

**SAN JOSE STATE UNIVERSITY  
RESEARCH FOUNDATION**



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

**Date of Last Review**  
**June 29, 2023**

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## **I. INTRODUCTION**

San José State University Research Foundation (further identified as the “Research Foundation”) is dedicated to providing a safe and healthy working environment for staff, students, and the general public. To help achieve this goal, the Research Foundation will promote a comprehensive Injury and Illness Prevention Plan (IIPP) that integrates collaborative and cooperative efforts by the entire Research Foundation community to identify and eliminate unsafe conditions and practices, control health hazards, and comply fully with all applicable safety and health regulations.

The Research Foundation’s Illness and Injury 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 Research Foundation 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 and establishes procedures for correcting unsafe or unhealthful conditions in a timely manner
5. Outlines a procedure to investigate and resolve occupational injuries and illnesses.
6. Outlines a safety training program to ensure that training is provided, both general training to cover basic hazards to all places of employment and specific training to cover hazards unique to each employee's job assignment.
7. Outlines appropriate recordkeeping of steps to implement and maintain the program.

## **II. AUTHORITY & MANAGEMENT**

The Research Foundation 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 SJSU Research Foundation health and safety rests with the Executive Director, the immediate responsibility for workplace health and safety belongs to each Research Foundation employee who performs a managerial role (e.g. managers and directors). In addition, each individual employee is responsible for preventing Research Foundation accidents.

Research Foundation directors and managers shall take leadership roles in ensuring the IIPP’s effectiveness through their active efforts focused on developing the proper safety culture for those they manage and by ensuring that all operations under their control are conducted in compliance with applicable regulations and policies.

The Research Foundation is committed to providing a healthful and safe working environment and to supporting environmentally sound practices in conducting Research Foundation activities. The Research Foundation’s goal is to prevent all workplace injuries and illnesses.

### III. APPROVALS

This San José State University Research Foundation Injury & Illness Prevention Plan (IIPP) is approved and supersedes any previous program or plan.

Ranjit Kaur \_\_\_\_\_  
Director of Human Resources                      Signature    Date  
IIPP Administrator  
SJSU Research Foundation

Andrew Exner \_\_\_\_\_  
Executive Director                                      Signature    Date  
SJSU Research Foundation

#### **IV. SCOPE & PURPOSE**

This IIPP applies to all San José State University Research Foundation employees, including student employees, volunteers, visitors, and contractors. This IIPP applies to all programs and activities wherever they occur. No student or employee is 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 the following:

- Protecting employees' health and safety while decreasing the risk of injury and illness to all who work at San José State Research Foundation locations.
- Reduced workers' compensation claims and costs.
- Improved organizational efficiency by reducing replacement or reassignment costs for injured workers.
- Improved employee morale and safety as employees become more aware of the importance and priority for safety.
- Minimized or reduced potential for penalties that regulatory enforcement agencies could assess.

This program applies to all San José State University Research Foundation personnel, contractors, and visitors. It includes the following Research Foundation locations where they may be working for the Research Foundation:

Central Offices  
210 N 4<sup>th</sup> Street  
San Jose, CA 95112

Campus Programs  
San Jose State University  
One Washington Square  
San Jose, CA 95192

International House  
360 S 11th St  
San Jose, CA 95112

NASA Program  
NASA Ames Research Center  
Moffett Field, CA 94035-0001

Moss Landing Marine Laboratories  
8272 Moss Landing Road  
Moss Landing, CA 95039

Timpany Center  
730 Empey Way  
San Jose, CA 95128

Some of the facilities are not under the Research Foundation's control. IIPP administrator will partner with the project directors or facility services (Campus) to address safety concerns.

#### **V. RESPONSIBILITIES**

##### **Executive Director**

The ultimate responsibility for the effective implementation of the Research Foundation's IIPP policies and procedures rests with the Executive Director. The overall responsibilities of the Research Foundation's Executive Director include developing, implementing, and monitoring the Injury and Illness Prevention Program for the Research Foundation. While the Executive Director has assigned overall IIPP implementation and day-to-day management to the Research Foundation Administrator, the Executive Director will lead by demonstrating:

- Genuine interest in safety-specific issues to ensure department heads, managers, and/or directors take necessary actions.
- Support for Research Foundation safety programs.

### **IIPP Administrator:**

The individual assigned by the Research Foundation Executive Director to be responsible for the administration of the IIPP is the Research Foundation Director of Human Resources. The responsibilities of the IIPP Administrator are as follows:

1. Facilitate and actively assist with compliance with the IIPP and other safety programs, policies, and procedures. Ensure managers adhere to adopted procedures and enforce safety rules, procedures and policies.
2. Revise and update the IIPP as often as needed or as appropriate to comply with the regulatory authority (Section II. Authority & Management).
3. Establish a training program designed to instruct employees and students in safe work practices and specific job duties prior to assignment to potentially hazardous employment.
4. In partnership with other managers and department supervisors, establish protocols regarding regulatory compliance, hazard identification, and evaluation, procedures for correcting unsafe conditions, systems for communicating with employees. Coordinate with project directors/designee to conduct periodic safety inspections of facilities, equipment and projects to identify unsafe conditions and practices.
5. Schedule and hold safety meetings, devise and implement employee training programs, and develop compliance strategies and record keeping.
6. Maintain an inventory of hazardous materials in all work areas within the Research Foundation. Work with other safety committee members at locations not under Research Foundation to keep a record of hazardous materials present at their respective locations.
7. Investigate employee complaints of hazardous conditions and refer findings to appropriate managers and directors. Document employee (including student) injuries, incident reports, and complaints involving safety issues. Make recommendations and initiate corrective actions regarding identified hazards or deficiencies
8. Inform outside contract employees who work in areas under Research Foundation auspices or jurisdiction, of the hazards to which those employees may be exposed.
9. Distribute safety information, posters, and materials. Coordinate with outside consulting organizations as appropriate or as needed for assistance with complex workplace safety issues.

### **Manager and Director Responsibilities:**

1. Implement a process to identify, mitigate, or eliminate hazardous conditions in a timely manner. This requires managers to be familiar with safety and health hazards to which employees may be exposed under their immediate direction and control.
2. Enforce safe work practices and procedures. Correct and/or report unsafe conditions to their immediate superior.

3. Implement a training program designed to instruct employees and students in safe work practices and specific job duties.
4. Instruct employees to recognize and avoid unsafe conditions, including hazards associated with non-routine tasks and emergency operations. This includes both general and job specific safety training is provided and verifying completion prior to the hazard exposure.
5. Permit only those employees (including students) who are qualified by training to operate potentially hazardous equipment and making certain that employees or students understand all safety procedures associated with their job duties.
6. Create Standard Operating Procedures (SOP's) for high risk activities.
7. Ensure regularly scheduled work area safety inspections by coordinating with the IIPP Administrator and Safety Committee and holding department safety meetings on a regular basis.
8. Assist the IIPP Administrator with the investigation of accidents and prepare written documentation as appropriate.
9. Request a Material Safety Data Sheet (MSDS) when one is not already available for a hazardous material.
10. Recognize employees who consistently perform safe and healthful work practices. Issue appropriate corrective action to employees who knowingly violate safety rules, procedures or policies.
11. Communicate to employees regarding health and safety practices. This includes disseminating appropriate safety and related information, including, but not limited to, posting safety information on bulletin boards and/or break rooms.

**Employee Responsibilities:**

1. Perform job assignments safely and healthily, and always adhere to the Research Foundation safety practices, procedures, and guidelines.
2. Complete all required training sessions (both general and job-specific). Read and comply with procedures and guidelines provided by managers.
3. Inform their manager of workplace hazards without fear of reprisal. Ask appropriate questions to managers when there is concern about an unknown or hazardous situation.
4. Report injuries and illnesses to their manager or Human Resources immediately.

**Contractor Responsibilities:**

1. Contractors who work under a defined scope of work are bound by the health and safety requirements specified in their contract, their own IIPP and the Research Foundation's IIPP.
2. All contractors shall adhere to Cal-OSHA regulations and standards for work activities.

