



CSU, Chico
Research
Foundation

Supervisors
Guide
To
Safety
In The
Workplace

INTRODUCTION

Employee safety on the job is the responsibility of the employee and employer. As a supervisor, part of your responsibilities is to conduct required safety inspections and safety meetings.

The goal of the Foundation is to have an effective Injury and Illness Prevention Program. With a successful program established, the following objectives can be achieved:

- Management is able to prevent many hazards from occurring through regular self-inspections;
- Employees know how to report potentially hazardous conditions without fear of reprisal and know that their reports will be given prompt and serious attention;
- Workplace equipment is maintained in safe and good working condition;
- Management establishes procedures to investigate any workplace accidents or near-miss incidents and reported injuries and illnesses:
- Hazards are corrected as soon as possible after they are identified;
- Employees receive general safety and health rules which are written and apply to everyone;
- Disciplinary procedures are established which help ensure that safety rules and work procedures are put into practice and enforced.

This packet of information has been compiled to help you, the supervisor/project director, to keep your employees safe. Inside this packet you will find:

- Forms to Complete a Departmental Safety Inspection
- Instructions for Departmental Safety Meetings
- Form to report Safety Hazards
- Workers' Compensation Information

All of this information, the appropriate procedures and forms can also be found on our website at www.csuchico.edu/rfdn. Click on the Human Resources button. The complete Injury/Illness Prevention Program binder is available for your review at the CSU, Chico Research Foundation Administration Office.

DEPARTMENTAL SAFETY INSPECTION

A health and safety inspection program is essential in order to reduce unsafe working conditions, which may expose employees and visitors in incidents that could result in injury to individuals or damage to property.

Workplace Inspections

- It is the responsibility of each Project Director to ensure that a regular and systematic inspection process be scheduled for all workplace areas.
- The frequency of workplace inspections is left up to the Project Director's discretion. It is recommended that all areas be inspected at least on a semi-annual basis. Those projects engaged in hazardous operations are encouraged to conduct more frequent inspections.
- Because many CSU, Chico Research Foundation employees work in state buildings, the CSUC Office of Environmental Health and Safety will conduct annual inspections of non-departmental public access areas (i.e., hallways, stairways, interior and exterior public assembly areas, restrooms, classrooms, etc.).
- Please complete the attached **Safety Inspection Report**, retain a copy for your records and return the original to the CSU, Chico Research Foundation Administration Office.

HAZARD COMMUNICATION

The intent of the Hazard Communication Programs is to enhance the health and safety of employees. When a safety hazard has been identified the **Report of Safety Hazard** should be completed and returned to the CSU, Chico Research Foundation Administration office. This form should be made available to all of your employees.

- The **Report of Safety Hazard** form is attached; retain a copy for your records and return the original to the CSU, Chico Research Foundation Administration Office.

DEPARTMENTAL SAFETY MEETINGS

Quarterly departmental safety meetings should be held to keep employees informed of safety and health matters. The safety meeting can be brief, 5-10 minutes. Scheduling your meetings ahead of time will help ensure employee participation. Topics to be discussed are:

- A review of any injuries or illnesses or safety hazard reports that have occurred in your department over the last quarter should be conducted during this meeting. This information can be obtained from the CSU, Chico Research Foundation Administration Office.
- A review of the actions taken to prevent or correct injuries, illnesses or safety hazards.
- Any "Tailgate" topic such as: Back Injury Prevention, Office Safety, Chemical Safety, Fire Extinguishers, etc.
- You will also need to document your meeting, the topics discussed, and who was in attendance. Please see the attached form, **Report of Safety Meeting**. Retain a copy for your records and return the original to the CSU, Chico Research Foundation Administration Office.

The CSUC Office of Environmental Health and Safety have made available to the CSU, Chico Research Foundation a variety of videos, which promote a safe and healthy workplace and work practices. You may contact them directly at 530-898-5126. The Foundation Administration office also has access to educational safety materials through our risk management program. If you wish to obtain these materials please contact the CSU, Chico Research Foundation Administration Office to order.

A CSU, Chico Research Foundation publishes a Safety newsletter on a quarterly basis and is distributed in the paychecks. Extra copies are available in the CSU, Chico Research Foundation Administration office. You can also find the newsletter on our web site at www.csuchico.edu/rfdn.

WORKERS COMPENSATION

It is important to remember that his/her personal physician may treat an employee for a work-related injury or illness if the Research Foundation has been notified in writing prior to the date of injury or illness. A designated physician must be the doctor who has regularly treated the employee and maintains the employee's medical records. Designated physician forms are available at the Foundation Administrative office or our website.

