

BEACH

SHOPS

**INJURY & ILLNESS
PREVENTION PROGRAM
(IIPP)**

CALIFORNIA STATE UNIVERSITY, LONG BEACH

MAY 2024

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Injury and Illness Prevention Program (IIPP) for the Beach Shops

Introduction

California State University Long Beach, Beach Shops provides a safe and healthy working environment for staff, students, and the public. To help achieve this goal, the Beach Shops will promote a comprehensive Injury and Illness Prevention Plan (IIPP) that integrates collaborative and cooperative efforts by the entire Beach Shops community to identify and eliminate unsafe conditions and practices, to control health hazards, and to comply fully with all applicable safety and health regulations.

The Beach Shops' Injury and Illness Prevention Program includes the following elements:

1. Identifies persons with authority and responsibility for implementing the Program.
2. Outlines an enforcement and disciplinary process to ensure that employees comply with Beach Shops safety and health rules and regulations.
3. Establishes a system to communicate with employees about safety and health matters and to encourage feedback on safety concerns from them.
4. Outlines an inspection program or process to identify and evaluate workplace or worksite hazards on an ongoing basis.
5. Outlines methods and procedures for correcting unsafe or unhealthful conditions in a timely manner.
6. Outlines a procedure to investigate and resolve occupational injuries and illnesses.
7. Outlines a safety training program to ensure that training is provided. Provides instructions on both general training to cover basic hazards to all places of employment as well as specific training to cover hazards that are unique to each employee's job assignment.
8. Outlines procedure to allow employees to access the program.
9. Outlines appropriate recordkeeping of steps taken to implement and maintain the program.

Authority & Management Commitment

Beach Shops follows the authority for executing this IIPP based on the California Labor Code, Section 6401.7 and the California Code of Regulations, Title 8, Section 3203 of the General Industry Safety Orders.


While the overall responsibility for the Beach Shops health and safety rests with the Associate Executive Director, the immediate responsibility for workplace health and safety belongs to each Beach Shops employee who performs a supervisory or managerial role. In addition, each individual employee is responsible for preventing Beach Shops accidents.

Approvals

This California State University Long Beach, Beach Shops Injury & Illness Prevention Plan (IIPP) is hereby approved and supersedes any previous program or plan.

The following person/s is/are responsible for implementing the Injury and Illness Prevention Program for Beach Shops.


Rosa Hernandez
Associate Executive Director, Human Resources
CSULB Beach Shops



Signature

05/22/2024
Date

Eliana Diaz
Risk & Training Manager
CSULB Beach Shops



Signature

05/22/2024
Date

Scope & Purpose

This IIPP applies to all Beach Shops employees, volunteers, visitors, and contractors. This IIPP applies to all programs and activities wherever they occur (at Beach Shops managed locations, on California State University Long Beach campus, and at off-campus locations). No employee will be required to perform any task that is determined to be unsafe or unreasonably hazardous.

Implementation of this program will result in several benefits including (but not limited to):

- Protecting the health and safety of employees while decreasing potential risk of injury and illness to all who work at California State University Long Beach, Beach Shops locations.
- Reduce workers' compensation claims and costs.
- Improve organizational efficiency by reducing replacement or reassignment costs for injured workers.
- Improve employee morale and safety as employees become more aware of the importance and priority for safety.
- Minimize potential for penalties to be assessed by regulatory enforcement agencies.

This program applies to all California State University Long Beach, Beach Shops personnel, contractors, and visitors at the following locations:

CSULB Campus	6049 E 7th St, Long Beach, CA 90840
Beachside Dining Hall	4835 Pacific Coast Hwy, Long Beach, CA 90804

Responsibilities

The overall responsibilities of the Beach Shops IIPP Administrator are to develop, implement and monitor the Injury and Illness Prevention Program. The individual ultimately responsible for the Beach Shops IIPP is Rosa Hernandez. The responsibilities of the IIPP Administrator are as follows:

- Provide advice and guidance to all Shops personnel concerning the IIPP compliance requirements.
- Ensure scheduled periodic safety inspections are performed in compliance with regulatory requirements and assist management in identifying unsafe or unhealthful conditions.
- Ensure safety and health training programs to comply with regulatory requirements.
- Maintain safety and health records consistent with the requirements of this document and regulatory mandates.
- Ensure program audits, both scheduled and as required by a process, equipment, or personnel change, or by a safety program mandate are performed.
- Conduct at least an annual review of this document and make the current revision available to all management staff.

Management

All management staff are responsible for implementing and maintaining the IIPP in their work areas and for setting a good example to their staff. A copy of this IIPP is available from each Manager and Supervisor. Manager's responsibilities are as follows:

- Develop and maintain area specific safety procedures.
- Conduct and document preliminary investigations of all reported industrial injuries, incidents, and illnesses.
- Provide and document general and job specific safety training.
- Maintain current Safety Data Sheets (SDS), either in hard copy or electronic form, for all hazardous materials used in their specific departments.
- Ensure that all hazardous materials are properly labeled, stored and, as appropriate, identified for disposal.
- Conduct and document periodic safety inspections of facilities, equipment, and projects to identify unsafe conditions and practices.
- Ensure that all employees are provided with appropriate Personal Protective Equipment (PPE) and are trained on the proper use and maintenance of such equipment.

Employee

Employee responsibilities are as follows:

- Always follow established safe work practices while performing their duties. This also includes accountability for using any issued PPE for protection against identified hazards.
- Comply with all applicable Shops safety and health policies and regulations.
- Report all unsafe conditions, when observed and without fear of retaliation, to their immediate manager and/or supervisor.
- Each employee shall constantly monitor their work area for potentially unsafe conditions and report such conditions to their manager and/or supervisor immediately.

Compliance

All employees are expected to adhere to safe and healthy work practices. An unsafe act can threaten not only the health and well-being of the employee committing the unsafe act but can also affect the safety of his/her coworkers and customers. Our system of ensuring that all workers comply with these practices include one or more of the following practices:

- Informing workers of the provisions of our IIP Program.
- Evaluating the safety performance of all workers.
- Providing training to workers whose safety performance is deficient.
- Disciplining workers for failure to comply with safe and healthy work practices.