## **VI. COMPLIANCE**

Employees who fail to comply with safety rules and protocols will be subject to appropriate corrective action, which can include formal documentation and up to and including termination of employment, depending upon the severity of the offense (s). Managers will follow corrective action procedures as implemented by the Research Foundation. The Research Foundation reserves the right, at its sole discretion, to determine what appropriate levels of corrective actions, if any, are warranted. Each case is determined by its own facts. There are no guarantees if an action is applied that any particular progression will be observed. For example, a written level warning will not be automatically issued to an employee who previously received a verbal warning. The new offense will be viewed on its own merits in deciding upon an appropriate level of corrective action as to the new offense.

Managers can be subject to appropriate corrective action in cases that include, but are not limited to, the following:

1. Repeated safety rule violation by their department employees.
2. Failure to provide adequate training prior to job assignment that leads to an illness or injury.
3. Failure to report injury or illness and provide medical attention to employees injured at work.
4. Failure to adequately control unsafe conditions or work practices.
5. Failure to maintain good housekeeping standards and cleanliness in their departments.

## **VII. COMMUNICATION**

The following system of communication is designed to facilitate a regular flow of safety and health information between management and employees in a form that is readily understandable and consistent. The following methods have been established to communicate with employees on matters relating to health and safety:

1. New employee orientation including a review of safety and health policies and procedures as well notification of the availability of training resources for employees on the SJSU Research Foundation website.
2. Where to access the SJSU Research Foundation's IIPP.
3. Availability of department specific training programs, management, responsibility and storing of records.
4. The availability of scheduled department safety meetings.
5. Safety Data Sheets (SDSs) to provide information on the potential hazards of products or chemicals.
6. A system for workers to inform management about workplace hazards without fear of retaliation.
7. Access to Safety Committee meeting minutes.



## Safety Committee:

The Research Foundation's Safety Committee is established to achieve and maintain effective communications between management and employees and to resolve health and safety related problems. The Safety Committee will be comprised of members (Managers, Directors, and/or employees) of the various departments, and management. The Safety Committee will convene on a quarterly basis, and review the following:

1. Minutes of the previous meeting.
2. Unfinished business of the previous meeting.
3. Department inspection reports and corrective actions.
4. Discussion of injury or illness and corrective action taken.
5. Accident trend analysis.
6. New and outstanding recommendations submitted by departments or external agencies (insurance carrier, fire department, Cal-OSHA, etc.).
7. New business.
8. All meetings will be documented and communicated to employees as needed.

## SJSU Research Foundation Safety Committee Members

Department Represented	Location(s) Covered	Name
Central Office	210 N. 4 <sup>th</sup> Street	Andrew Exner
Central Office	210 N. 4 <sup>th</sup> Street	Ranjit Kaur
Central Office	210 N. 4 <sup>th</sup> Street	Eric Hagan
Central Office	210 N. 4 <sup>th</sup> Street	Myles Reed
Campus	1 Washington Sq	Matt Nymeyer
NASA	Bldg 262 Moffett Field	Jennifer Granada
MLML	8272 Moss Landing Rd,	Jocelyn Douglas
Timpany	730 Empey Way	Jennifer Schachner
I-House	360 S 11th St	TBD

## Anti-Reprisal Policy

Directors and Managers will encourage employees to report any unsafe or unhealthy conditions they discover without fear of reprisal. Employees may submit anonymous feedback about hazards or safety concerns by contacting Research Foundation Human Resources professionals.

## VIII. HAZARD INSPECTIONS & CORRECTION

### 1. Hazard Inspections

Inspections are viewed from the fact-finding perspective, not a fault-finding perspective. The emphasis is on locating potential hazards that can adversely affect safety and health, and making appropriate corrections.

All personnel are responsible for continuous, ongoing assessments of their own work areas/workplace. All potentially hazardous conditions must be immediately and properly reported for correction, as appropriate.

Periodic inspections will be made by members of the Safety Committee who have completed Hazard Assessment Training will utilize the Research Foundation's self-inspection form (See **Attachment C**). Once completed, the Inspection report will be reviewed by the Safety Committee or designated management representative and appropriate action will be taken to eliminate hazards that were uncovered. Assignments, target dates for completion, and actual completion dates will be documented on the Notice of Safety Violation form (See Attachment G) and in the minutes of the Safety Committee.

If a hazard is identified or becomes known during any safety or other inspection that is deemed to be so serious that there is reasonable certainty that, if left uncorrected, can be expected to cause death or serious physical injury or illness, that hazard shall be immediately reported to the IIPP Administrator. The Administrator shall take charge and oversee that appropriate corrective action is immediately implemented, in partnership with the responsible area or site manager. When such a serious hazard exists that it cannot be immediately abated without endangering employees and/or property, all staff and personnel shall be evacuated and barred from the area, pending correction, except those who may be necessary to correct the hazardous condition. When appropriate, outside agencies will also be contacted for assistance.

Periodic inspections shall be performed according to the following schedule:

- When initially establishing the Research Foundation IIPP;
- When new substances, processes, procedures or equipment which present potential new hazards are introduced into our workplace;
- When new, previously unidentified hazards are recognized;
- When occupational injuries and illnesses occur; and
- Whenever workplace conditions warrant an inspection.

At the completion of an IIPP audit or inspection, the affected department or site may be issued a Notice of Safety Violation.

Receipt of a Notice will require the responsible area or functional manager or Director to take necessary corrective action(s). If the unsafe condition cannot be immediately abated, the manager, Director, and IIPP Administrator will develop a timetable for correcting the unsafe condition based on the severity of the hazard and based on the difficulty of correction. A Report of Corrected Safety Violations shall be completed by the appropriate manager and/or Director and returned to the Human Resources office upon completion of the abatement action. Human Resources shall assist in hazard assessment by indicating the hazard classification for each unsafe condition noted on the Notice of Safety Violation.

## **2. Hazard Correction and Control**

Unsafe or unhealthy work conditions, practices or procedures shall be corrected in a timely manner based on the Hazard Classification Hierarchy (**below**). Prioritization of remediation actions will be based on the ranking scheme. High priority hazards must always be corrected immediately or consideration should be given to stopping operations affected by the hazards.

Workers who are required to correct the hazardous condition shall be provided with the necessary protection. Imminent hazards must be immediately reported to the IIPP Administrator, Executive Director, and department manager.

Effective hazard control follows the “hierarchy of controls” methodology (below). The most effective means of control is, whenever possible, to eliminate the hazard. If this cannot be accomplished, the next most effective means of control is to substitute for a lesser hazard. If this is not feasible, the next most effective means of control is to engineer out the hazard. An example is, by exhaust ventilation. Last, if this is not feasible, administrative controls such as warning signs, labels, and alarms must be implemented for employees’ protection. Administrative controls, which include training, work procedures, and personal protective equipment (PPE’s) should always be considered as a means of prevention.

### Hierarchy of Controls



## IX. INJURY & ILLNESS RESPONSE PROCEDURES

### WORKERS’ COMPENSATION INFORMATION

See also: <https://www.sjsu.edu/researchfoundation/employees/workers-comp.php>

The Research Foundation considers that safety is the responsibility of each employee and that it is a key priority at the Research Foundation. Each employee must contribute to the safe work practices of the Research Foundation.

The Workers' Compensation program is a NO FAULT program. Irrespective of whether or not the employee's own conduct or negligence caused the injury or illness **will not affect** their eligibility to receive appropriate medical attention and treatment from the Research Foundation workers' compensation program.

Please also note that the Research Foundation's Workers' Compensation program does not cover Independent Contractors or Volunteers. While both types of individuals should be medically referred, the proper referral, depending upon severity, is to call 911, to their personal physician, or to their clinic.

### **What to do when an injury or illness happens at work**

#### **In an emergency, please call or dial 9-1-1.**

When an employee is injured or becomes ill on the job, and the injury or illness is work-related, the employee **MUST IMMEDIATELY** notify their assigned manager or supervisor, or call Human Resources directly, unless doing so would take so much time that it would hurt the employee to delay seeking medical assistance.