All employees of the CSU, Chico Research Foundation are insured for any on-the-job injury or work-related illness. The claims are processed through Sedgwick Risk Services. Workers' Compensation provides the following benefits.

Medical Care – all approved medical and hospital bills

Disability Income – If hospitalized or unable to work for more than three days as a result of a work injury or illness, you will receive temporary disability payments equal to 2/3 of your average weekly wage up to the maximum allowable by law, per week. If the disability is permanent, additional payment will be provided.

Supplemental Job Displacement Benefit – If you become permanently unable to return to your same job, you may be eligible for vouchers that can help you pay for educational, retraining or skill enhancement at state approved schools.

Death Benefits – Should a work injury or illness cause death, a benefit will be paid to your dependents.

All employees must adhere to the following policy and procedures when an injury or illness occurs.

1. Report all injuries promptly to your immediate supervisor. This includes minor sprains and injuries that may only require first aid. Failure to report injuries may result in a delay or loss of benefits. Complete the Employee Claim Form and return it to the CSU, Chico Research Foundation Administration office within 24 hours of receipt. (If you are a supervisor/project director, please contact the Foundation Administrative Office for a supply of Employee Claim Forms). You will be returned 2 copies of the claim form one for you and one for the treating facility.
2. Supervisors/Project directors must immediately contact the Foundation Administrative Office to report a work-related injury or illness. The Accident Investigation Report form must be completed and returned to the CSU, Chico Research Foundation Office within 1 day. Forms and procedures are available at www.csuchico.edu/rfdn.
3. Any injury requiring emergency treatment should be treated at the nearest hospital emergency room immediately following the injury. Call 911 for emergency assistance if needed.
4. If non-emergency medical treatment is necessary, the following procedure must be followed (unless a physician has been pre-designated).
 - a. For employees working in the Chico area: Report to the one the following medical facilities:

Convenient Care
670 Rio Lindo Ave., Ste. 300
Chico, Ca. 99526
530-899-7120
Open Monday – Friday 8:30am – 5:30pm
Open Saturday from 9:00am – 1:00pm

- b. For employees working outside the Chico area: Report to the nearest appropriate medical facility. (i.e. for emergencies, the closest hospital emergency room, for non-emergency medical treatment, an appropriate immediate care/occupational health clinic)

PLEASE NOTE: Student employees of the CSU, Chico Research Foundation are required to follow these same procedures. DO NOT send a student employee to the Student Health Center for a work-related injury or illness.

5. An employee who has sought and received medical treatment for a work injury/illness can not return to work unless a Return to Work release has been issued by the treating physician. It is important to note whether the release is for full or modified work, and any restriction must be observed. All attempts will be made to accommodate work restrictions by providing appropriate modified/alternate work for the employee. The Return to Work release must be forwarded to the CSU, Chico Research Foundation Administrative Office upon receipt.
6. If the employee is not severely injured or ill and the employee requires only the initial physician visit and a follow-up visit the injury/illness will be designated as First Aid. If the designation of First Aid is made, the cost of the physician visit and treatment will be paid from a reserve account directly.

If you have any questions, please contact the CSU, Chico Research Foundation Human Resources office.

Accident Investigation Report

(Must be returned to the Foundation Administration Office within 1 business day)

Department:

Location Where Injury Occurred:

Name of Injured Employee:

Date Of Hire:

Normal Occupation of Employee:

Date Of Accident:

Employee Usually Works ___ Hrs. Per day ___ Days Per Week ___ Total Weekly

Time Of Accident:

Time Employee Began Work:

AM/PM

Date Reported To You:

Did Employee Leave Work Due to Accident?

Yes ___ No ___

Date:

Time:

AM/PM

Did Employee Return To Work? Yes ___ No ___

Date:

Time:

AM/PM

Name(s) of Witness(s):

Name, Address and Phone Number of Doctor or Hospital Where Injured Was Treated:

What Was Employee Doing When Injured? (Please be specific. Identify tools, equipment, or materials the employee was using).

How Did The Accident Or Exposure Occur? (Please describe fully the events that resulted in injury or occupational disease. Tell what happened and how it happened. Please use separate sheet if necessary).

Object or Substance That Directly Injured Employee (e.g. the machine employee struck against or which struck him/her; the vapor or poison inhaled or swallowed; the chemical that irritated the skin; in case of strains, the object being lifted, pulled or pushed).

Describe The Injury or Illness (e.g. cut, strain, fracture, skin rash, etc.)

Part of Body Affected (e.g. back, left wrist, right eye, etc.)

What Was Done Or Failed To Be Done That Contributed To The Accident?