The Shops disciplinary process consists of severe measures when an employee fails to correct a problem after being given a reasonable opportunity to do so. The underlying principle of sound progressive discipline is to use the least severe action that you believe is necessary to correct the undesirable situation. Increase the severity of the action only if the condition is not corrected. If an employee fails to correct a problem after a reasonable opportunity to do so, the following steps may follow within the disciplinary process.

Employee Coaching - The Beach Shops approach for progressive discipline is to communicate with our employees in “good faith” when a correction is needed to ensure job performance standards are being met. Managers are key partners for employees in providing guidance, training, and tools to ensure we are aligned in outcome and performance expectations. This step is considered an informal part of the process and may be repeated multiple times as the employee makes progress to correct the performance/problem. Employee coaching’s is not formally documented in employee records.

Written Warning - When multiple steps have been taken to coach and counsel the employee, a more progressive step may be taken with a formal written warning. The written warning is a more serious step in addressing the employee performance or problem, after “good faith” coaching and counseling has not worked. In this step, the department manager and director, with Human Resources approval, prepares a written document that notes failed attempts to coach the employee and correcting the problem. This written document is called a “written warning”. Our process allows for 3 written warnings, before the situation escalates to termination. However, depending on the severity of the problem and failed attempts, the number of written warnings available to that employee may differ. Written warnings are formal documents that are stored in an employee record.

Termination - The goal of the progressive disciplinary process is to prevent the termination of any employee. As mentioned above, the goal is to be transparent and communicate with the employee in “good faith”. Terminating an employee is the last step in the disciplinary process and requires approval and involvement from Human Resources. For questions regarding our disciplinary process, please contact our Human Resources department.

Communication

All managers and supervisors are responsible for communicating with all workers about occupational safety and health in a form readily understandable by all workers. Our communication system encourages all workers to inform their managers and supervisors about workplace hazards without fear of reprisal. Two-way communication is an effective program for Management to provide employees with safety training and information concerning potential hazards in the workplace. Employees must participate in safety training and report dangerous conditions or potential hazards to management. The following methods have been established to communicate with employees on matters relating to health and safety:

- New worker orientation includes a discussion of safety and health policies and procedures
- Review of our IIPP
- Workplace safety and training programs
- Regularly scheduled safety meetings
- Posted or distributed safety information
- A system for workers to anonymously inform management about workplace hazards

Reporting Safety Concerns

Employees will be encouraged to send safety suggestions/recommendations via e-mail to their immediate supervisors or to the Risk Management team at FNS-Risk@csulb.edu

The Risk Manager is responsible for maintaining the Safety Suggestion Program database. Urgent items will be acted upon immediately. Non-urgent items may be deferred for review and action at the next Risk Management Committee or general department meeting. The Risk Manager will respond, in writing, to the person suggesting or reporting a hazard if possible, indicating actions taken or the status of each recommendation.

Safety suggestions, recommendations, or hazard reports may also be submitted anonymously by delivering them to the Human Resources Office inbox or by email to BeachShopsHR@csulb.edu or via phone at 562-985-7953.

Risk Management Safety Committee

The Beach Shops' Risk Management Committee will be comprised of staff members from the organization. They will meet on a quarterly basis, and review the following:

- Minutes of the previous meeting
- Unfinished business of the previous meeting
- Self-inspection reports
- Discussion of injury or illness and corrective action taken
- Accident trends
- New and outstanding recommendations submitted by outside agencies (insurance carrier, fire department, Cal-OSHA, etc.)
- New business
- All meetings will be documented and communicated to all employees via website at <https://www.csulb.edu/beach-shops/risk-management>
- Under the direction of the IIPP Administrator, the Committee will establish and maintain an effective safety and accident prevention program in accordance with the requirements and standards regulatory agencies
- Support of the goal to provide an accident-free environment
- Concerns expressed by the Committee shall be investigated

Hazard Assessment

Beach Shops has procedures for identifying and evaluating workplace hazards, unsafe conditions, and work practices.

Workplace Inspections

The Risk Management Committee will work with Managers to conduct semi-annually safety inspections and take direct and preventative actions to eliminate unsafe conditions. Each Associate Director will work with their respective location manager to ensure that all areas of inspection and regulatory compliance are reviewed. In addition, all action items that result from the inspection are documented as identified hazards with corrective actions that must be addressed immediately.

Periodic inspections to identify and evaluate workplace hazards shall be performed by a Managers or Supervisors in the following areas of our workplace:

- CSULB Campus – Beach Shops locations
- Beachside Dining Hall
- Or awareness of a new unrecognized hazard area

A planned safety inspection will also be made whenever there are significant changes to the worksite these will include:

- When we initially establish our IIP Program
- Introduction of new equipment, processes, or substances
- Or awareness of a new or previously unrecognized hazard
- When occupational injuries and illnesses occur
- Whenever workplace conditions warrant an inspection

Hazard Correction

Unsafe or unhealthy working conditions, practices or procedures will be corrected in a timely manner based on the severity of the hazards. Generally, supervisors are responsible for identification and correction of hazards that their employees face and should ensure that work areas they exercise control over are inspected periodically and/or at least annually. Supervisors should check for safe work practices with each visit to the workplace and should provide immediate verbal feedback where hazards are observed. Managers of affected employees are expected to correct unsafe conditions as quickly as possible after discovery of a hazard.

Imminent Hazard

The Beach Shops' intent is to immediately abate any recognized hazard which presents risk or imminent harm. This is known as an imminent hazard. If an imminent hazard exists, work in the area should stop, and the appropriate supervisor must be contacted immediately. If the hazard cannot be immediately corrected without endangering employees or property, all personnel need to be removed from the area except those qualified and necessary to correct the condition. These qualified individuals will be equipped with necessary safeguards before addressing the situation.

Correcting Unsafe/Unhealthy Conditions

Hazards shall be corrected according to the following procedures:

- When observed or discovered.
- When an imminent hazard exists that cannot be immediately abated without endangering employee(s) and/or property.
- We will remove all exposed workers from the area except those necessary to correct the existing condition. Workers necessary to correct the hazardous condition shall be provided with the necessary protection.
- All hazard corrections will be documented and maintained on the maintenance helpdesk database.