#### **The first order of business is to get medical assistance for the injured or ill employee.**

The Manager must:

- 1) Provide first aid, if he or she is medically trained, or if first aid trained staff is readily available.
- 2) As soon as possible, arrange transportation for the employee to the appropriate medical facility. Please refer to the "Preferred Providers Clinics" list found at this [link](#).  
**NOTE:** If the injured or ill employee is a student of SJSU on campus, then please refer the student to the SJSU Student Health Center located on the campus of SJSU.
- 3) Notify Research Foundation HR about the injury/illness as soon as possible. Be prepared to give a short account of what happened, along with a short status report. **Please call one of the following: HR Generalist (408) 924-1308, HR Director at (408) 924-1409;**

As soon as practicable, the following forms will be filled out regarding the injured or ill employee:

- a) **SJSU Research Foundation Injury / Illness Investigation Report - (Filled out by the Employee)**  
In this form, the employee explains in detail when, where, and how the injury or illness occurred, and what body part was affected. The employee then signs this form, attesting to his or her account of the events, and mails the form to Research Foundation HR. Research Foundation HR will forward this form to the Research Foundation's Workers' Compensation administrator, Sedgwick CMS. In the event that an employee is unable to complete the form, their supervisor will provide the necessary details to Research Foundation HR in writing.
- b) **DWC 1 form: Workers' Compensation Claim Form - (Filled out by Employee and Signed by the Employer)**

In this form, the employee summarizes the injury or illness, and signs a form that is submitted to the State of CA. The employee fills out the top portion, and then returns the form to HR. HR will fill out the bottom of the form with organization and employee information, and forward this form to the Research Foundation's to the Workers' Compensation administrator, Sedgwick CMS.

c) **Form 5020: Employer's Report of Occupational Injury or Illness (Filled out by the Employer based on Employee's account of incident)**

Based on the employee's account of the events, the Employer (HR) fills out and submits Form 5020 to the Workers' Compensation administrator, Sedgwick CMS. The manager or HR will ask about the circumstances involved in the injury or illness.

This form **must be** filed within FIVE (5) days of the Employer's knowledge of the incident. The Research Foundation **strongly urges** that an employee report their work related injury or illness **no later than 24 hours** following the incident that caused the injury or illness, to ensure that the employee is appropriately directed to proper medical care and treatment.

**Pre-Designated Health Provider**

If an employee wants to name a specific doctor or clinic to be referred to in case of their workers' compensation illness or injury, the employee can do that at the outset of his or her employment by requesting and filling in and signing a "Pre-Designation Form" that will be kept on file at the Research Foundation. This form also must be signed by the designated doctor. In the absence of a specific Pre-Designation form already on file with the Research Foundation, the employee will be referred to a preferred provider clinic or the SJSU Health Center, as appropriate.

The attending physician at the urgent care center (offsite clinic or SJSU Health Center) determines the level of severity of the injury or illness, whether it is a one-time "First Aid" visit or if it requires more attention than that.

The Research Foundation's Workers' Compensation administrator is  
SEDGWICK CMS  
PO BOX 14629  
LEXINGTON, KY 40512 – 4479

For questions regarding this important matter, please call the HR Generalist at (408) 924-1308. HR Director at (408) 924-1409 or send an email to [fdn-hr-group@sjsu.edu](mailto:fdn-hr-group@sjsu.edu).

**X. ACCIDENT REPORTING AND INVESTIGATION**

**Administration Reporting Responsibilities**

Minor injuries incurred on the job will be reported to the immediate manager by the injured employee for arrangement of medical care and to perform an incident investigation. Minor injuries and illnesses means first aid, not requiring medical treatment, work limitations or time away from work.

An employee who is involved in an illness or injury is requested to fill out and sign an **SJSU Research Foundation Injury / Illness Investigation and submit it to HR.** .

The IIPP Administrator, in conjunction with the department manager, 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 IIPP Administrator will investigate the incident, determine what corrective action is necessary, and present those findings to the supervisor.

California law requires the Research Foundation to complete Form 5020, the [Employer's Report of Occupational Injury or Illness \(DLSR 5020\)](#) within **five days** of their knowledge of every occupational injury or illness which results in lost time beyond the date of the incident OR which requires medical treatment beyond first aid. Per Labor Code Sec. 5402, an employer's knowledge of an injury, obtained from ANY source, including a managing agent, superintendent, foreman, or other person in authority, or an employer's knowledge of an assertion of a claim of injury, is an equivalent notice of injury. This time frame is a legal obligation which must be adhered to.

Cal-OSHA **must** be notified by the IIPP Administrator as soon as reasonably feasible, and no later than eight (8) hours following a Serious Injury or Illness. Serious injury or illness includes:

- Bodily dismemberment.
- Permanent disfigurement.
- Death.
- Inpatient hospitalization, regardless of length of time, for other than medical observation or diagnostic testing;

### **Manager Reporting Procedures**

Managers who have an employee who was injured on the job shall:

- Call 911 if the employee is in immediate need of medical attention. Ensure that the employee is referred to appropriate medical care. A Preferred Provider List is available online at <https://sjsu.edu/researchfoundation/docs/2023-05-22-Clinics-for-WC-List.pdf>.
- If the ill or injured employee is a Student at SJSU, that Student must be referred to the SJSU Student Health Center, located on campus.
- Immediately contact the Human Resources department at the Research Foundation to report the illness or injury.
  - Follow reporting protocols and requirements set forth by Human Resources. Human Resources is responsible to contact and follow up with the employee, and provide the forms that must be completed.
  - Human Resources will also contact the Workers' Compensation administrator, Sedgwick CMS, to apprise of the illness or injury. Human Resources will provide completed forms to Sedgwick.

For facility-specific information such as nearest medical provider facilities and other response or evacuation instructions, please call the Research foundation's Human Resources department.

### **Investigation Procedures: Root Cause Analysis**

Department managers must investigate after any workplace incident (injury, exposure, or illness) involving their employees within 24 hours of occurrence. An incident is defined as an unexpected and undesirable event that can result in injury or property damage.

Each incident investigation must be documented using the Injury/Illness Investigation Report form. To properly conduct an investigation, consider the following:

- Safety – Determine if there is any remaining danger to you or others.
- Documentation – Conduct necessary interviews; make notes about your observations and possible factors that contributed to the incident/injury and take photographs.
- The IIPP administrator and department manager will review the findings to determine the root cause and/or contributing factors.
- Establish a sequence of events that led up to the incident/injury by considering all factors involved and develop a plan to correct the root cause and contributing factors to prevent reoccurrence.
- Each serious incident should be discussed and reviewed with the Safety Committee to ensure proper communication between departments and facilities so that similar circumstances, conditions, hazards, and/or work practices can be corrected organization-wide.

Incident investigations identify causative or contributing factors of occupational injuries and illnesses, and help determine if any action is necessary in preventing recurrence. They are not intended to fix blame upon an individual or group of individuals. Incidents that do not result in injury or property damage are often referred to as “incidents” or “near misses.” All incidents involving injury or property damage are to be investigated. All “near misses” that could have produced significant injury or damage should also be investigated. Report near misses to the IIPP Administrator via e-mail to: [research-foundation-compliance@sjsu.edu](mailto:research-foundation-compliance@sjsu.edu).

## **XI. TRAINING & INSTRUCTION**

Our safety training program aims to develop safe work habits and attitudes. It is critical that new employees understand work rules and procedures prior to being assigned a job.

### **New Employee Training**

Employees shall receive safety training at the start of employment. The new employee training will include:

- Notification of SJSU Research Foundation New Hire Onboarding resources website.
- Benefited employee orientation that includes Safety and workers’ compensation information
- Notification of the location of SJSU Research Foundation IIPP and attachments
- Emergency Building Evacuation Plan (Site manager will provide on first day of work)
- Community Safety Advisories sent via SJSU email.
- Access to CSULearn training platform and courses.

### **Additional Training Requirements**

Additional training will be in accordance with the following:

- Whenever new processes, procedures, or equipment are introduced into the workplace and represent a new hazard
- Whenever the Research Foundation is made aware of a previously unrecognized hazard

## Department Specific Training

Department managers are responsible for completing a hazard assessments and creating a department safety training matrix of required training, based upon identified hazards present. Employees are to complete required training prior to working in hazardous work areas, with hazardous equipment or other activities which exposes them to hazards.