What Actions Have Or Will Be Taken To Prevent Recurrence? Indicate Date To Be Completed.

(Use additional sheet if necessary)

1.

2.

3.

Investigation Conducted By:

Title:

Date:

Received By HR:

Title:

Date:

Safety Inspection Report

Report Prepared by: _____ Date: _____

Department: _____ Location: _____

GENERAL OFFICE SAFETY	YES	NO
Are all work areas and aisles clear and free from obstruction?		
Are trash containers provided and used?		
Are stepladders provided and used?		
Are boxes or heavy objects not stored on top of shelves?		
Are two or more file cabinets bolted together and anchored to the wall or floor to prevent tripping?		
Are file cabinet drawers kept closed at all times when not in use?		
Are lighting and ventilation adequate in all areas?		
Are safe lifting techniques used?		
Is running not permitted?		
Are video display terminals (VDT) not higher than eye level?		
Are VDTs tilted to eliminate glare?		
Are VDTs at least 18 inches from eyes?		
Is personal hygiene practiced before handling food?		
Are Material Data Safety Sheets available for all hazardous materials employees use?		
Have employees been trained in safe work practices and procedures?		
Are employees aware of safety programs available to them such as the Injury and Illness Prevention Program?		
Are adequate fire extinguishers and alarms available and do employees know of their location and how to use them?		
Have tripping hazards, such as cords, been eliminated?		
Are employees familiar with appropriate emergency phone numbers and procedures?		
Are first aid kits readily available?		

ERGONOMICS	YES	NO
Can the work be performed without eyestrain or glare to the employees?		
Does the task require prolonged raising of the arms?		
Do the neck and shoulders have to be stooped to view the task?		
Are the pressure points on any parts of the body (wrists, forearms, back of thighs)?		
Can the work be done using the larger muscles of the body?		
Can the work be done without twisting or overly bending the lower back?		
Are there sufficient rest breaks in addition to the regular rest breaks, to relieve stress from repetitive-motion tasks?		
Are tools, instruments, and machinery shaped, positioned and handled so those task can be performed comfortably?		
Are all pieces of furniture adjusted, positioned and arranged to minimize strain on all parts of the body?		

EXITS AND EXIT MARKINGS	YES	NO
Are all exits marked with an exit sign and illuminated by a reliable light source?		
Is lettering at least six inches high with the principle letter strokes at least ¾ of an inch wide?		
Is the direction to exits, when not immediately apparent, marked visible signs?		
Are doors or other passageways that are neither exits nor access to an exit, and located where they may be mistaken for exits, appropriately marked "NOT AN EXIT"?		
Are exit doors side-hinged?		
Are all exit routes always kept free of obstruction?		
Are special precautions taken to protect employees during construction and repair operations?		
Is the number of exits from each floor of a building, and the number of exits from the building itself, appropriate for the building occupancy load?		
When ramps are used as part of required exiting from a building, is the ramp slope limited to one foot vertical and 12 feet horizontal?		
Where exiting is through frameless glass doors, glass exit doors storm doors and such, are the doors fully tempered and meeting safety requirements for human impact?		

FIRE PROTECTION	YES	NO
Are the extinguishers selected for types of combustibles and flammables in the areas where they are to be used?		
Are extinguishers fully charged and in designated places?		
Are extinguishers located along normal paths of travel?		
Are extinguisher locations free from obstruction or blockage?		
Are extinguishers not mounted too High? If not exceeding 40 pounds, the top must not be higher than 5 feet above floor; greater than 40 pounds; the top must not be higher than 3 ½ feet above floor.		
Have all extinguishers been serviced, maintained, and tagged at intervals not to exceed one year?		
Are all extinguishers checked monthly to see if they are in place or if they have been discharged?		
Have you established procedures and practices to control potential fire hazards and ignition sources?		
Are employees aware of fire hazards of the materials and processes to which they are exposed?		
Is your local fire department well acquainted with your facilities, location, and specific hazards?		
If you have outside private fire hydrants, are they flushed at least once a year on a routine preventative schedule?		
Are fire doors and shutters unobstructed?		
Are fire doors and shutters in good operating condition?		
Are fire doors and shutters fusible links in place?		

FIRE SAFETY	YES	NO
Is there at least one fire extinguisher on each floor or in each department?		
Are fire extinguishers conspicuously located where they will be readily available in case of fire?		
Re fire extinguishers inspected regularly to ensure that they are properly in place, have not been activated, and have not suffered any obvious physical damage?		
Are all fire exits free from obstruction?		
Are flammable liquids stored in approved cabinets and containers?		
Are extinguishers, alarm boxes, and sprinklers easily accessed?		
Are first aid kits readily available?		
Are emergency medical procedures including physician and ambulance phone numbers posted?		

