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February 13, 2020

Dr. Erika D. Beck, President  
California State University Channel Islands  
1 University Drive  
Camarillo, CA 93012

Dear Dr. Beck:

**Subject: Audit Report 19-09, *Health and Safety*, California State University Channel Islands**

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

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

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

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

Sincerely,



Larry Mandel  
Vice Chancellor and Chief Audit Officer

c: Timothy P. White, Chancellor

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**The California State University**  
Audit and Advisory Services

## **HEALTH AND SAFETY**

**California State University  
Channel Islands**

Audit Report 19-09  
December 13, 2019

## EXECUTIVE SUMMARY

### OBJECTIVE

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

Additionally, the audit reviewed the status of the recommendations made in the California State Auditor (CSA) Audit Report 2017-119, the state audit review of HS conducted in 2017 at four California State University (CSU) campuses, including California State University Channel Islands (CI).

### CONCLUSION

Based upon the results of the work performed within the scope of the audit, except for the weaknesses described below, the operational and administrative controls for HS as of October 4, 2019, taken as a whole, provided reasonable assurance that risks were being managed and objectives were met.

Overall, the campus had a framework for HS in which public safety, through the environmental health and safety (EHS) office, provided guidance to campus programs and departments. However, we found that one of the corrective actions to address CSA's recommendations regarding departmental self-audits had not yet been fully implemented. We also found that the campus had not performed a written hazard assessment for all campus workspaces that required the use of personal protective equipment (PPE). Moreover, the campus did not always administer hazardous material (HAZMAT) and hazardous waste (HAZWASTE) in accordance with regulatory and campus requirements, as we found unlabeled containers and waste accumulated beyond the allowable time frame. Furthermore, administration of the Injury and Illness Prevention Program (IIPP) needed improvement, as certain required elements were missing or contained outdated information. In addition, the responsibilities relating to the campus medical monitoring program, particularly those relating to the collection and maintenance of employee medical records, needed to be clarified and observed. Also, the campus did not always submit an annual HS program report to the CO.

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

## **OBSERVATIONS, RECOMMENDATIONS, AND RESPONSES**

### **CSA Recommendation Status**

The following are observations on the status of recommendations made in the CSA Audit Report 2017-119.

#### **1. SELF-AUDITS**

##### **OBSERVATION**

The procedures implemented in response to CSA observations regarding self-audits needed improvement.

The CSA reviewed the campus processes for identifying and addressing safety concerns in its laboratories and recommended that the campus immediately begin following its policies regarding departmental self-audits (Recommendation 70 in Appendix A). It further recommended that the campus amend its chemical plan to include specific expectations about how often departments and EHS should conduct self-audits.

The CSA reviewed the one-year response submitted by the campus in April 2019 and considered the recommendation partially implemented, clearing the portion regarding the amendment to the chemical plan but requesting additional evidence showing that the campus began following its policies to conduct departmental self-audits to identify and address safety concerns in its laboratories.

We reviewed ten labs for compliance with the newly issued requirement that departments conduct self-audits every semester, and we found that one department had not completed its spring 2019 safety self-audit for its designated spaces.

Performing regular self-audits increases the likelihood that unsafe conditions will be identified and may reduce potential accidents, injuries, and liabilities to the campus.

##### **RECOMMENDATION**

We recommend that the campus review the self-audit administration program initiated as a result of the CSA observation and determine whether it needs improvement based on the oversight noted in this review.

##### **MANAGEMENT RESPONSE**

We concur. We reviewed the self-audit administration by coordinating with CSA. Based on the CSA recommendation, the campus issued a memorandum to specify when lab inspections are required for spring and fall beginning in fiscal year 2020.

## **Areas Reviewed Not Covered by CSA**

### **2. HAZARD ASSESSMENTS**

#### **OBSERVATION**

The campus had not performed a written hazard assessment for all academic and research workspaces that required the use of PPE.

California Code of Regulations (CCR) Title 8, §3380, *Personal Safety Devices and Safeguards*, requires employers to assess the workplace to determine whether hazards that necessitate the use of PPE are present and to ensure provision of appropriate PPE if hazards are present. Although the campus performed an assessment of facilities tasks, the process did not extend into the academic and research activities.

A written hazard assessment of campus workplaces helps to ensure that hazards and corresponding PPE are identified and communicated to faculty and staff.

#### **RECOMMENDATION**

We recommend that the campus establish and implement a written hazard assessment for all campus workplaces that require the use of PPE, including the academic and research areas, and develop procedures to ensure provision of appropriate PPE if hazards are present.

#### **MANAGEMENT RESPONSE**

We concur. Based upon the audit recommendation, we revised the assessment process to include academic and research activities. By June 13, 2020, we will establish responsibility for completing written hazard assessments for areas that require PPE.

### **3. HAZARDOUS WASTE AND MATERIALS ADMINISTRATION**

#### **OBSERVATION**

The campus did not always administer HAZMAT and HAZWASTE in accordance with regulatory and campus requirements.

We reviewed seven locations in which HAZMAT and HAZWASTE were present, and we found that:

- At four locations, HAZMAT containers did not have labels identifying the contents of the container or providing a written or graphic hazard warning.
- At one location, a HAZWASTE container did not have a label indicating the date the waste was generated and the hazardous properties of the waste.

Additionally, at one location, we found HAZWASTE that had been accumulating for more than one year.

Proper labeling and timely management of accumulated waste for HAZMAT and HAZWASTE communicates potential danger and reduces the risk of accidents, injuries, and potential liability to the campus.

#### **RECOMMENDATION**

We recommend that the campus remind all personnel involved in handling HAZMAT and HAZWASTE of the regulatory requirements regarding proper labeling of containers and timely disposal of HAZWASTE, and provide training as needed.

#### **MANAGEMENT RESPONSE**

We concur. We will provide personnel refresher training on labeling requirements and timely disposal of HAZWASTE. The training will be implemented no later than June 13, 2020.

### **4. INJURY AND ILLNESS PREVENTION PROGRAM**

#### **OBSERVATION**

Administration of the IIPP needed improvement.

We found that although the IIPP included most key elements required by 8 CCR §3203, *Injury and Illness Prevention Program*, the following elements were missing or contained outdated information:

- The name of the person designated in the IIPP as having authority and responsibility for implementation of the plan no longer worked at the campus.
- The IIPP did not outline procedures for documentation and records retention for the scheduled and periodic inspections.

An up-to-date IIPP that reflects the current campus practices and contains elements required by the CCR helps to ensure that employees and students are aware of the resources available to them and promotes a healthy and safe environment on campus.

#### **RECOMMENDATION**

We recommend that the campus:

- a. Update the IIPP to reflect the current name of the person designated as having authority and responsibility for implementation of the plan.
- b. Add procedures to the IIPP addressing documentation and records retention for scheduled and periodic inspections.

**MANAGEMENT RESPONSE**

We concur.

- a. By June 13, 2020, we will revise the IIPP policy to update the name of the person responsible for implementation.
- b. Based upon the audit recommendation, we added record retention for inspection documents to the IIPP.

**5. MEDICAL MONITORING PROGRAM**

**OBSERVATION**

Responsibilities for the campus medical monitoring program, particularly those regarding collection and maintenance of employee exposure medical records, needed to be clarified and observed.

We noted that various HS programs contained elements of medical monitoring, but the campus did not appear to strictly adhere to the procedures regarding retention of certain records. Specifically, human resources (HR) was unable to confirm that it maintained employee exposure medical records in the capacity described in the IIPP.

Clear and understandable responsibilities regarding medical monitoring communicated to campus departments improves regulatory compliance and helps to promote a healthy and safe environment for employees.

**RECOMMENDATION**

We recommend that the campus identify and remediate any instances of missing medical records and communicate and train HR, EHS, and other relevant staff on their responsibilities relating to the medical monitoring program.

**MANAGEMENT RESPONSE**

We concur. Based upon the audit recommendation, we amended the IIPP to state medical monitoring records are retained by EHS. We located any available missing medical reporting records. By June 13, 2020, we will train EHS, HR, and other relevant staff on the medical monitoring program.

**6. ANNUAL REPORTING**

**OBSERVATION**

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

We found that the campus did not prepare and submit the annual HS program report to the CO Systemwide Office of Risk Management for the 2017 calendar year, as required by Executive Order (EO) 1039, *CSU – Occupational Health and Safety Policy*.

Annual HS program reports provide necessary information to the CO for the furtherance of systemwide oversight.

**RECOMMENDATION**

We recommend that the campus develop a process to ensure that the annual HS report is prepared and submitted timely to the CO.

**MANAGEMENT RESPONSE**

We concur. Based upon the audit recommendation, we improved the process for tracking and notification of due dates for timely submission to CO.

## GENERAL INFORMATION

### BACKGROUND

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

All CSU campuses purchase HAZMAT for both instructional and research purposes, most prominently in colleges that focus on the sciences, fine arts, and liberal arts. In addition, campus maintenance departments such as custodial services, facilities, and auto shops may use materials that are known to have properties that are harmful to humans and the environment. Nearly all of the areas that use HAZMAT generate HAZWASTE that is subject to strict regulations for safe and proper storage, transport, and disposal.

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

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

At CI, the responsibility and authority to develop and maintain the campus IIPP and environmental compliance programs are delegated to the director of EHS, who reports to the chief of police. The staff of five at EHS includes the director, health and safety manager, environmental compliance and HAZMAT manager, a chemical hygiene and laboratory safety specialist, and a safety coordinator. CI EHS collaborates with all university programs, departments, and organizations to assist them in the development and implementation of initiatives to create a safe and healthful work environment. University auxiliary and affiliate organizations are responsible for applying similar practices to their respective businesses and activities.

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

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

## SCOPE

We visited the CI campus from August 26, 2019, through October 4, 2019. Our audit and evaluation included the audit tests we considered necessary in determining whether operational and administrative controls are in place and operative. The audit focused on procedures in effect from January 1, 2016, to October 4, 2019.

Specifically, we reviewed and tested:

- Implementation of recommendations from the 2017 CSA audit report related to oversight committees, Chemical Hygiene Plan administration, employee and student safety training, and inspections.
- Oversight and administration of the campus HS program, including clearly defined roles and responsibilities; appropriate safety committees; departmental self-audits and monitoring practices; and current policies and procedures.
- The adequacy and availability of safety equipment, including evaluation of the chemical hygiene plan; provision of personal protective equipment; and regular inspections and monitoring of key safeguards and engineering controls.
- Proper storage and safety of HAZMAT, including procurement; maintenance of accurate inventories; appropriate labeling and storage practices; and access controls.
- Communications and training processes, including evaluation of the availability of safety data sheets, asbestos notifications and signage, and documentation and monitoring of student and employee training.
- Whether appropriate safety programs were in place, when applicable, for health facility operations and medical monitoring of employees.
- Appropriate identification, storage, and monitoring of accumulated HAZWASTE.

As a result of changing conditions and the degree of compliance with procedures, the effectiveness of controls changes over time. Specific limitations that may hinder the effectiveness of an otherwise adequate system of controls include, but are not limited to, resource constraints, faulty judgments, unintentional errors, circumvention by collusion, and management overrides. Establishing controls that would prevent all these limitations would not be cost-effective; moreover, an audit may not always detect these limitations.

Our testing and methodology, which was designed to provide a review of key operational and administrative controls, included interviews, walkthroughs, and detailed testing on certain aspects of the HS program. The review was limited to gaining reasonable assurance that essential elements of the HS program were in place and did not examine all aspects of the program. We did not re-perform any testwork completed by the CSA in their 2017 audit of CI.

Instead, for those areas tested by the CSA that are also included in the current audit scope, we reviewed the implementation of campus corrective actions for any noted issues.

## CRITERIA

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

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

- 29 Code of Federal Regulations Part 1910, *Occupational Safety and Health Standards*
- California HSC Division 20, *Miscellaneous Health and Safety Provisions*
- CSA Report 2017-119 Recommendations
- CCR Title 8, *Industrial Relations*
- CCR Title 17, *Public Health*
- CCR Title 19, *Public Safety*
- CCR Title 22, Division 4.5, *Environmental Health Standards for the Management of Hazardous Waste*
- EO 1031, *Systemwide Records/Information Retention and Disposition Schedules Implementation*
- EO 1039, *California State University - Occupational Health & Safety Policy*
- EO 1069, *Risk Management and Public Safety*
- Collective Bargaining Agreement, Unit 6, Article 28, *Health and Safety*
- CI *Asbestos Operations and Maintenance Program*
- CI *Chemical Hygiene Plan*
- CI *Hazardous Materials Procurement Guidelines*
- CI *Hazardous Waste Management Procedures*
- CI *Injury and Illness Prevention Program*
- CI *Laser Safety Plan*

## AUDIT TEAM

Audit Manager: Ann Hough  
Senior Auditor: Allen Tung

## APPENDIX A – CSA RECOMMENDATIONS

Recommendation	Description
70	Channel Islands should immediately begin following its policies to conduct departmental self-audits to identify and address safety concerns in its laboratories. Further, Channel Islands should amend its chemical plan to include specific expectations about how often departments and its EH&S office will conduct self-audits.