All hazards will be documented and will be sent to the Risk Management Manager for review. The Risk Management Manager will also share the notification with the department manager or supervisor for action, if applicable. A target correction date will be set based on:

- the probability and severity of an injury or illness resulting from the hazard the availability of needed equipment, materials, and/or personnel.
- time for delivery, installations, modification, or construction completion of employee training

The Risk Management Manager will conduct a follow up and ensure correction of the hazard with the department manager.

Injury & Illness Response Procedures

Employees shall report all work-related injuries to their immediate manager and/or supervisor as soon as the injury occurs. For all accidents, whether the employee chooses to seek medical treatment at a designated facility, or they decline medical treatment for their injury, they must complete the Employee Accident Report form.

Employee accidents occurring during normal business hours (Monday – Friday, 8:00 a.m. – 5:00 p.m.) must be reported to the Human Resources Department no later than 8 hours following the incident.

Employee accidents occurring after hours (Monday – Friday, between 5:01 p.m. – 7:59 a.m.), on weekends, holidays, other campus closures or for employees on Shops approved travel, during the normal course of their job duties, must also report no later than 8 hours following the incident. If an accident happens during the time that the HR Office is closed, you may call the cell phone number of the Associate Executive Director. If they are unavailable and the employee needs medical treatment, please make sure they have all the forms and the directions to the designated facility before you send them to the medical facility. In case of an emergency, dial 911.

Employer Date of Knowledge – the date that the employee advised a person in authority about a possible work-related injury. The person in authority may be the employee’s director, manager, assistant manager, supervisor, lead, or Human Resources. Please make sure to go over this information with anyone that an employee would deem to be an “authority” for your department, so they understand the importance of reporting any injury in the absence of the manager.

Employees can directly advise the person in authority about their work injury. The authority person will provide the forms to the injured employee. You can reference a full checklist of all that is needed as well as the forms on The Beach Shops Current Employees page under the tab for Workers' Compensation Information and Accident Forms obtained at <https://www.csulb.edu/beach-shops/workers-compensation-information-and-accident-forms>.

Accident Reporting and Investigation

Administrator Reporting Responsibilities

The Risk Manager in conjunction with the Managers will determine whether the cause of the incident can be quickly identified and mitigated, or whether a more detailed corrective action plan is needed. If the problem requires more extensive review, the Risk Manager will investigate the incident, determine what corrective action is necessary, and present those findings to the supervisor.

Cal-OSHA must be notified as soon as reasonably feasible, but no later than eight (8) hours following a serious injury or illness. Serious injury or illness includes, but is not limited to:

- Inpatient hospitalization for a period of more than 24 hours for other than medical observation.
- Bodily dismemberment.

- Permanent disfigurement.
- Death.
- In cases where the employee receives professional medical care because of an on-the-job injury, the employee will receive treatment and will return to work as directed by the treating physician.

Managers Reporting Responsibilities

All Beach Shops Managers are responsible for investigating injuries/illnesses occurring within his/her department and providing a written report. The purpose of an injury/illness investigation is to establish all relevant facts (what happened, why the incident happened, what should be done, what action has been taken) and options so that a proper conclusion can be drawn about what must be done to prevent a reoccurrence. All investigations will be reviewed by the Risk Management Committee to assist in making recommendations for corrective action. The investigations will be discussed in a way the HIPPA rights and protections of the injured employee are not violated in any manner.

Preventing a reoccurrence is the true objective of the injury/illness investigation. Accident investigations should include, but are not limited to the following information:

- An Accident Investigation Report form filled out.
- Statement from all witnesses, including the time, date, location and what the witness observed if applicable.
- Root cause analysis – understanding why the accident occurred and actions taken to preclude reoccurrence.
- Review all camera footage taken of the incident if possible.

In addition, the Risk Manager/Risk Management Committee Member will investigate each incident within the Shops and will assist managers to prevent similar injuries/illnesses in the future.

Employee Reporting Responsibilities

If you have been injured on the job, you should:

- Call the emergency number if necessary and seek appropriate medical care.
- Inform your supervisor immediately and follow the employee requirements provided by Human Resources.
- Check the employee information poster board for medical attention information on where to go get help.
- Visit the employee information page at <https://www.csulb.edu/beach-shops/workers-compensation-information-and-accident-forms> under the tab for Workers' Compensation Information and Accident Forms.
- The employee handbook has more information under the employee safety section on page 32-34.
- If medical attention is not desired or the employee refuses treatment, you must still fill out an Employee Accident Report for reporting purposes.

Corrective Action Plan

Corrective actions intend to address the root causes of the incident and create a plan to

execute and implement that will prevent future workplace incidents. Essentially, this plan is to fix the problem that resulted in the incident in the first place.

An accident that happens more than once is no longer an accident but a systemic problem. The action plan will include the name of the individual responsible for correcting the hazard/accident and the completion date. A copy of the action plan will be forwarded to the Manager and the Risk Management Manager.

These can include:

- increased training,
- improvement of company policies,
- design or operation changes to machines and equipment
- improved safety equipment including PPE
- establishment of communication strategies between employees, supervisors, and management,

Training and Instruction

All employees, including managers and supervisors, shall have training and instruction on general and job-specific safety and health practices. Safety training should begin prior to an employee undertaking a job, but no later than five days after the employee's hire date and shall be completed within 30 days.

Training and instruction are provided as follows:

- When the IIP Program is first established
- To all new employees
- To all employees given new job assignments for which training has not previously been provided.
- Whenever new substances, processes, procedures, or equipment are introduced to the workplace and present a new hazard.
- Whenever we are made aware of a new or previously unrecognized hazard.
- To managers and supervisors to familiarize them with the safety and health hazards to which employees under their immediate direction and control may be exposed.
- To all employees with respect to hazards specific to each employee's job assignment.
- Demonstrating by telling them how to do the job safely; show them how to do the job safely; have them tell you how to do the job safely; have them show you how to do the job safely; follow up to ensure they are still performing the job safely.

The employee's manager and/or supervisor are the primary source for safety training. Each employee is to be thoroughly trained regarding the specific hazards of the job, orientation to potentially hazardous chemicals used, and other specific safety concerns for the specific work area before working in that area.

The Human Resources department provides information regarding Workers' Compensation insurance at the time of hire. Employees are encouraged to bring all safety-related questions to their supervisor and/or the Administrator.

Employee's may be required to attend periodic safety training sessions regarding topics of

general interest to the Shops and/or training sessions on specific safety topics within their department. Certificates received from an outside training vendor should be turned in to the

Human Resources department to place into the employee's personnel file, if applicable.

In addition to general workplace safety and health practices include, but are not limited to, the following:

- Implementation and maintenance of the IIP Program.
- Emergency action and fire prevention plan.
- Provisions for medical services and first aid, including emergency procedures.
- Prevention of musculoskeletal disorders, including proper lifting techniques.
- Proper housekeeping, such as keeping stairways and aisles clear, work areas neat and orderly, and promptly cleaning up spills.
- Prohibiting horseplay, scuffling, or other acts that tend to adversely influence safety.
- Proper storage to prevent stacking goods in an unstable manner and storing goods against doors, exits, fire extinguishing equipment and electrical panels.
- Proper reporting of hazards and accidents to managers or supervisors.
- Hazard communication, including worker awareness of potential chemical hazards, and proper labeling of containers.
- Proper storage and handling of toxic and hazardous substances, including prohibiting eating or storing food and beverages in areas where they can become contaminated.

Employees who violate safety policies or have careless and dangerous work habits will be re-trained until they can demonstrate proper work procedures. Re-training is mandatory for employees who are injured or cause a near miss incident due to using improper procedures, taking shortcuts, ignoring established policy, or other violations of this IIPP. Disciplinary issues will apply if an employee continues to violate company safety policies and regulations.

Employee Access to the IIPP

Our employees – or their designated representatives - have the right to examine and receive a copy of our IIPP. This will be accomplished by:

- Providing unobstructed access through the company website at <https://www.csulb.edu/beach-shops/risk-management> which allows an employee to review, print, and email the current version of the Program. Unobstructed access means that the employee, as part of their regular work duties, predictably and routinely uses the electronic means to communicate with management or coworkers.
- All new employees will receive a copy of the IIPP through the Succeed Management portal. The portal will generate a certificate of completion which confirms that the employee has read and acknowledged the document.

Maintaining the IIPP

The IIPP Program Administrator and/or designee will periodically review and revise this IIPP when significant changes to the elements or applicability of the program occur or at least annually. This person shall also verify effective implementation of each element of the program, make any necessary changes, and communicate these changes to the management and affected personnel.

Recordkeeping

Recordkeeping is an important requirement of safety training and Cal-OSHA regulations have requirements for the maintenance and retention of records for occupational injuries and illnesses, medical surveillance, exposure monitoring, inspections, and other activities relevant to occupational health and safety. Both formal and informal training must be documented. If possible, training should take place through Alliant Succeed Management to maintain the history and record of the specific training. Department managers and/or supervisors are encouraged to document all on-the-job safety training, including staff meetings and one-on-one training. Records must be kept for all employees. The following records retention schedule shall be kept by Human Resources department:

Record Description	Retain For:
The Written IIPP	Indefinitely
Cal/OSHA 300 Log and Summary of Occupational Injury and Illness	5 years
Periodic Inspection Reports	3 years
Injury & Illness Investigation Reports and Accident Report Forms	5 years
Employee Training Records	Duration of Employment (DOE) (Except for training records of employees who have worked for less than one year which are provided to the employee upon termination of employment)
Records Relating to Employee Communication and Enforcement	3 years
IIPP Audit and Inspection Records	3 years
Safety Meeting Agendas	3 years
Notices of Safety Violations	5 years
Reports of Corrected Safety Violations	5 years
Safety Postings	3 years

Appendix A: Inspection Forms

BEACH SHOPS

GENERAL FACILITY INSPECTION CHECKLIST

LOCATION: _____

DATE: _____

MANAGER: _____

DEPARTMENT: _____

AUDIT PERFORMED BY: _____

JOB TITLE: _____

ADMINISTRATION AND TRAINING

A1. Have all employees received General Safety Training? (New Employee Safety Training, fire, earthquake, lifting, emergency evacuation, etc.?)

YES NO N/A

A2. Are all employees familiar with the use of SDS's and where they are located?

Provide Location: _____

YES NO N/A

A3. Have all employees been instructed in how they are to operate the equipment they are assigned to use?

YES NO N/A

A4. Have all employees been trained in how to protect themselves from the hazards identified in their workplace?

YES NO N/A

A5. Are all employees current on any specialized training (lockout, confined space, carts, bailor etc.) needed?

YES NO N/A

A6. Have all employees attended Injury & Illness Prevention Program training?

YES NO N/A

A7. Are the safety records (inspections, training documents, etc.) maintained in a centralized file for easy access and are kept current?

YES NO N/A

A8. Are OEM equipment manuals for all equipment available for use by employees?

YES NO N/A

A9. Do all employees have access to the Emergency Action Plan and know their responsibilities under that plan?

YES NO N/A

A10. Are the Cal/OSHA information poster, Worker's Compensation Information, and Annual Injury and Illness summaries posted (Feb-Apr)? The date on annual postings should be of the current year.

YES NO N/A

FIRE SAFETY

F1. Are exits, fire alarms, pull boxes, marked and unobstructed?

YES NO N/A

F2. Are all aisles cleared with a minimum 36-inch pathway and building exit corridors completely cleared?

YES NO N/A

F3. Are Emergency Exit signs illuminated?

YES NO N/A

F4. Are fire separations intact (shield between fryer pot and open flame, no holes in fire walls, no doors to exit corridors propped open, etc.?)

YES NO N/A

F5. Fire extinguisher is wall-mounted and available within 75 feet of all work areas. Extinguisher must also be clearly identified and unobstructed, fully charged, and tagged with monthly inspections noted on tag?

YES NO N/A

F6. Extinguisher type is correct for the area of placement? TYPE ABC - dry chemical generally effective on all types | TYPE BC - CO2 or Halon to be used on chemical or electrical | TYPE K - kitchen grease fires

YES NO N/A

F7. Maintain storage not less than 18 inches below sprinkler heads, and not less than 24 inches below ceiling in non-sprinkler areas.

YES NO N/A

F8. Maintain rack storage in warehouse so that all stored materials are less than 12 feet from the floor.

YES NO N/A

F9. Propane and gasoline storage tanks stored in SFM approved cabinets.

YES NO N/A

F10. Rollup fire doors are unobstructed, and inspection has been certified within ONE YEAR from the date of audit.

YES NO N/A

F11. Kitchen hood fire suppression system has testing date tag and last testing date is within the last six months.

YES NO N/A

F12. Kitchen hood cleaning certification sticker is in place and last testing date is within the parameters of the posted schedule.

YES NO N/A

ELECTRICAL SAFETY

E1. Are all plugs, cords, and receptacles in good condition (no exposed conductors, broken insulation, or non-OEM repairs?)

YES NO N/A

E2. Are all circuit breakers and power disconnecting panels accessible, within 30 inches of clearance and labels identifying the function of each switch?

YES NO N/A

E3. Are fused power strips being used in lieu of receptacle adapters? Are additional outlets needed in some areas?

YES NO N/A

E4. Are extension cords being used correctly? They must not run through walls, doors, ceiling, or prevent a trip hazard running across aisles. *Extension cords are for temporary use only.*

YES NO N/A

E5. Are ground fault circuit Interrupters installed or available for use in wet locations? One GFI receptacle per circuit.

YES NO N/A

E6. Is permanent building wiring installed away from unauthorized contact (in conduit, raceways, or walls?)

YES NO N/A

WALK-IN REFRIGERATORS AND FREEZERS

W1. Can door be opened from the inside?

YES NO N/A

W2. If door can be locked, can it be opened from the inside?

YES NO N/A

W3. Is a firefighter's axe kept inside, near door (unless doors are equipped with heating elements or room temperature is above 32 °).

YES NO N/A

W4. Is proper illumination provided?

YES NO N/A

W5. Do both inside and outside light switches activate and deactivate the lights?

YES NO N/A

W6. Is the floor maintained so that there is no slip hazard (spills cleaned up or buildup of ice removed).

YES NO N/A

KITCHEN AREA



K1. Are floors clean and dry, or covered with appropriate non-skid matting?

YES NO N/A

K2. Are knives stored properly? Sharpened or replaced regularly?

YES NO N/A

K3. Mesh "cutting gloves" are in use when slicing food and cleaning equipment.

YES NO N/A

K4. Hot pads or oven mitts are provided and used by staff where appropriate.

YES NO N/A

K5. Are trash cans of the proper size and not over-flowing?

YES NO N/A

K6. Are hoods, filters, and fryers free from built-up grease?

YES NO N/A

K7. Is a K rated fire extinguisher available at or near each cooking station as a first option before engaging the hood fire suppression system?

YES NO N/A

MACHINE SAFETY



M1. Is defective equipment promptly repaired? (If the defects pose an imminent danger or employee hazard, remove the equipment from service.)

YES NO N/A

M2. Are all machine guards for belts, gears, moving parts, and points of operation in place and adjusted properly?

YES NO N/A

M3. Are machine tool switches in good condition? (Easy access to disengage and remain off if de-energized and re-started?)

YES NO N/A

M4. Helium, CO2, and nitrogen tanks are secured to an anchored fixture. Caps are secured on the cylinders when not in use.

YES NO N/A

M5. Are cranes, slings, ropes, hoists, jacks, employee lifts, employee lift platforms, jack stands, etc. inspected prior to each use, and used according to training requirements?

YES NO N/A

GENERAL SAFETY



G1. Are floors maintained clean, spills wiped up promptly, and anti-slip materials used where moisture is prevalent?

YES NO N/A

G2. Are warning signs/cones available and used to warn of wet floors?

YES NO N/A

G3. Are cabinets, shelves, and equipment greater than 5 feet high secured to building structure to prevent tipping during an earthquake?

YES NO N/A

G4. Are the necessary tools in place to turn off gas and water supply into the building? Signs in place to identify these locations? Person identified to perform task:

YES NO N/A

G5. Correct cutting tools used to open boxes and dulled cutting blades are disposed of in rigid (non-medical sharps) containers to prevent injury to custodial person.

YES NO N/A

G6. Are forklifts inspected prior to all uses, equipped with required safety features, and operated safely?

YES NO N/A

G7. Are cross-connections between potable water and sewer inlets promptly abated? (Generally, in mop or dish washing sinks. Remove hoses which extend into sinks or down drains.)

YES NO N/A

G8. Are leaking backflow devices promptly repaired? (Water should not be leaking from the airgap device when hot and/or cold-water valves are opened)

YES NO N/A

G9. Vehicle Logs - daily driver and weekly safety inspection logs are maintained and current. Electric burden carts have inspection stickers and most recent inspection is within 6 months of the audit date.

YES NO N/A

G10. Restrooms are maintained in a clean condition, stocked with all paper supplies, and hot water temperature reaches at least 108°, but not more than 115°.

YES NO N/A

G11. Are non-skid mats positioned in appropriate areas where periods of long-standing work is performed?

YES NO N/A

HAZARDOUS MATERIALS/PERSONAL PROTECTION



H1. Are chemicals stored to prevent spills?

YES NO N/A

H2. Are carcinogens handled safely to reduce employee exposure? (Report uses of regulated carcinogens to CSULB EHS.)

YES NO N/A

H3. Are chemicals separated and stored by hazard class (acids, bases, oxidizers, flammables, etc.)?

YES NO N/A

H4. Are chemical wastes properly segregated and stored with legible CSULB hazardous waste labels attached to the containers?

YES NO N/A

H5. Are all hazardous wastes disposed of properly and not poured into the sanitary sewer or storm sewer systems?

YES NO N/A

H6. Are gloves suitable for the materials being used and the hazard warranting protection available to employees (soaking tanks, dish washing, chemical use, etc.)?

YES NO N/A

H7. Are safety shoes available for those employees subject to falling objects, slippery floors, and other foot impact hazards? *Oil and Slip resistant shoes are required in all foodservice locations.*

YES NO N/A

H8. Are aprons or other suitable protective clothing available for employees subject to chemicals, oil, grease, etc.?

YES NO N/A

H9. Are lockout locks and tags available for employees who work on equipment served by hazardous energy sources?

YES NO N/A

OFFICE SAFETY



O1. Are the safety records (inspections, training documents, etc.) maintained in a centralized file for easy access and current?

YES NO N/A

O2. Are all aisles cleared with a minimum 36-inch pathway and building exit corridors completely cleared?

YES NO N/A

O3. Are cabinets, shelves, and furniture over five feet tall secured to prevent toppling during earthquakes?

YES NO N/A

O4. Are books and heavy items and equipment stored on low shelves and secured to prevent them from falling on people during earthquakes?

YES NO N/A

O5. Is the office kept clean of trash and organized? Are recyclable materials promptly removed?

YES NO N/A

O6. Are plugs, cords, electrical panels, and receptacles in good condition? No exposed conductors or broken insulation or insulation that has pulled away from the plug itself.

YES NO N/A

O7. Is lighting adequate throughout the work environment?

YES NO N/A

O8. Are portable electric heaters being used? CSU Executive Order 987 bans the use of resistance heaters in university facilities.

YES NO N/A

O9. Is a fully stocked first-aid kit available? Is the location known to all employees in the area?

YES NO N/A

O10. Are ergonomic issues being addressed for employees using computers?

YES NO N/A

REPORT OF CORRECTIVE ACTION

Form Instructions: in the table below, provide a detailed description of each item identified during the audit as needing attention and/or correction. Any violations or corrections from previous audits that were not previously reported as closed must be listed at the top of the page and marked in the "Open Item" column.

Audits that do not produce a list of corrective actions shall be noted with "No Corrections Required". "Reference Line" refers to the line number of the item needing corrective action.

Reference Line (i.e.; G2, E5 etc.)	Corrective Action Required	Date Submitted for Maintenance or Repair (REFERENCE WORK ORDER # IF APPLICABLE)	Open Item from Previous Audit?	Corrective Action Completion Date	Manager / Supervisor Initials
			<input type="checkbox"/> YES <input type="checkbox"/> NO		
			<input type="checkbox"/> YES <input type="checkbox"/> NO		
			<input type="checkbox"/> YES <input type="checkbox"/> NO		
			<input type="checkbox"/> YES <input type="checkbox"/> NO		
			<input type="checkbox"/> YES <input type="checkbox"/> NO		

Certification of Completion

 **MANAGER SIGNATURE:** _____ **DATE:** _____

 **DIRECTOR/ASSOCIATE DIRECTOR:** _____ **DATE:** _____

LOCATION: _____ DATE: _____

MANAGER: _____ DEPARTMENT: _____

AUDIT PERFORMED BY: _____ JOB TITLE: _____

ADMINISTRATION AND TRAINING

A1. Are the safety records (inspections, training documents, etc.) maintained in a centralized file for easy access and current?

YES NO N/A

A2. Have all employees received General Safety Training? (New Employee Safety Training, fire, earthquake, lifting, emergency evacuation, etc.?)

YES NO N/A

A3. Have all employees attended the Injury & Illness Prevention Program training?

YES NO N/A

A4. Do all employees have access to the Emergency Action Plan and know their responsibilities under that plan?

YES NO N/A

A5. Are chemical products used in the office being purchased in small quantities?

YES NO N/A

A6. Are all employees familiar with the use of SDS's and where they are located?

Provide Location: _____

YES NO N/A

A7. Are the Cal/OSHA information poster, Worker's Compensation Information, and Annual Injury and Illness summaries posted (Feb - Apr)? (Note: Date on annual postings should be of the current year.)

YES NO N/A

GENERAL SAFETY

G1. Are exits, fire alarms, pull boxes, and sprinklers clearly marked and unobstructed?

YES NO N/A

G2. Are aisles and corridors unobstructed to allow unimpeded evacuations?

YES NO N/A

G3. Is a clearly identified, unobstructed, charged, currently inspected, and tagged, wall-mounted fire extinguisher available within 75 feet of all work areas?

YES NO N/A

G4. Are ergonomic issues being addressed for employees using computers?

YES NO N/A

G5. Is a fully stocked first-aid kit available? Is the location known to all employees in the area? Are only require items in the first aid kits?

YES NO N/A

G6. Are cabinets, shelves, and furniture over five feet tall secured to prevent toppling during earthquakes?

YES NO N/A

G7. Are books and heavy items and equipment stored on low shelves and secured to prevent them from falling on people during earthquakes?

YES NO N/A

G8. Is the office kept clean and organized of trash and recyclable materials promptly removed?

YES NO N/A

G9. Are plugs, cords, electrical panels, and receptacles in good condition? No exposed conductors or broken insulation?

YES NO N/A

ELECTRICAL SAFETY



E1. Are circuit breaker panels accessible and labeled?

YES NO N/A

E2. Are fused power strips being used in lieu of receptacle adapters? Are additional outlets needed in some areas?

YES NO N/A

E3. Is lighting adequate throughout the work environment?

YES NO N/A

E4. Are extension cords being used correctly? They must not run through walls, doors, ceiling, or prevent a trip hazard running across aisles. (Note: Extension cords are for temporary use only.)

YES NO N/A

E5. Are portable electric heaters being used? Is the user department aware of Executive Order 987 banning the use of resistance heaters in university facilities?

YES NO N/A


REPORT OF CORRECTIVE ACTION

Form Instructions: in the table below, provide a detailed description of each item identified during the audit as needing attention and/or correction. Any violations or corrections from previous audits that were not previously reported as closed must be listed at the top of the page and marked in the "Open Item" column.

Audits that do not produce a list of corrective actions shall be noted with "No Corrections Required". "Reference Line" refers to the line number of the item needing corrective action.

Reference Line (i.e.; G2, E5 etc.)	Corrective Action Required (Reference Work Order # If Applicable)	Date Submitted for Maintenance or Repair	Open Item from Previous Audit?	Corrective Action Completion Date	Manager / Supervisor Initials
			<input type="checkbox"/> YES <input type="checkbox"/> NO		
			<input type="checkbox"/> YES <input type="checkbox"/> NO		
			<input type="checkbox"/> YES <input type="checkbox"/> NO		
			<input type="checkbox"/> YES <input type="checkbox"/> NO		
			<input type="checkbox"/> YES <input type="checkbox"/> NO		

Certification of Completion

 **MANAGER SIGNATURE:** _____ **DATE:** _____

 **DIRECTOR/ASSOCIATE DIRECTOR:** _____ **DATE:** _____

Appendix B: Procedures for Injury/Illness in the Workplace

BEACH SHOPS

WORKERS' COMPENSATION Procedure Checklist for Department Managers

REPORTING A WORK INJURY AND SEEKING TREATMENT

Emergency (blood loss, unconscious, etc.)

- Call 911
- Call Eliana (714) 909-4627 or Rosa (562) 276-3551 (cell) to notify about the employee injury/illness
- After employee has been taken make sure you follow-up with all the reporting as a non-emergency document procedure (see below)

Non-Emergency

Employee wants to seek medical treatment, please do the following:

- Employee needs to complete the **Employee Accident Report** and signed by Manager and employee
- Employee needs to complete the **DWC1 Form** and sign
- Give employee directions to **Akeso Occupational Health Clinic**
- Complete the **Authorization for Examination of Treatment form** for Akeso Occupational Health Center (Make 1 copy for H.R.)
- Provide the **Temporary Prescription Form** for prescribed medication
- Submit Employee Accident Report, DWC1 Form, and a copy of the Authorization for Examination of Treatment for Akeso Occupational Health Center to Human Resources **within 24 hours or one business day of injury/illness**
- HR will confirm if the employee will be able to return to work for next schedule shift, make any arrangements for modified duty (if possible), or if the employee is not able to return to work
- Pay employee for date of injury/illness if they are unable to complete their scheduled shift (Enter hours in ADP and code the hours as: WC)
- Managers complete the **Accident Investigation Form** sign and turn it in to Human Resources

REPORTING A WORK INJURY AND NOT SEEKING TREATMENT

- Employee needs to complete the **Employee Accident Report** and signed by Manager and employee.
- Managers complete the **Accident Investigation Form** sign and turn it in to Human Resources
- Return Employee Accident Report Form and Accident Investigation Form to Human Resources **within 24 hours or one business day of injury/illness**
- Pay employee for day of injury/illness if they are unable to complete their scheduled shift (Enter hours in ADP and code the hours as: WC)

Questions or Need Information?

562-985-8009
eliana.diaz@csulb.edu

THANK YOU



Managers please make sure all forms are filled out correctly since time is critical when reporting these incidents to our insurance company.

BEACH SHOPS



Akeso
Occupational Health

INJURY IN THE WORKPLACE

BE SURE TO REPORT ALL WORK-RELATED INJURIES IMMEDIATELY AND *DO NOT DELAY* MEDICAL ATTENTION WHEN NEEDED.

Lakewood Clinic


5203 Lakewood Blvd, Suite B
Lakewood, CA 90712

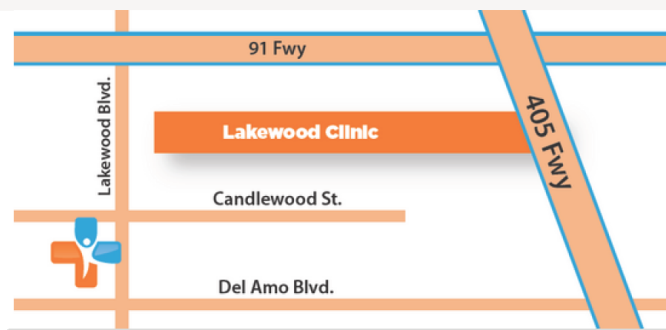
Regular Hours:

Mon-Fri: 7:00am - 7:00pm

After Hours/Weekends:




Provider On-Call

 (562) 633-2273



Transportation to and from clinic is available

OPEN 24/7 FOR NEW INJURIES

-  Dial 911 if a paramedic is needed
-  Don't forget your signed authorization slip
-  AkesoMedical.com

Huntington Beach Clinic

17122 Beach Blvd., #104
Huntington Beach, CA 92647

Office Hours:

Monday - Friday:
8:00am - 6:00pm

Saturday/Holidays: Closed

 (714) 964-4448


Irvine Clinic

17232 Red Hill Ave.
Irvine, CA 92618
Open 24/7 for new injuries

Office Hours:

Monday - Friday:
8:00am - 6:00pm

Saturday: 9:00am - 3:00pm

 (949) 752-1111


Paramount Clinic

7300 Alondra Blvd., Suite 100
Paramount, CA 90723

Office Hours:

Monday - Friday:
9:00am - 6:00pm

Saturday/Holidays: Closed

 (562) 616-1166

Appendix C: Accident and Investigation Report/Corrective Action Forms



EMPLOYEE ACCIDENT REPORT

Please complete and return to Human Resources within 24 hours or the next business day following the accident.

EMPLOYEE'S NAME _____ DATE OF BIRTH _____

Full Address : _____ City/State : _____ Zip Code: _____

Phone Number : _____ Email Address : _____

Home Department : _____ Job Title : _____

Employment Status (select one) : FULL-TIME PART-TIME STUDENT

INJURY DETAILS

Date of Injury : _____ Time of Injury : _____ AM/PM Time Shift Began : _____ AM/PM

Location of Accident : _____

Specific injury/illness and part of body affected. (e.g. Second degree burns on right arm, tendonitis on left elbow, lead poisoning, etc.)

Equipment, materials and/or chemicals the employee was using when the event or exposure occurred. (e.g. Knife, welding torch, ladder, etc.)

Specific activity the employee was performing when the event or exposure occurred. (e.g. Cutting fruit, loading boxes, cleaning the oven, etc.)

How did the injury/illness occur? Describe the sequence of events. Specify the object(s) or exposure which directly produced the injury/illness. (e.g. Worker stepped into the walk-in freezer and slipped on a piece of ice. As the worker was cleaning the oven, his right hand brushed up against the hot metal rack and burned right hand.)

Was another person involved in the injury/illness? YES NO

If "Yes", Name : _____ Phone Number : _____

Were there any witnesses to the injury/illness? YES NO

If "Yes", please attach statements written from each witness.

Name: _____ Phone Number : _____

Name: _____ Phone Number : _____

Please check one of the following:

I choose to accept medical treatment/evaluation and file a claim for the above noted condition and will go to the appropriate medical facility the Forty-Niner Shops, Inc. has designated.

I choose to decline medical treatment/evaluation and filing a claim for the above noted condition. I understand that I do have the right to change my mind, within one-year from the date of injury, to file a Workers' Compensation claim. By signing this document, I also understand that should I decide to seek medical treatment for this injury/illness, I must immediately notify by Manager, Supervisor and/or Human Resources and go to the appropriate medical facility the Forty-Niner Shops, Inc. has designated.

Employee Signature : _____ Date : _____

Manager/Supervisor Signature : _____ Date : _____

THIS SECTION TO BE COMPLETED BY HUMAN RESOURCES

Is video surveillance available? YES NO

If "Yes", is the video secured? YES NO

Did the employee complete their scheduled work shift? YES NO

Did the employee lose at least one full-day of work after the injury? YES NO

Has the employee returned to work? YES NO

Date of the employee's next scheduled shift: _____ Hire Date : _____ Rate of Pay : _____

Workers' Comp Code : 1001/CLERICAL 1004/RETAIL 1006/FOOD 1007/MANUAL LABOR

Referred to Workers' Compensation Insurance Provider: YES NO

If "Yes", was the employee given Notice of Workers' Comp Benefits within 5 working days of the injury? YES NO

HR/Safety Committee Member Signature : _____ Date : _____

BEACH SHOPS

ACCIDENT INVESTIGATION FORM

EMPLOYEE INFORMATION

LAST NAME, FIRST NAME OCCUPATION/JOB TITLE YRS. EXPERIENCE IN OCCUPATION

Full Address: City/State: Zip Code:

Department: Date of Occurrence: Time: AM/PM

Location: Date Reported: Time: AM/PM

HAZARDOUS SITUATION INCIDENT FIRST AID CRITICAL INJURY

Describe what happened and the object or substance that caused the injury, if applicable, describe injury.

Describe the nature, date and time of first aid treatment, if applicable.

PART OF BODY INJURED (INDICATE "R", "L", OR "B", WHERE APPLICABLE)

<input type="checkbox"/> Head	<input type="checkbox"/> Upper Back	<input type="checkbox"/> Lower Arm	<input type="checkbox"/> Upper Leg	<input type="checkbox"/> Other: <input type="text"/>
<input type="checkbox"/> Eye	<input type="checkbox"/> Lower Back	<input type="checkbox"/> Wrist	<input type="checkbox"/> Knee	
<input type="checkbox"/> Neck	<input type="checkbox"/> Upper Arm	<input type="checkbox"/> Hand/Fingers	<input type="checkbox"/> Lower Leg	
<input type="checkbox"/> Shoulder	<input type="checkbox"/> Elbow	<input type="checkbox"/> Hip	<input type="checkbox"/> Ankle/Foot	

TYPE OF ACCIDENT/INCIDENT

Select statements that best describe the accident/incident:

<input type="checkbox"/> Repetitive Strain	<input type="checkbox"/> Struck, contacted by/with/against	<input type="checkbox"/> Cut/bruise	<input type="checkbox"/> Other: <input type="text"/>
<input type="checkbox"/> Acute Strain (lifting, pulling, carrying)	<input type="checkbox"/> Slip/fall	<input type="checkbox"/> Exposure to	
<input type="checkbox"/> Caught in/under/between	<input type="checkbox"/> Client/employee action	<input type="checkbox"/> Burn	

WITNESSES N/A (NO WITNESSES)

Name: Address: Telephone:

Name: Address: Telephone:

CAUSES (SELECT ALL THAT ARE APPLICABLE)

CONDITIONS

- Congestion or restricted action
- Poor housekeeping; disorderly workplace
- Slip/trip hazards
- Lack of or inappropriate furniture/equipment
- Design or arrangement of furniture/equipment
- Defective furniture, tools, equipment or materials
- Inadequate or excessive illumination
- Excessive noise
- Inadequate or improper protective equipment
- Fire and explosion hazards
- Inadequate warning systems
- Irrate client/employee action
- Adverse weather
- Other (explain):

PRACTICES

- Improper body position/posture
- Tasks not varied/micro breaks not taken
- Unnecessary rushing
- Improper lifting
- Unsafe loading/placement
- Using defective equipment
- Using equipment improperly
- Altering or modifying equipment
- Not using personal protective equipment or failing to use it properly
- Not following appropriate procedures
- Inappropriate conduct
- Hazardous personal attire
- Other (explain):

What are the reasons for the existence of these practices and/or conditions?

PREVENTION/CORRECTIVE ACTION

Actions to prevent accident/incident recurrence. Check those actions taken to prevent recurrence. Mark with (P) other corrective actions decided upon or planned but not yet carried out. More than one item may apply.

- | | |
|--|--|
| <input type="checkbox"/> Training/instruction of person involved | <input type="checkbox"/> Tools, equipment, furniture repair or replacement |
| <input type="checkbox"/> Improve work procedures | <input type="checkbox"/> Request ergonomic assessment |
| <input type="checkbox"/> Inform staff/managers of safe work procedures | <input type="checkbox"/> Correction of work area |
| <input type="checkbox"/> Perform job safety analysis | <input type="checkbox"/> Recommend development/improvement to training/OHS program |
| <input type="checkbox"/> Inform staff/managers of hazard and how to protect themselves | <input type="checkbox"/> Reassess work standards |
| <input type="checkbox"/> Notify appropriate individuals | <input type="checkbox"/> Reassignment of person |
| <input type="checkbox"/> Improve engineering/design | <input type="checkbox"/> Improve housekeeping |
| <input type="checkbox"/> Improve inspection procedures | <input type="checkbox"/> Other (explain): <input type="text"/> |

CORRECTIVE ACTION COMPLETED BY:	COMPLETION DATE:
--	-------------------------

Describe actions/prevention taken:

INVESTIGATED BY Name (print):

Manager Signature : _____ **Date (mm-dd-yyyy) :** _____

REVIEW BY Name (print):

HR/Safety Committee Member Signature : _____ **Date (mm-dd-yyyy) :** _____

Appendix D: Training Record Roster

**BEACH
SHOPS**

BEACH SHOPS Safety Training

TOPIC:	DATE & TIME:
CONDUCTED BY:	SIGNATURE:

	FULL NAME	DEPARTMENT	SIGNATURE
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			