RESPIRATORY PROTECTION DEVICES	YES	NO
Are respirators provided when necessary?		
Are there written standard operating procedures for the selection and use of respirators?		
Is the user instructed and trained in proper use of respirators?		
Where practicable, are respirators assigned for use by employees individually?		
Are respirators cleaned and disinfected after use?		
Are respirators stored in a convenient, clean, and sanitary location?		
Are routinely used respirators inspected during cleaning?		

HAZARDOUS SUBSTANCES COMMUNICATION	YES	NO
Is there a list of hazardous substances used in your workplace?		
Is there a written hazard communication program dealing with Material Data Safety Sheets (MSDS), labeling and employee training?		
Is each container for a hazardous substance labeled with Product identity and a hazard warning?		
Is there a Material Safety Data Sheet readily available for each hazardous substance used?		
Have contractors whose employees share the same work area where the hazardous substances are used been notified?		
Is there an employee training program for hazardous substances?		
Does this program include the following:		
* An explanation of what an MSDS is and how to use and obtain one?		
* MSDS contents for each hazardous substance		
* Explanation of "Right to Know"		
* Identification of where employees can see the employer's written hazard communication program and where hazardous substances are present in their work area?		
* The physical and health hazards of substances in the work area, how to detect their presence, and specific protective measures to be used?		
* Details of the hazard communication program, including how to use the labeling system and MSDSs?		
* How employees will be informed of hazards of non-routine tasks, and hazards of unlabeled pipes?		

HAZARDOUS CHEMICAL EXPOSURES	YES	NO
Are employees trained in the safe handling practices of hazardous chemicals?		
Are employees aware of the potential hazards involving various chemicals stored or used in the workplace?		
Is employee exposure to chemicals kept within acceptable levels?		
Are eye wash fountains and safety showers provided in areas where corrosive chemicals are handled?		
Are all containers such as vats and storage tanks labeled as to their contents?		
Are all employees required to use personal protective clothing and equipment when		

HAZARDOUS CHEMICAL EXPOSURES	YES	NO
handling chemicals?		
Are flammable or toxic chemicals kept in closed containers when not in use?		
Are chemical piping systems clearly marked as to their content?		
Where corrosive liquids are frequently handled in open containers or drawn from storage vessels or pipelines, is adequate means readily available for neutralizing or disposing of spills or overflows properly and safely?		
Have standard operating procedures been established and are they being followed when cleaning up chemical spills?		
Where needed for emergency use, are respirators stored in a convenient, clean and sanitary location?		
Are respirators intended for emergency use adequate for the various uses for which they may be needed?		
Are employees prohibited from eating in areas where hazardous chemicals are present?		
Is personal protective equipment provided, used, and maintained whenever necessary?		
Are there written standard operating procedures for the selection and use of respirators where needed?		
If you have a respirator protection program, are your employees instructed on the correct usage and limitation of the respirators?		
Are the respirators NIOSH approved for this particular application?		
Are they regularly inspected and cleaned, sanitized and maintained?		
If hazardous substances are used in your processes, do you have a medical or biological monitoring system in operation?		
Are you familiar with the Threshold Limit Values or Permissible Exposure Limits of airborne contaminants and physical agents used in your workplace?		
Have control procedures been instituted for hazardous materials, where appropriate?		
Whenever possible, are hazardous substances handled in properly designed and exhausted booths or similar locations?		
Do you use general dilution or local exhaust ventilation systems to control dusts, vapors, gases, fumes, smoke solvents, or mists which may be generated in workplace?		
Is ventilation equipment provided for removal of contaminants from such operations as production grinding, bugging, spray painting, and/or vapor degreasing, and is it operating properly?		
Do employees complain about dizziness, headaches, nausea, irritation or other factors of discomfort when they use solvents or other chemicals?		
Is there a dermatitis problem? Do employees complain about skin dryness, irritation or sensitization?		
Have you considered the use of an industrial hygienist or environmental health specialist to evaluate your operation?		
If internal combustion engines are used, is carbon monoxide kept within acceptable levels?		
Is vacuuming used, rather than blowing or sweeping dusts, whenever possible for clean up?		
Are materials, which give off toxic asphyxiant, suffocating or anesthetic fumes, stored in remove or isolated locations when not in use?		

