Division
safetyandcompliance@ehs.ucla.edu
Tel: 310-825-5689
www.ehs.ucla.edu

Per [UC Procedure 62](#), corrective action is intended to improve and/or correct the conduct or performance of regular status professional and support staff members. Supervisors shall apply necessary and appropriate corrective action whenever an employee fails to meet the required standards of conduct or performance. **Consult your HR representative before implementing disciplinary action.**

TYPES OF CORRECTIVE ACTION

Corrective actions include but are not limited to written warnings, corrective salary decreases, demotions, suspensions and termination.

For exempt employees, suspension without pay may be imposed only in increments of one workweek. However, suspension without pay in increments of less than a workweek may be permitted when the infraction is a violation of a significant safety rule relating to prevention of serious danger to the workplace or other employees.

A. WRITTEN WARNING

At least one written warning shall precede any other more serious corrective action except when corrective action is the result of performance or conduct which an employee knows or reasonably should have known was unsatisfactory. Such performance or conduct may include but is not limited to violations of law, dishonesty, theft or misappropriation of University property, fighting on the job, insubordination, acts endangering others, or other serious misconduct.

B. WRITTEN NOTICE OF INTENT TO TAKE CORRECTIVE ACTION

Written notice of intent to take corrective action is required, except for a written warning or a suspension pursuant to Staff Policy 64.D. The notice shall state the intended action, the reason, and the effective date, and shall include a copy of the materials on which the corrective action is based and state the employee's right to respond orally or in writing within 8 calendar days from the date of issuance of the notice.

After consideration of the employee's response, if any, the employee shall be notified in writing of the action to be taken, the effective date of the action, and the employee's right to review under Staff Policy 70, Complaint Resolution.

C. RECORDS OF CORRECTIVE ACTIONS

Records of corrective actions shall be maintained in accordance with local procedures, except that records of corrective actions taken in response to complaints filed by a member of the public against employees in police titles shall be retained for at least five years and shall be filed as required by California Penal Code Section 832.5.

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Appendix B: Departmental Training Records

This appendix houses the completed and sign-in sheets for the safety training sessions and inspection reports conducted for the department.

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Appendix C: Approval Log

This appendix houses the revisions and approvals of the UCLA IIPP for distribution by the UCLA Office of Environment Health and Safety.

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EH&S APPROVAL AND HISTORY LOG

Prepared by: EH&S Safety and Compliance

Date: October 2019

Reviewed by:

Date:

Mike Williams

[Signature]

Approved by:

Date:

MICHELLE A. SITYAR 10/1/19
EH&S EXECUTIVE OFFICER

[Signature]

Final Approval by:

[Signature] 10/1/2019

Calvin Dismore, AVE EH&S

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