Department specific training should include at a minimum:

- A review of potential safety and health hazards identified in employee work areas
- Necessary means of minimizing potential hazards e.g. Job Hazard Assessments, SOP's
- Instruction on which safety equipment or personal protective equipment (PPE) must be used

## Departmental Training Matrix

Training Topic	Job Title	Training Duration	Applicable Department	Training Provider
Computer Workstation Ergonomics	All staff	30 minutes	Central Office, NASA, MLML, Campus	CSULearn
Workplace Violence	All staff	14 minutes	All in person staff	CSULearn
Heat Illness Prevention	All staff	30 minutes	All in person staff	CSULearn
SJSU Hazardous Materials and Lab Safety course	Applicable Lab staff	1 hour	Campus, MLML and NASA Employees upon Manager Request	CSULearn
Central Office Evacuation Plan	All Central Office Staff	30 minutes	Central Office	Myles Reed
Timpany Center Evacuation Plan	All Timpany Center Staff	30 minutes	Timpany Center	Project Director
NASA N-262 BEAP Document Training	All NASA in-person staff	30 minutes	NASA	Project Director
MLML Building Evacuation and Emergency Plan	All MLML Office Staff	30 minutes	MLML	Project Director/Safety Coordinator
SJSU IIPP Training	All Campus Office Staff	30 minutes	Applicable Campus Staff & I-House Staff	CSU Learn
CPR Training	Applicable CO Staff	2 hours	Central Office & Timpany Center	Timpany Center

## On-the-Job training



On-The-Job training is the responsibility of the employee's Manager. Training may be provided online, through group presentations and/or via one-on-one coaching.

### **Training Records**

Training for each employee must be documented. Managers must document individual department specific safety training and safety meetings and maintain compliance with recordkeeping requirements as requested. Training records must include the following information:

- Employee name
- Training dates
- Types of training (topic and format)
- Training provider

### **The Safety Committee is responsible for the following related to safety training:**

- Develop procedures to identify employees who work in positions that require training.
- Assist managers in their development of safety training programs by providing advice, guidance and information concerning regulatory requirements relative to training content.
- Assist department managers with the establishing and regular updating of the department specific safety training matrix
- Provide other training resources as needed based on the job duties and location.
- Coordinate safety training for the department(s) they represent.

## **XII. RECORDKEEPING**

Cal-OSHA regulations have requirements for maintenance and retention of records for occupational injuries and illnesses, medical surveillance, exposure monitoring, inspections and other activities and incidents relevant to occupational health and safety.

### ***Injury & Illness recording:***

The Research Foundation will record and report within five (5) days every employee injury or illness unless disability resulting from such injury or illness does not last through the day or does not require medical service other than minor first-aid treatment.

Records of occupational injuries and illnesses will be kept on file in Human Resources and will be made available for review by Cal/OSHA at any time, for a period of five (5) years. The Cal/OSHA summary for the previous year will be posted by Human Resources in conspicuous places at the Central Office location.

### ***Employee Exposure Records:***

Each employee exposure record will be preserved and maintained for at least thirty (30) years, with the exception of certain background data to workplace monitoring and certain biological monitoring results in accordance with federal and local regulations. Such records include workplace monitoring or measuring

of a toxic substance or harmful physical agent; biological monitoring results which directly assess the absorption of a toxic substance or harmful physical agent by body systems; material safety data sheets; and in the absence of the above, a chemical inventory or any other record which reveals where and when used and the identity of a toxic substance or harmful physical agent.

***Medical Records:***

The medical record for each employee will be preserved and maintained for at least the duration of employment plus thirty (30) years except for certain health insurance claims records, first aid records, or the medical records of employees who have worked for less than one (1) year if they are provided to the employee upon termination of employment. Such records include medical and employment questionnaires or histories; the results of medical exams and lab tests; medical opinions, diagnoses, progress notes, and recommendations; first aid records; descriptions of treatments and prescriptions; and employee medical complaints.

***Documentation of Program Efforts:***

Essential records, including those legally required for workers' compensation, insurance audits and government inspections will be maintained for as long as required. The Research Foundation will also keep records of steps taken to establish and maintain the Injury & Illness Prevention Program.

They must include:

1. Records of scheduled and periodic inspections to identify unsafe conditions and work practices. The documentation includes the name of the person(s) conducting the inspection, the unsafe conditions and work practices identified, and the corrective action(s) taken. These records will be maintained for at least three years.
2. Documentation of health and safety training for each employee. Specifically, employee name or other identifier, training dates, type(s) of training and the name of the training provider will be included. Records will be retained for at least three years.
3. Training records will be kept in each department and in the Research Foundation Administrative Office as appropriate.

The Research Foundation Human Resources Director or assignee is responsible for maintaining these records and must be able to present them to Cal-OSHA and other regulatory agency if requested and shall ensure maintenance of the following records as indicated below:

<b>RECORD</b>	<b>DURATION</b>
The Written IIPP	Indefinitely
Cal-OSHA Log 300 Forms and Summary of Occupational Injury and Illness	5 years
Injury and Illness Investigation Reports	5 years
Employee Training Records	Duration of Employment (DOE) within CSU Learn

Records Relating to Employee Communication and Enforcement	3 years
IIPP Audit and Inspection Records	3 years
Safety Meeting Agendas	3 years
Safety Meeting Sign in Sheets	3 years
Employee Suggestions, Questions and Responses	3 years
Industrial Hygiene and Exposure Sampling Records	DOE + 30 years
Employee Medical Records	DOE + 30 years
Notices of Safety Violations or Citations	5 years
Reports of Corrected Safety Violations or Citations	5 years
Safety Data Sheets (SDS)	Duration of Use (DOU) + 30 years

### **XIII. MAINTAINING THE IIPP**

The IIPP Program Administrator 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 effected personnel.

### **XIV. EMPLOYEES WORKING UNDER NON-SJSU RF SUPERVISION**

In the event that SJSU Research Foundation employees may work under the supervision of a non-SJSU Research Foundation organization as part of the SJSU Research Foundation operations. To ensure employee safety during work that is supervised by another organization, the IIPP Administrator be responsible for the following:

- Ensure contracts are in place for all work where SJSU Research Foundation employees are working at or under the supervision of a non-SJSU Research Foundation organization.
- Review all contracts that involve SJSU RF employees working under supervision of non-SJSU RF organizations. Ensure that language in contract:
  1. Confirms the non-SJSU Research Foundation organization has a compliant, documented Injury & Illness Prevention Plan (IIPP). If outside of California, the organization must comply with Federal or State safety program requirements.

2. Identifies the roles and responsibilities of each party of contract and how each party will comply with the Cal-OSHA IIPP.
3. Confirms the level of safety training provided to SJSU RF employees prior to assignment, and safety training provided by non-SJSU Research Foundation supervisor for SJSU Research Foundation employees.
4. Confirms all anticipated hazards will be identified and controls are in place prior to employee work activities.
5. Confirms agreement terms for recordkeeping and reporting.
6. Identifies agreement for joint safety inspections and accident investigations.

## **XV. ACCESS TO IIPP**

This IIPP is available to all SJSU Research Foundation employees and their representatives with the objective of providing access to this IIPP through the following processes:

1. Provide unobstructed access to IIPP through the SJSU Research Foundation website (<https://www.sjsu.edu/researchfoundation/resources/policies-and-guidance/index.php>).
2. Within 2 business days of requesting copy from IIPP Administrator (will be a hard copy unless requestor indicates electronic copy is adequate). The copy will be provided free of charge (up to 1 copy per year).

Questions or concerns about access should be directed to the SJSU Research Foundation HR at [fdn-hr-group@sjsu.edu](mailto:fdn-hr-group@sjsu.edu).