WALKING AND WORKING SURFACES	YES	NO
Are all places of employment kept clean and orderly?		
Are floors, aisles, and passageways kept clean and dry and all spills cleaned up immediately?		
Are floor holes, such as drains, covered?		
Are permanent aisles appropriately marked?		
Are wet and/or greasy surface areas covered with non-slip materials?		
Are aisles and walkways marked as appropriate?		
Is there safe clearance for walking in aisles where motorized mechanical handling equipment is operating?		
Are aisles or walkways that pass near moving or operating machinery, welding operations or		

WALKING AND WORKING SURFACES	YES	NO
similar operations arranged so employees will not be subjected to potential hazards?		
Is adequate headroom provided for the entire length of any aisle or walkway?		
Are standard guardrails provided wherever aisle or walkway surfaces are elevated more than 30 inches above any adjacent floor or the ground?		

LABORATORY SAFETY	YES	NO
Are bench tops kept clean and dry from spills?		
Are areas under sinks kept clear of debris?		
Are chemicals properly stored in cabinets, drawers and shelves?		
Are hood flow rates checked for proper ventilation?		
Are hazardous chemicals stored under hoods when being used?		
Are all aisles kept clear of chairs and other debris?		
Are window ledges not used for storage of chemicals or projects?		
Is the floor kept dry to prevent slipping?		
Are chairs or stools properly maintained?		
Are safety glasses, face shields, and protective clothing used when handling hazardous chemicals?		
Are compressed gas cylinders stored upright and strapped down?		
Is broken glassware disposed of in proper containers?		
Is a "No Smoking, No Eating, No Drinking" sign posted in lab?		
Is tubing used properly and in good condition?		
Are all mechanical devices guarded on moving parts?		
Is all laboratory equipment kept in good condition?		
Are refrigerators only used for the storage of chemicals and not food?		
Are eyewash fountains and showers checked regularly?		
Are all containers labeled?		
Are reactive chemicals kept in separate fume hoods?		
Are Material Safety Data Sheets available for all hazardous materials?		

PERSONAL PROTECTIVE EQUIPMENT & CLOTHING	YES	NO
Is personal protective equipment provided, used, and maintained wherever it is necessary?		
Is employee-owned personal protective equipment adequate and properly maintained?		
Are eye and face protections available where debris or flying objects could be a hazard?		
Are earplugs or muffs provided and worn during noisy conditions?		
Are hard hats or safety shoes available where falling objects could be a hazard?		
Are approved safety glasses required to be worn at all times in areas where there is risk of eye injuries such as punctures, abrasions, contusions, or burns?		
Are employees who need corrective lenses in working environments with harmful exposures, required to wear only approved safety glasses, protective goggles, or to use other medically approved precautionary procedures?		
Are protective gloves, aprons, shields, or other means provided against cuts, corrosive liquids and chemicals?		
Are hard hats inspected periodically for damage to the shell and suspension system?		
Is appropriate foot protection required where their risk of foot injuries from hot, corrosive, poisonous substances, falling objects, crushing or penetrating actions?		
Are approved respirators provided for regular or emergency use when needed?		
Is all protective equipment maintained in a sanitary condition and ready for use?		
Do you have eye wash facilities and a quick drench shower within a work area where employees are exposed to injurious corrosive materials?		
Where special equipment is needed for electrical workers, is it available?		
When lunches are eaten on the premises, are they eaten in area where there is no exposure to toxic materials or other health hazards?		

Section 1 To Be Completed By Employee

Brief Description of Hazard/Health and Safety Issue

Include details, if any, of immediate action taken to ensure the safety of persons who may be affected.

Where is the Hazard Located?

Date/Time Hazard Identified:

Recommended Action to Be Taken:

Recommended Completion Date:

Section 2 To Be Completed By Employer

Date/Time Report Received:

Employer Response/Action To Report

The safety issue has been resolved and the employees are safe to work in the area. Yes No

Date/Time of Corrective Action Completion:

The employees may continue to work in the area with the following restrictions.

The safety issue prohibits employees from working in the area.

Employees should be assigned to an alternate work location.

To Be Completed By Both The Employee and the Employer

Employee Name:

Job Title:

Work Location:

Employee Signature:

Employer Name:

Job Title:

Work Location:

Employer Signature:

To Be Completed By The Safety Committee

Date Report Reviewed:

Committee Agrees With Action Taken Yes No *If "yes" sign below*

If "No" Additional Action Taken:

Responsibility of Completion Assigned To:

Committee Chair Name:

Signature:

Report of Safety Meeting

CSU, Chico Research Foundation

Date:

Department:

Location:

Accidents/Exposures Reviewed:

Actions Taken:

Subjects Discussed:

Suggestions/Recommendations:

Supervisors Name:

Supervisors Signature:

