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June 11, 2019

Dr. William A. Covino, President
California State University, Los Angeles
5151 State University Drive
Los Angeles, CA 90032

Dear Dr. Covino:

Subject: Audit Report 19-16, *Health and Safety*, California State University, Los Angeles

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

The California State University
Audit and Advisory Services

HEALTH AND SAFETY

California State University, Los Angeles

Audit Report 19-16
April 30, 2019

EXECUTIVE SUMMARY

OBJECTIVE

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

CONCLUSION

We found the control environment for some of the areas reviewed to be in need of improvement.

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 March 8, 2019, taken as a whole, provided reasonable assurance that risks were being managed and objectives were met.

We noted that the campus had an appropriate framework for HS, with guidance primarily provided by risk management and environmental health and safety (EHS). However, we found that the campus did not have an effective HS training program to ensure that all employees and students who handled hazardous materials (HAZMAT) and hazardous waste (HAZWASTE) completed required training. We also found that the campus did not always follow CO and regulatory policies and procedures, including proper labeling and storing of HAZMAT and HAZWASTE, inspections of safety equipment, and performance of workplace hazard assessments and inspections. Further, HS policies and procedures, plans, and programs were in draft form, outdated, or missing required elements. In addition, the campus did not post proper signage at locations that contained asbestos and radiation, did not always submit an annual HS program report to the CO, and did not submit an updated Hazardous Materials Business Plan (HMBP) to the local Certified Unified Program Agency (CUPA).

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

OBSERVATIONS, RECOMMENDATIONS, AND RESPONSES

1. EMPLOYEE HEALTH AND SAFETY TRAINING

OBSERVATION

The campus did not ensure that all employees who handled HAZMAT and HAZWASTE were identified and assigned required HS training or ensure that required training was completed.

These HS trainings included, but were not limited to, Injury and Illness Prevention Program (IIPP), Hazard Communication Program, Laboratory Safety, Hazardous Waste and Emergency Response, Personal Protective Equipment, Bloodborne Pathogens Exposure Control, Radiation Safety, and Laser Safety.

Specifically, we found that the campus did not have a process to:

- Identify all employees required to take initial and refresher HS trainings based on job classification or description.
- Notify employees with overdue or incomplete initial and refresher HS trainings.
- Document and maintain records for initial and refresher HS trainings.

Furthermore, we reviewed 20 student assistants hired between January 2016 and December 2018 for IIPP training. The California Code of Regulations (CCR) Title 8, §3203, *Injury and Illness Prevention Program,* and the campus IIPP require that all employees receive appropriate IIPP training necessary to protect their health and safety. The campus was documenting this initial training via the Supervisor's Safety Orientation Checklist. We found that:

- In eight instances, the checklist was not completed timely. Specifically, the checklist was not completed during the period noted above, and instead was dated during the audit.
- In four instances, the checklist was not provided because the supervisor was unaware of the required form or the individual was no longer a university employee.

Effective administration of the HS training program helps to ensure compliance with program provisions, increases safety awareness, and reduces potential injuries, accidents, and liabilities to the campus.

RECOMMENDATION

We recommend that the campus:

a. Create and implement a process to identify all employees required to take initial and refresher HS trainings.

b. Track and notify employees with overdue or incomplete initial and refresher HS trainings.

c. Maintain records of all completed HS training, including IIPP training.

MANAGEMENT RESPONSE

We concur. The campus will:

a. Implement a process to identify employees who require initial and refresher HS trainings.
b. Track and notify employees with overdue or incomplete initial and refresher HS trainings.
c. Maintain records of HS and IIPP training.

Estimated completion date: August 30, 2019

2. STUDENT HEALTH AND SAFETY TRAINING

OBSERVATION

The campus was not consistently maintaining proper records showing student completion of HS training.

We reviewed 12 laboratory courses offered during the fall 2018 semester, and we found that:

- For five courses, student training records were not readily traceable to the courses. The students in these courses may have attended EHS's monthly in-person laboratory safety training. We were provided with sign-in sheets from the EHS training sessions conducted between August 2018 and February 2019, but the sign-in sheets did not provide sufficient information to identify whether all students received required training. For example, the sign-in sheets did not identify the attendee as an employee or student, or which laboratory course the student was enrolled in.

- For two courses, instructors provided a form certifying that they presented the safety procedures to all students in their class instead of a document showing student attendance at training (e.g., a sign-in sheet). Further, one of the two instructors completed this form during the audit.

- For one course, the instructor provided the wrong form (Supervisor's Safety Orientation Checklist for Laboratories). This form was also completed during the audit.

- For one course, a training sign-in sheet was maintained, but the number of students enrolled in the course did not match the number of students who attended and completed the training.

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

RECOMMENDATION

We recommend that the campus:

a. Establish and implement a process to document student HS training.

b. Maintain proper records showing student completion of HS training.

c. Remind all appropriate college administrators, staff, and faculty of the importance of performing and documenting HS training.

MANAGEMENT RESPONSE

We concur. The campus will:

a. Implement a process to document HS trainings for applicable students.

b. Maintain HS student training records.

c. Remind appropriate college administrators, staff, and faculty of the importance of performing and documenting HS training.

Estimated completion date: August 30, 2019

3. HAZARDOUS MATERIAL

OBSERVATION

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

We inspected at least 10 laboratory and non-laboratory locations, and we found that:

- At three locations, HAZMAT stored in secondary containers was not properly labeled. Specifically, the label did not include the written or graphic hazard warning, as required by 8 CCR §5194, *Hazard Communication*, and the campus Hazard Communications Program and Chemical Hygiene Plan (CHP). Instead, the label listed the chemical name, the initials of the person using the chemical, and the date the chemical was transferred to a secondary container.

  Further, we observed that some HAZMAT containers had a label including the words "Expire: month/day/2005." This gave the appearance that the HAZMAT may have expired and should have been disposed. However, faculty stated that this 2005 date was probably the year when the material was first inventoried by EHS, rather than an expiration date.

- At one location, HAZMAT containers were not in good condition. Containers were either corroded or had manufacturer labels that were illegible.

- At one location, empty compressed gas cylinders were not properly secured.
- At one location, a safety data sheet (SDS) for a randomly selected hazardous substance was not found. This location preferred referring to hard copies of the SDS.
- One faculty member was unaware of the website link to EHS's online SDS resource.

Proper labeling and storage of HAZMAT communicates potential danger, and maintaining current SDS printouts or access to the online SDS database helps to ensure the safety of employees and students who encounter HAZMAT.

RECOMMENDATION

We recommend that the campus remind all personnel involved in handling HAZMAT of proper regulatory and campus requirements regarding the handling of HAZMAT, including, but not limited to, labeling, storing, and maintaining SDS printouts or database access, and provide training as needed.

MANAGEMENT RESPONSE

The campus will remind personnel involved in handling HAZMAT of proper regulatory and campus requirements regarding the handling of HAZMAT, including, but not limited to, labeling, storing, and maintaining SDS printouts or database access. The campus will provide training as needed to personnel involved in handling HAZMAT.

Estimated completion date: August 30, 2019.

4. HAZARDOUS WASTE

OBSERVATION

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

We inspected at least 10 laboratory and non-laboratory locations, and we found that:

- At two locations, EHS stickers on HAZWASTE containers were not used to document the type of waste and the accumulation start date.
- At one location, the HAZWASTE container label did not indicate the accumulation date.
- At one location, HAZWASTE was accumulated beyond the allowed one-year period.
- At one location, the universal waste container was not labeled.
- At one location, universal waste was accumulated beyond the allowed one-year period.
- At one location, empty fire extinguishers were not disposed of.

Proper labeling, storage, and timely disposal of HAZWASTE reduces the likelihood of accidents, injuries, and potential liability to the campus.

RECOMMENDATION

We recommend that the campus remind all personnel involved in handling HAZWASTE of the proper regulatory and campus requirements for handling HAZWASTE, including, but not limited to, labeling, storage, and timely disposal, and provide training as needed.

MANAGEMENT RESPONSE

The campus will remind personnel involved in handling HAZWASTE of the proper regulatory and campus requirements for handling HAZWASTE, including, but not limited to, labeling, storage, and timely disposal. The campus will provide training as needed.

Estimated completion date: August 30, 2019

5. SAFETY EQUIPMENT INSPECTIONS AND MAINTENANCE

OBSERVATION

The campus did not always properly inspect safety equipment.

We inspected at least 10 laboratory and non-laboratory locations, and we found that:

- At two locations, the eyewash station inspection was not performed monthly.
- At two locations, the first-aid kit was not properly maintained or replenished.

Proper inspection and maintenance of safety equipment helps to ensure a healthy and safe environment for employees and students.

RECOMMENDATION

We recommend that the campus remind applicable personnel of the proper regulatory and campus requirements to inspect safety equipment, and provide training as needed.

MANAGEMENT RESPONSE

The campus will remind applicable personnel of the proper regulatory and campus requirements to inspect safety equipment and provide training as needed.

Estimated completion date: August 30, 2019

6. HAZARD ASSESSMENTS

OBSERVATION

The campus did not have a consistent method for colleges and departments to perform written hazard assessments.

According to 8 CCR §3380, *Personal Protective Devices,* employers shall assess the workplace to determine whether hazards are present, or are likely to be present, that necessitate the use of personal protective equipment (PPE).

We found that the campus was piloting the assessment module within the Risk and Safety Solutions (RSS) software to systematically document hazard assessments and communicate PPE requirements in all campus laboratory areas. However, the pilot project did not include non-laboratory campus workplaces.

In addition, we noted that laboratory doors in science and engineering buildings featured posters that listed the instructor or principal investigator (PI) assigned to the room, EHS contact information, the types of present hazards, the PPE required, and a hazard diamond that depicted the health hazard, fire hazard, reactivity, and specific hazard. However, the posters did not indicate the date when they were created or last updated. Further, the posters were not posted at non-laboratory areas handling HAZMAT and HAZWASTE.

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

RECOMMENDATION

We recommend that the campus:

a. Establish and document a hazard assessment process for non-laboratory areas.

b. Periodically update hazard posters at laboratory rooms and indicate the date the poster was created or last updated.

c. Place hazard posters in non-laboratory areas where HAZMAT or HAZWASTE is handled.

MANAGEMENT RESPONSE

We concur. The campus will:

a. Establish a process to document hazard assessments for non-laboratory areas.

b. Periodically update hazard posters at applicable laboratory rooms and indicate the date the poster was created or last updated.

c. Place hazard posters in non-laboratory areas where HAZMAT or HAZWASTE is handled.

Estimated completion date: August 30, 2019

7. HEALTH AND SAFETY INSPECTIONS

OBSERVATION

Campus departments did not consistently perform or maintain records of mandatory HS workplace inspections.

According to the campus IIPP, deans, department chairs, and university management are responsible for implementing certain provisions, including conducting periodic workplace inspections so that unsafe acts and conditions can be identified and corrected. In addition, the campus CHP stated that college and department administrators are responsible for conducting laboratory inspections to verify compliance with the CHP and implementing corrective actions as needed.

We noted that EHS performed biennial building inspections that included, among other things, elements of laboratory safety and issued findings to the department, which required administrators to implement corrective action. However, we found that campus departments were not consistently performing periodic workplace inspections or maintaining records to document completion of inspections.

Proper administration of HS workplace inspections helps to reduce unsafe conditions and the potential for injuries, accidents, litigation, and regulatory sanctions.

RECOMMENDATION

We recommend that the campus:

a. Establish and implement a process to ensure mandatory HS workplace inspections are performed for all campus department as required by the campus IIPP and CHP.

b. Maintain proper records showing HS inspections were performed.

c. Remind appropriate college administrators, staff, and faculty of the importance of HS inspections.

MANAGEMENT RESPONSE

We concur. The campus will:

a. Implement a process to ensure mandatory HS inspections are performed for campus departments as required by the campus IIPP and CHP.

b. Maintain records of HS inspections.

c. Remind appropriate college administrators, staff, and faculty of the importance of HS inspections.

Estimated completion date: August 30, 2019

8. POLICIES AND PROCEDURES

OBSERVATION

Certain HS policies and procedures, plans, and programs were currently in draft form, outdated, or missing required elements.

We found that:

- The campus spill plan, as required by 8 CCR §5192, *Hazardous Waste Operations and Emergency Response*, was in draft form and pending final approval by campus leadership.
- There were no written procedures related to HAZMAT donation.
- The campus Bloodborne Pathogens Exposure Control Plan did not include a procedure for gathering the information required by the Sharps Injury Log, as required by 8 CCR §5193, *Bloodborne Pathogens*.
- The campus Respiratory Protection Program was missing verbiage indicating that respirators, training, and medical evaluations should be provided at no cost to the employee, as required by 8 CCR §5144, *Respiratory Protection*.
- The campus IIPP did not reflect a current process. Specifically, the plan referenced annual building inspections, but we noted that inspections were performed biennially.
- The EHS committee administrative procedures, namely *Risk Management and Safety Committee, Laboratory Safety Committee*, and *Radiation Safety Committee,* did not reflect current processes related to committee membership, frequency of report submission, and chemical hygiene officer responsibilities.
- There was no evidence of periodic review of HS policies and procedures, plans, and programs. For example, documents did not indicate the dates of last review and/or next review.

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

RECOMMENDATION

We recommend that the campus:

a. Review and update the policies and procedures, plans, and programs noted above.

b. Communicate and distribute updated policies and procedures, plans, and programs to appropriate campus administrators, staff, and faculty.

MANAGEMENT RESPONSE

We concur. The campus will:

a. Review and update the policies and procedures, plans, and programs noted in the report.

b. Communicate and distribute updated policies and procedures, plans, and programs to appropriate campus administrators, staff, and faculty.

Estimated completion date: August 30, 2019

9. ASBESTOS AND RADIATION SIGNAGE

OBSERVATION

The campus did not post proper signage at all locations that contained asbestos and radiation.

We found that two rooms in one building where possible asbestos-containing materials were present did not have signage providing notice of the potential hazard.

Further, we did not observe postings referencing 17 CCR §30255, *Notices, Instructions, and Reports to Personnel,* in our review of locations where radioactive materials were stored and/or handled. The policy states that campuses must conspicuously post a current copy of the regulation, a copy of applicable licenses for radioactive material, and a copy of operating and emergency procedures applicable to work with sources of radiation. If posting the specified documents is not practical, the campus may post a notice that describes the document and states where it may be examined.

Proper signage and notice of asbestos and radiation hazards decreases the risk of exposure and reduces the risk of potential injuries, accidents, and liabilities to the campus.

RECOMMENDATION

We recommend that the campus post appropriate asbestos signage in areas with asbestos-containing materials and required items in locations containing radioactive materials.

MANAGEMENT RESPONSE

The campus corrected and posted appropriate signage in areas with asbestos-containing materials and required items in locations containing radioactive materials in April 2019.

10. ANNUAL AND REGULATORY REPORTING

OBSERVATION

The campus did not always submit an annual HS program report to the CO, and the HMBP was not always updated.

We found that:

- The campus did not submit the required annual HS program report to the systemwide Office of Risk Management and campus president in 2018. We noted during the audit that the 2018 report was nearly complete, pending receipt of Occupational Safety and Health Administration (OSHA) data. According to the campus, the HS program report was previously prepared on a fiscal-year basis, and beginning in 2018, the report would be prepared on a calendar-year basis to better align with OSHA data, which is also reported by calendar year.

- The HMBP had not been updated since 2012, and the previous EHS director was still listed as contact information on the outdated plan. CUPA requires that entities report any significant inventory and facility business operations changes within 30 days.

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

RECOMMENDATION

We recommend that the campus:

a. Prepare and submit the annual HS program report to the campus president and the systemwide Office of Risk Management.

b. Prepare and submit an updated HMBP to the designated CUPA.

MANAGEMENT RESPONSE

We concur. The campus will:

a. Prepare and submit the annual HS program report to the campus president and the systemwide Office of Risk Management.

b. Submit an updated HMPB to the designated CUPA.

Estimated completion date: August 30, 2019

GENERAL INFORMATION

BACKGROUND

California state regulations require all employers, including the California State University (CSU), to provide a safe and healthy work environment. Each campus has a designated EHS program administrator who 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 CHP that includes, among other things, provisions for worker training, criteria for the use of personal protective equipment and engineering controls, and standard operating procedures for handling hazardous materials. Title 22 of the CCR addresses HAZMAT waste management.

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

At California State University, Los Angeles (Cal State LA), the office of Risk Management (RM) and EHS is responsible for providing guidance, programs, training, and direction to the campus community, including students, faculty, staff, and visitors. Programs relate to personal safety and well-being, environmental stewardship, and risk aversion. A mission of the office is to align Cal State LA as a steward of compliance, performance, and excellence in the areas of RM and EHS. The office of RM and EHS is within the department of public safety, where the director of RM and EHS reports to the chief of university police and director of public safety, who reports to the vice president of administration and finance.

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

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

SCOPE

We visited the Cal State LA campus from January 22, 2019, through March 8, 2019. Our audit and evaluation included the audit tests we considered necessary in determining whether operational and administrative controls are in place and operative. The audit focused on procedures in effect from January 1, 2016, through March 8, 2019.

Specifically, we reviewed and tested:

- Oversight and administration of the campus HS program, including clearly defined roles and responsibilities; appropriate safety and chemical committees; departmental self-audits and monitoring practices; and current policies and procedures.

- The adequacy and availability of safety equipment, including evaluation of the CHP; provision of PPE; and regular inspections and monitoring of key safeguards and engineering controls.

- Proper storage and safety of HAZMAT, including procurement; maintenance of accurate inventories; appropriate labeling and storage practices; and access controls.

- Communications and training processes, including evaluation of the hazard communication plan; availability of material SDS; asbestos notifications and signage; and documentation and monitoring of student and employee training.

- Whether appropriate safety programs were in place, when applicable, for radiation sources; laser safety; bloodborne pathogens; respiratory protection; and spill containment.

- Appropriate identification, storage, and monitoring of accumulated HAZWASTE.

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

Our testing and methodology, which was designed to provide a review of key operational and administrative controls, included interviews, walkthroughs, and detailed testing on certain aspects of the HS program. The review was limited to gaining reasonable assurance that essential elements of the HS program were in place and did not examine all aspects of the program.

CRITERIA

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

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

- 10 Code of Federal Regulations (CFR) Part 20, *Standards for Protection Against Radiation*
- 29 CFR Part 1910, *Occupational Safety and Health Standards*
- California HSC Division 20, *Miscellaneous Health and Safety Provisions*
- CCR Title 8, *Industrial Relations*
- CCR Title 17, *Public Health*
- CCR Title 19, *Public Safety*
- CCR Title 22, Division 4.5, *Environmental Health Standards for the Management of Hazardous Waste*
- EO 1031, *Systemwide Records/Information Retention and Disposition Schedules Implementation*
- EO 1039, *California State University - Occupational Health & Safety Policy*
- EO 1069, *Risk Management and Public Safety*
- Collective Bargaining Agreement, Unit 6, Article 28, *Health and Safety*
- Cal State LA *Asbestos Management Administrative Procedure*
- Cal State LA *Bloodborne Pathogens Exposure Control Plan*
- Cal State LA *Chemical Hygiene Plan*
- Cal State LA *Hazard Communication Program*
- Cal State LA *Injury Illness Prevention Program*
- Cal State LA *Laboratory Safety Committee Administrative Procedure*
- Cal State LA *Laser Safety Program*
- Cal State LA *Medical Monitoring Program*
- Cal State LA *Procedure for Disposal of Hazardous Waste Within Labs*
- Cal State LA *Procurement Card Procedures*
- Cal State LA *Radiation Operating and Emergency Procedures*
- Cal State LA *Radiation Safety Committee Administrative Procedure*
- Cal State LA *Respiratory Protection Program*
- Cal State LA *Risk Management and Safety Committee Administrative Procedure*
- University Auxiliary Services *Expenditure Guide*

AUDIT TEAM

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