## **Attachment A: General Safety Guidelines**

1. All persons shall follow these safe practices rules, render every possible aid to safe operations, and report all unsafe conditions or practices to the supervisor.
2. Supervisors shall insist on employees observing and obeying every rule, regulation, and order as is necessary to the safe conduct of the work, and shall take such action as is necessary to obtain observance.
3. All employees shall be given frequent accident prevention instructions. When applicable, the accident prevention instructions shall also include specific instruction on the safe use, care of protection equipment.
4. Anyone known to be under the influence of drugs or intoxicating substances which impair the employee's ability to safely perform the assigned duties shall not be allowed on the job while in that condition.
5. Horseplay, scuffling, and other acts which tend to have an adverse influence on the safety or well-being of the employees shall be prohibited.
6. Work shall be well planned and supervised to prevent injuries in the handling of materials and in working together with equipment.
7. No one shall knowingly be permitted or required to work while the employee's ability or alertness is so impaired by fatigue, illness, or other causes that it might unnecessarily expose the employee or others to injury.
8. Employees shall be instructed to ensure that all guards and other protective devices are in proper places and adjusted, and shall report deficiencies promptly to their supervisor.
9. Crowding or pushing when boarding or leaving any vehicle or other conveyance shall be prohibited.
10. Workers shall not handle or tamper with any electrical equipment, machinery, or air or water lines in a manner not within the scope of their duties, unless they have received instructions from their supervisor.
11. All injuries shall be reported promptly to SJSURF HR at [fdn-hr-group@sjsu.edu](mailto:fdn-hr-group@sjsu.edu) so that arrangements can be made for medical or first aid treatment.
12. When lifting heavy objects, the large muscles of the leg instead of the smaller muscles of the back shall be used.
13. Inappropriate footwear or shoes with thin or badly worn soles shall not be worn.
14. Materials, tools, or other objects shall not be thrown from buildings or structures until proper precautions are taken to protect others from the falling objects.
15. Employees shall cleanse thoroughly after handling hazardous substances, and follow special instructions from authorized sources.
16. No burning, welding, or other source of ignition shall be applied to any enclosed, vehicle vessel, even if there are some openings, until it has first been determined that no possibility of explosion exists, and authority for the work is obtained from the Supervisor.

### **Use of Tools and Equipment**

22. All tools and equipment shall be maintained in good condition.
23. Damaged tools or equipment shall be removed from service and tagged "DEFECTIVE."
24. Only appropriate tools shall be used for the job.
25. Electric cords shall not be exposed to damage from vehicles.

## **Machinery and Vehicles**

33. Only authorized persons shall operate machinery or equipment.
34. Loose or frayed clothing, or long hair, dangling ties, finger rings, etc., shall not be worn around moving machinery or other sources of entanglement.
35. Machinery shall not be serviced, repaired or adjusted while in operation, nor shall oiling of moving parts be attempted, except on equipment that is designed or fitted with safeguards to protect the person performing the work.
36. Where appropriate, lock-out procedures shall be used.
37. Employees shall not work under vehicles supported by jacks or chain hoists, without protective blocking that will prevent injury if jacks or hoists should fail.
38. When loading where there is a probability of dangerous slides or movement of material, the wheels or treads of loading equipment, other than that riding on rails, should be turned in the direction which will facilitate escape in case of danger, except in a situation where this position of the wheels or treads would cause a greater operational hazard.

## **Attachment B: Accident Investigation Procedure**

### **Step 1. Preserve/Document the Scene**

1. Preserve the Scene: Preserve the scene to prevent material evidence from being removed or altered;
2. Document the Scene: Document the incident facts such as the date of the investigation and who is investigating. Essential to documenting the scene is capturing the injured employee's name, injury description, whether they are temporary or permanent, and the date and location of the incident. Investigators can also document the scene by video recording, photographing and sketching.
3. Tools provided to help with Step 1 are Attachment F: SJSU Research foundation Injury/Illness Investigation Report.

### **Step 2. COLLECT INFORMATION**

1. Incident information is collected through interviews, document reviews and other means. Appendix E provides a checklist to use to help ensure all information pertinent to the incident is collected.
2. In addition to interviews, investigators may find other sources of useful information. These include:
  - Equipment manuals
  - Industry guidance documents
  - Company policies and records
  - Maintenance schedules, records and logs
  - Training records (including communication to employees)
  - Audit and follow-up reports
  - Enforcement policies and records
  - Previous corrective action recommendations
3. Interviews can often yield detailed, useful information about an incident. Since memories fade, interviews must be conducted as promptly as possible: preferably as soon as things have settled down a bit and the site is both secure and safe. The sooner a witness is interviewed, the more accurate and candid his/her statement will be.

An incident investigation always involves interviewing and possibly re-interviewing some of the same or new witnesses as more information becomes available, up to and including the highest levels of management. Carefully question witnesses to solicit as much information as possible related to the incident
4. Incident information is collected through interviews, document reviews and other means. Appendix E provides a checklist to use to help ensure all information pertinent to the incident is collected.
5. In addition to interviews, investigators may find other sources of useful information. These include:
  - Equipment manuals
  - Industry guidance documents
  - Company policies and records
  - Maintenance schedules, records and logs
  - Training records (including communication to employees)
  - Audit and follow-up reports
  - Enforcement policies and records
  - Previous corrective action recommendations
6. Incident information is collected through interviews, document reviews and other means. Appendix E provides a checklist to use to help ensure all information pertinent to the incident is collected.

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  - Equipment manuals
  - Industry guidance documents
  - Company policies and records
  - Maintenance schedules, records and logs
  - Training records (including communication to employees)
  - Audit and follow-up reports
  - Enforcement policies and records
  - Previous corrective action recommendations
9. Interviews can often yield detailed, useful information about an incident. Since memories fade, interviews must be conducted as promptly as possible: preferably as soon as things have settled down a bit and the site is both secure and safe. The sooner a witness is interviewed, the more accurate and candid his/her statement will be.
10. An incident investigation always involves interviewing and possibly re-interviewing some of the same or new witnesses as more information becomes available, up to and including the highest levels of management. Carefully question witnesses to solicit as much information as possible related to the incident.
11. Since some questions will need to be designed around the interviewee, each interview will be a unique experience. When interviewing injured workers and witnesses it is crucial to reduce their possible fear and anxiety, and to develop a good rapport. When conducting interviews, investigators should:
  - Conduct the interview in the language of the employee/interviewee; use a translator if needed
  - Clearly state that the purpose of the investigation and interview is fact-finding, not fault-finding
  - Emphasize that the goal is to learn how to prevent future incidents by discovering the root causes of what occurred
  - Establish a climate of cooperation, and avoid anything that may be perceived as intimidating or in search of someone to blame for the incident
  - Ask the individuals to recount their version of what happened
  - Not interrupt the interviewee
  - Take notes and/or record the responses; interviewee must give permission prior to being recorded
  - Have blank paper and or sketch available for interviewee to use for reference
  - Ask clarifying questions to fill in missing information
  - Reflect back to the interviewees the factual information obtained; correct any inconsistencies
  - Ask the individuals what they think could have prevented the incident, focusing on the conditions and events preceding the injury

### ***Step 3. DETERMINE ROOT CAUSES***

1. The root causes of an incident are exactly what the term implies: The underlying reasons why the incident occurred in a workplace. Root causes generally reflect management, design, planning, organizational and/or operational failings (e.g., employees were not trained adequately; a damaged guard had not been repaired).
  - ✓ Determining the root cause is the result of persistently asking “why”
  - ✓ Determining the root cause is the most effective way to ensure the incident does not happen again



2. Finding the root causes goes beyond the obvious proximate or immediate factors; it is a deeper evaluation of the incident. This requires persistent “digging”, typically by asking “Why” repeatedly. Conclusions such as “worker was careless” or “employee did not follow safety procedures” don’t get at the root causes of the incident. To avoid these incomplete and misleading conclusions in the investigative process, investigators need to continue to ask “why?” as in, “Why did the employee not follow safety procedures?” If the answer is “the employee was in a hurry to complete the task and the safety procedures slowed down the work”, than ask “Why was the employee in a hurry?” The more and deeper “why?” questions asked, the more contributing factors are discovered and the closer the investigator gets to the root causes. If a procedure or safety rule was not followed, *why* was the procedure or rule not followed? Did production pressures play a role, and, if so, *why* were production pressures permitted to jeopardize safety? Was the procedure out-of-date or safety training inadequate? If so, *why* had the problem not been previously identified, or, if it had been identified, *why* had it not been addressed?
3. It cannot be stressed enough that a successful incident investigation must always focus on discovering the root causes. Investigations are not effective if they are focused on finding fault or blame. If an investigation is focused on finding fault, it will always stop short of discovering the root causes, because it will stop at the initial incident without discovering their underlying causes. The main goal must always be to understand how and why the existing barriers against the hazards failed or proved insufficient, not to find someone to blame.
4. The questions listed below are examples of inquiries that an investigator may pursue to identify contributing factors that, in turn, can lead to root causes:
  - If a procedure or safety rule was not followed, why was the procedure or rule not followed? Was the procedure out of date or safety training inadequate? Was there anything encouraging deviation from job procedures such as incentives or speed of completion? If so, why had the problem not been identified or addressed before?
  - Was the machinery or equipment damaged or fail to operate properly? If so, why?
  - Was a hazardous condition a contributing factor? If so, why was it present? (e.g., defects in equipment/tools/materials, unsafe condition previously identified but not corrected, inadequate equipment inspections, incorrect equipment used or provided, improper substitute equipment used, poor design or quality of work environment or equipment)
  - Was the location of equipment/materials/worker(s) a contributing factor? If so, why? (e.g., employee not supposed to be there, insufficient workspace, “error-prone” procedures or workspace design)
  - Was lack of personal protective equipment (PPE) or emergency equipment a contributing factor? If so why? (e.g., PPE incorrectly specified for job/task, inadequate PPE, PPE not used at all or used incorrectly, emergency equipment not specified, available, properly used, or did not function as intended)
  - Was a management program defect a contributing factor? If so, why? (e.g., a culture of improvisation to sustain production goals, failure of supervisor to detect or report hazardous condition or deviation from job procedure, supervisor accountability not understood, supervisor or worker inadequately trained, failures to initiate corrective actions recommended earlier)

#### ***Step 4. IMPLEMENT CORRECTIVE ACTIONS***

The investigation is not complete until corrective actions are implemented that address the root causes of the incident. Implementation should entail program level improvements and should be supported by senior management.

Note that corrective actions may be of limited preventive value if they do not address the root causes of the incident. Throughout the workplace, the findings and how they are presented will shape perceptions and subsequent corrective actions. Superficial conclusions such as "Bob should have used common sense," and weak corrective actions such as "Employees must remember to wear PPE", are unlikely to improve the safety culture or to prevent future incidents.

In planning corrective actions and how best to implement them, employers may find that some root causes will take time and perseverance to fix. Persisting in implementing substantive corrective actions, however, will not only reduce the risk of future incidents but also improve the company's safety, morale and its bottom line.

Specific corrective actions address root causes directly; however, some corrective actions can be general, across-the-board improvements to the workplace safety environment. Sample global corrective actions to consider are:

- Strengthening/developing a written comprehensive safety and health management program
- Revising safety policies to clearly establish responsibility and accountability
- Revising purchasing and/or contracting policies to include safety considerations
- Changing safety inspection process to include line employees along with management representatives

## Attachment C Self Inspection Checklist

This checklist is meant to be a guide to help you identify a potential hazard in your work area and to have the hazard corrected. Contact the SJSURF Human Resources at [fdn-hr-group@sjsu.edu](mailto:fdn-hr-group@sjsu.edu) should you have questions in applying these standards to your work area. Please contact your [fdn-hr-group@sjsu.edu](mailto:fdn-hr-group@sjsu.edu) if your work location has a separate checklist.

Inspector Name: \_\_\_\_\_ Dept: \_\_\_\_\_ Date: \_\_\_\_\_

<i>OK</i>	<i>Action needed</i>	<i>#</i>	<i>Item Description</i>	<i>Applicable?</i>
		1	Are exits routes clear and accessible?	
		2	Are cabinets taller than 4 feet secured to prevent tipping, falling, or collapsing?	
		3	Are aisles, passageways, and corridors kept clear of cabinets and furniture?	
		4	Are extension cords in good repair and not worn, frayed, abraded, or wires exposed?	
		5	Cords, cables, and wires kept clear and do not create a tripping hazard?	
		6	Is there a portable fire extinguisher within at least 75' feet of travel and easily accessible?	
		7	The fire extinguisher is in working order and not expired?	
		8	Are fire rated doors kept closed and are not blocked open by wedges or other material?	
		9	Is your work area free of excessive debris and obstructions?	
		10	Is lighting adequate to perform regular job tasks and egress safely?	
		11	Have you received health and safety training at time of hire, when transferred to a new assignment having a new hazard or exposure, or whenever a new hazard or exposure is introduced into the workplace?	
		12	Are labels on hazardous substance containers legible, dated, and identified as to its hazards and content?	
		13	Is there a Material Safety Data Sheet (MSDS) readily available for each hazardous substance used? For MSDS access go to: <a href="http://hq.msdsonline.com/csuedus/Search/Default.aspx">http://hq.msdsonline.com/csuedus/Search/Default.aspx</a>	
		14	Are flammable, combustible or toxic chemicals kept in closed containers when not in use?	
		15	Are you aware to report any obvious hazard to life and property to your supervisor, Department Chair, or EHS as soon as reasonable or correct the problem yourself?	
		16	Are emergency telephone numbers posted where they can be readily found in case of an emergency?	

Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Attachment D: Employer Incident Report Form Form 5020

<b>State of California</b>  <b>EMPLOYER'S REPORT OF OCCUPATIONAL INJURY OR ILLNESS</b>	Please complete in triplicate (type, if possible). Mail two copies to:  <div style="text-align: center;"> <b>Sedgwick CMS</b>  <b>AO-CSURMA</b>  <b>PO Box 14629,</b>  <b>Lexington KY 40512-4479</b> </div> <div style="text-align: right; margin-top: 10px;"> <b>FAX all new claims to (916) 851-8089</b>  <b>Or email to: Katherine Brant</b>  <b>Katie.Brant@sedgwickcms.com</b> </div>	<b>OSHA Case No.</b>  Fatality <input type="checkbox"/>	
Any person who makes or causes to be made any knowingly false or fraudulent material statement or material representation for the purpose of obtaining or denying workers' compensation benefits or payments is guilty of a felony.			
California law requires employers to report within <b>five days</b> of knowledge every occupational injury or illness which results in lost time beyond the date of the incident <b>OR</b> requires medical treatment beyond first aid. If an employee subsequently dies as a result of a previously reported injury or illness, the employer must file within <b>five days</b> of knowledge an amended report indicating death. In addition, every serious injury, illness, or death must be <b>reported immediately</b> by telephone or telegraph to the nearest office of the California Division of Occupational Safety and Health.			
EMPLOYER	1. FIRM NAME <b>SAN JOSE STATE UNIVERSITY RESEARCH FOUNDATION</b>	1A. POLICY NUMBER <b>AO-CSURMA - 35</b>	Please do not use this column
	2. MAILING ADDRESS (Number, Street, City, Zip) <b>210 N. 4th Street, San Jose, CA 95112</b>	2A. PHONE NUMBER <b>(408) 924 - 5582</b>	CASE NUMBER
	3. LOCATION If different from Mailing Address (Number, Street, City and Zip)	3A. LOCATION CODE	OWNERSHIP
	4. NATURE OF BUSINESS: e.g. Painting contractor, wholesale grocer, sawmill, hotel, etc. <b>501(c) (3) Not for Profit organization</b>	5. STATE UNEMPLOYMENT INSURANCE ACCT. NO. <b>9101119 - 7</b>	INDUSTRY
	6. TYPE OF EMPLOYER <input checked="" type="checkbox"/> Private <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> City <input type="checkbox"/> School District <input type="checkbox"/> OTHER GOVERNMENT - SPECIFY		OCCUPATION
	7. DATE OF INJURY / ONSET OF ILLNESS (mm/dd/yy)		
8. TIME INJURY/ILLNESS OCCURRED AM                      PM			AGE
9. TIME EMPLOYEE BEGAN WORK AM                      PM			DAILY HOURS
10. IF EMPLOYEE DIED, DATE OF DEATH (mm/dd/yy)			DAYS PER WEEK
11. UNABLE TO WORK FOR AT LEAST ONE FULL DAY AFTER DATE OF INJURY <input type="checkbox"/> YES <input type="checkbox"/> NO			WEEKLY HOURS
12. DATE LAST WORKED (MM/DD/YY)			WEEKLY WAGE
13. DATE RETURNED TO WORK (MM/DD/YY)			COUNTY
14. IF STILL OFF WORK, CHECK THIS BOX <input type="checkbox"/>			NATURE OF INJURY
15. PAID FULL DAYS WAGES FOR DATE OF INJURY OR LAST DAY WORKED <input type="checkbox"/> YES <input type="checkbox"/> NO			PART OF BODY
16. SALARY BEING CONTINUED? <input type="checkbox"/> YES <input type="checkbox"/> NO			SOURCE
17. DATE OF EMPLOYER'S KNOWLEDGE NOTICE OF INJURY/ILLNESS (mm/dd/yy)			EVENT
18. DATE EMPLOYEE WAS PROVIDED CLAIM FORM (mm/dd/yy)			SECONDARY SOURCE
19. SPECIFIC INJURY/ILLNESS AND PART OF BODY AFFECTED, MEDICAL DIAGNOSIS if available, e.g., Second degree burns on right arm, tendonitis on left elbow, lead poisoning			EXTENT OF INJURY
20. LOCATION WHERE EVENT OR EXPOSURE OCCURRED (Number, Street city, Zip)		20a. COUNTY	Date (mm/dd/yy)
21. ON EMPLOYER'S PREMISES? <input type="checkbox"/> YES <input type="checkbox"/> NO		23. Other Workers Injured/Ill in this event? <input type="checkbox"/> YES <input type="checkbox"/> NO	
22. DEPARTMENT WHERE EVENT OR EXPOSURE OCCURRED, e.g., Shipping department, machine shop.			
24. EQUIPMENT, MATERIALS AND CHEMICALS THE EMPLOYEE WAS USING WHEN EVENT OR EXPOSURE OCCURRED, e.g., Acetylene, welding torch, farm tractor, scaffold.			
25. SPECIFIC ACTIVITY THE EMPLOYEE WAS PERFORMING WHEN EVENT OR EXPOSURE OCCURRED, e.g., Welding seams of metal forms, loading boxes onto truck			
26.. HOW INJURY/ILLNESS OCCURRED. DESCRIBE SEQUENCE OF EVENTS. SPECIFY OBJECT OR EXPOSURE WHICH DIRECTLY PRODUCED THE INJURY/ILLNESS, e.g., Worker stepped back to inspect work and slipped on scrap material. As he fell, he brushed against fresh weld, and burned right hand. USE SEPARATE SHEET IF NECESSARY.			
27. NAME AND ADDRESS OF PHYSICIAN (Number, Street, City, Zip)		27a. Phone Number	
28. HOSPITALIZED AS AN INPATIENT OVERNIGHT? <input type="checkbox"/> NO <input type="checkbox"/> YES If yes then, NAME AND ADDRESS OF HOSPITAL (Number, Street, City, Zip)		28a. Phone Number	
		29. Employee treated in Emergency Room? <input type="checkbox"/> YES <input type="checkbox"/> NO	
ATTENTION: This form contains information relating to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible while the information is being used for occupational safety and health purposes. See CCR Title 8 14300.29 (b)(6)-(10) & 14300.35(b)(2)(E)2. Note: Shaded boxes indicate confidential employee information as listed in CCR Title 8 14300.35(b)(2)(E)2*			
30. EMPLOYEE NAME		31. SOCIAL SECURITY NUMBER	
33. HOME ADDRESS (Number, Street, City, Zip)		33a. PHONE NUMBER	
34. SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	35. OCCUPATION (Regular job title, NO initials, abbreviations or numbers)		
36. DATE OF HIRE (mm/dd/yy)			
37. EMPLOYEE USUALLY WORKS hours per day,      days per week,      total weekly hours		37a. EMPLOYMENT STATUS <input type="checkbox"/> regular, full time <input type="checkbox"/> part-time <input type="checkbox"/> temporary <input type="checkbox"/> seasonal	37b. UNDER WHAT CLASS CODE OF YOUR POLICY WERE WAGES ASSIGNED?
38. GROSS WAGES/SALARY \$                      per		39. OTHER PAYMENTS NOT REPORTED AS WAGES/SALARY <input type="checkbox"/> YES <input type="checkbox"/> NO (e.g., tips, meals, overtime, bonuses, etc.)?	
Completed By (type or print) <b>Wit Dinh</b>		Signature & Title <b>Human Resources Manager</b>	

**Workers' Compensation Claim Form (DWC 1) & Notice of Potential Eligibility****Formulario de Reclamo de Compensación para Trabajadores (DWC 1) y Notificación de Posible Elegibilidad**

If you are injured or become ill, either physically or mentally, because of your job, including injuries resulting from a workplace crime, you may be entitled to workers' compensation benefits. Attached is the form for filing a workers' compensation claim with your employer. **You should read all of the information below.** Keep this sheet and all other papers for your records. You may be eligible for some or all of the benefits listed depending on the nature of your claim. If required you will be notified by the claims administrator, who is responsible for handling your claim, about your eligibility for benefits.

To file a claim, complete the "Employee" section of the form, keep one copy and give the rest to your employer. Your employer will then complete the "Employer" section, give you a dated copy, keep one copy and send one to the claims administrator. Benefits can't start until the claims administrator knows of the injury, so complete the form as soon as possible.

**Medical Care:** Your claims administrator will pay all reasonable and necessary medical care for your work injury or illness. Medical benefits may include treatment by a doctor, hospital services, physical therapy, lab tests, x-rays, and medicines. Your claims administrator will pay the costs directly so you should never see a bill. For injuries occurring on or after 1/1/04, there is a limit on some medical services.

**The Primary Treating Physician (PTP)** is the doctor with the overall responsibility for treatment of your injury or illness. Generally your employer selects the PTP you will see for the first 30 days, however, in specified conditions, you may be treated by your pre-designated doctor. If a doctor says you still need treatment after 30 days, you may be able to switch to the doctor of your choice. Special rules apply if your employer offers a Health Care Organization (HCO) or after 1/1/05, has a medical provider network. Contact your employer for more information. If your employer has not put up a poster describing your rights to workers' compensation, you may choose your own doctor immediately.

Within one working day after an employee files a claim form, the employer shall authorize the provision of all treatment, consistent with the applicable treating guidelines, for the alleged injury and shall continue to provide treatment until the date that liability for the claim is accepted or rejected. Until the date the claim is accepted or rejected, liability for medical treatment shall be limited to ten thousand dollars (\$10,000).

**Disclosure of Medical Records:** After you make a claim for workers' compensation benefits, your medical records will not have the same privacy that you usually expect. If you don't agree to voluntarily release medical records, a workers' compensation judge may decide what records will be released. If you request privacy, the judge may "seal" (keep private) certain medical records.

**Payment for Temporary Disability (Lost Wages):** If you can't work while you are recovering from a job injury or illness, you will receive temporary disability payments. These payments may change or stop when your doctor says you are able to return to work. These benefits are tax-free. Temporary disability payments are two-thirds of your average weekly pay, within minimums and maximums set by state law. Payments are not made for the first three days you are off the job unless you are hospitalized overnight or cannot work for more than 14 days.

Si Ud. se lesiona o se enferma, ya sea física o mentalmente, debido a su trabajo, incluyendo lesiones que resulten de un crimen en el lugar de trabajo, es posible que Ud. tenga derecho a beneficios de compensación para trabajadores. Se adjunta el formulario para presentar un reclamo de compensación para trabajadores con su empleador. **Ud. debe leer toda la información a continuación.** Guarde esta hoja y todos los demás documentos para sus archivos. Es posible que usted reúna los requisitos para todos los beneficios, o parte de éstos, que se enumeran, dependiendo de la índole de su reclamo. Si se requiere, el/la administrador(a) de reclamos, quien es responsable del manejo de su reclamo, le notificará a usted, lo referente a su elegibilidad para beneficios.

Para presentar un reclamo, complete la sección del formulario designada para el "Empleado", guarde una copia, y déle el resto a su empleador. Entonces, su empleador completará la sección designada para el "Empleador", le dará a Ud. una copia fechada, guardará una copia, y enviará una al/a la administrador(a) de reclamos. Los beneficios no pueden comenzar hasta, que el/la administrador(a) de reclamos se entere de la lesión, así que complete el formulario lo antes posible.

**Atención Médica:** Su administrador(a) de reclamos pagará toda la atención médica razonable y necesaria, para su lesión o enfermedad relacionada con el trabajo. Es posible que los beneficios médicos incluyan el tratamiento por parte de un médico, los servicios de hospital, la terapia física, los análisis de laboratorio y las medicinas. Su administrador(a) de reclamos pagará directamente los costos, de manera que usted nunca verá un cobro. Para lesiones que ocurren en o después de 1/1/04, hay un límite de visitas para ciertos servicios médicos.

**El Médico Primario que le Atiende-Primary Treating Physician PTP** es el médico con toda la responsabilidad para dar el tratamiento para su lesión o enfermedad. Generalmente, su empleador selecciona al *PTP* que Ud. verá durante los primeros 30 días. Sin embargo, en condiciones específicas, es posible que usted pueda ser tratado por su médico pre-designado. Si el doctor dice que usted aún necesita tratamiento después de 30 días, es posible que Ud. pueda cambiar al médico de su preferencia. Hay reglas especiales que son aplicables cuando su empleador ofrece una Organización del Cuidado Médico (HCO) o después de 1/1/05 tiene un Sistema de Proveedores de Atención Médica. Hable con su empleador para más información. Si su empleador no ha colocado un poster describiendo sus derechos para la compensación para trabajadores, Ud. puede seleccionar a su propio médico inmediatamente.

El empleador autorizará todo tratamiento médico consistente con las directivas de tratamiento aplicables a la lesión o enfermedad, durante el primer día laboral después que el empleado efectúa un reclamo para beneficios de compensación, y continuará proveyendo este tratamiento hasta la fecha en que el reclamo sea aceptado o rechazado. Hasta la fecha en que el reclamo sea aceptado o rechazado, el tratamiento médico será limitado a diez mil dólares (\$10,000).

**Divulgación de Expedientes Médicos:** Después de que Ud. presente un reclamo para beneficios de compensación para los trabajadores, sus expedientes médicos no tendrán la misma privacidad que usted normalmente espera. Si Ud. no está de acuerdo en divulgar voluntariamente los expedientes médicos, un(a) juez de compensación para trabajadores posiblemente decida qué expedientes se revelarán. Si Ud. solicita privacidad, es posible que el/la juez "selle" (mantenga privados) ciertos expedientes médicos.

**Pago por Incapacidad Temporal (Sueldos Perdidos):** Si Ud. no puede trabajar, mientras se está recuperando de una lesión o enfermedad relacionada con el trabajo, Ud. recibirá pagos por incapacidad temporal. Es posible que estos pagos cambien o paren, cuando su médico diga que Ud. está en condiciones de regresar a trabajar. Estos beneficios son libres de

## Workers' Compensation Claim Form (DWC 1) & Notice of Potential Eligibility

### Formulario de Reclamo de Compensación para Trabajadores (DWC 1) y Notificación de Posible Elegibilidad



**Return to Work:** To help you to return to work as soon as possible, you should actively communicate with your treating doctor, claims administrator, and employer about the kinds of work you can do while recovering. They may coordinate efforts to return you to modified duty or other work that is medically appropriate. This modified or other duty may be temporary or may be extended depending on the nature of your injury or illness.

**Payment for Permanent Disability:** If a doctor says your injury or illness results in a permanent disability, you may receive additional payments. The amount will depend on the type of injury, your age, occupation, and date of injury.

**Vocational Rehabilitation (VR):** If a doctor says your injury or illness prevents you from returning to the same type of job and your employer doesn't offer modified or alternative work, you may qualify for VR. If you qualify, your claims administrator will pay the costs, up to a maximum set by state law. VR is a benefit for injuries that occurred prior to 2004.

**Supplemental Job Displacement Benefit (SJDB):** If you do not return to work within 60 days after your temporary disability ends, and your employer does not offer modified or alternative work, you may qualify for a nontransferable voucher payable to a school for retraining and/or skill enhancement. If you qualify, the claims administrator will pay the costs up to the maximum set by state law based on your percentage of permanent disability. SJDB is a benefit for injuries occurring on or after 1/1/04.

**Death Benefits:** If the injury or illness causes death, payments may be made to relatives or household members who were financially dependent on the deceased worker.

**It is illegal for your employer** to punish or fire you for having a job injury or illness, for filing a claim, or testifying in another person's workers' compensation case (Labor Code 132a). If proven, you may receive lost wages, job reinstatement, increased benefits, and costs and expenses up to limits set by the state.

You have the right to disagree with decisions affecting your claim. If you have a disagreement, contact your claims administrator first to see if you can resolve it. If you are not receiving benefits, you may be able to get State Disability Insurance (SDI) benefits. Call State Employment Development Department at (800) 480-3287.

You can obtain free information from an information and assistance officer of the State Division of Workers' Compensation, or you can hear recorded information and a list of local offices by calling (800) 736-7401. You may also go to the DWC web site at [www.dir.ca.gov](http://www.dir.ca.gov). Link to Workers' Compensation.

**You can consult with an attorney.** Most attorneys offer one free consultation. If you decide to hire an attorney, his or her fee will be taken out of some of your benefits. For names of workers' compensation attorneys, call the State Bar of California at (415) 538-2120 or go to their web site at [www.californiaspecialist.org](http://www.californiaspecialist.org).

impuestos. Los pagos por incapacidad temporal son dos tercios de su pago semanal promedio, con cantidades mínimas y máximas establecidas por las leyes estatales. Los pagos no se hacen durante los primeros tres días en que Ud. no trabaje, a menos que Ud. sea hospitalizado(a) de noche, o no pueda trabajar durante más de 14 días.

**Regreso al Trabajo:** Para ayudarle a regresar a trabajar lo antes posible, Ud. debe comunicarse de manera activa con el médico que le atiende, el/la administrador(a) de reclamos y el empleador, con respecto a las clases de trabajo que Ud. puede hacer mientras se recupera. Es posible que ellos coordinen esfuerzos para regresarle a un trabajo modificado, o a otro trabajo, que sea apropiado desde el punto de vista médico. Este trabajo modificado, u otro trabajo, podría extenderse o no temporalmente, dependiendo de la índole de su lesión o enfermedad.

**Pago por Incapacidad Permanente:** Si el doctor dice que su lesión o enfermedad resulta en una incapacidad permanente, es posible que Ud. reciba pagos adicionales. La cantidad dependerá de la clase de lesión, su edad, su ocupación y la fecha de la lesión.

**Rehabilitación Vocacional:** Si el doctor dice que su lesión o enfermedad no le permite regresar a la misma clase de trabajo, y su empleador no le ofrece trabajo modificado o alterno, es posible que usted reúna los requisitos para rehabilitación vocacional. Si Ud. reúne los requisitos, su administrador(a) de reclamos pagará los costos, hasta un máximo establecido por las leyes estatales. Este es un beneficio para lesiones que ocurrieron antes de 2004.

**Beneficio Suplementario por Desplazamiento de Trabajo:** Si Ud. no vuelve al trabajo en un plazo de 60 días después que los pagos por incapacidad temporal terminan, y su empleador no ofrece un trabajo modificado o alterno, es posible que usted reúna los requisitos para recibir un vale no-transferible pagadero a una escuela para recibir un nuevo entrenamiento y/o mejorar su habilidad. Si Ud. reúne los requisitos, el administrador(a) de reclamos pagará los costos hasta un máximo establecido por las leyes estatales basado en su porcentaje del incapacidad permanente. Este es un beneficio para lesiones que ocurren en o después de 1/1/04.

**Beneficios por Muerte:** Si la lesión o enfermedad causa la muerte, es posible que los pagos se hagan a los parientes o a las personas que vivan en el hogar, que dependían económicamente del/de la trabajador(a) difunto(a).

**Es ilegal que su empleador** le castigue o despidan, por sufrir una lesión o enfermedad en el trabajo, por presentar un reclamo o por atestiguar en el caso de compensación para trabajadores de otra persona. (El Código Laboral sección 132a). Si es probado, puede ser que usted reciba pagos por pérdida de sueldos, reposición del trabajo, aumento de beneficios, y gastos hasta un límite establecido por el estado.

Ud. tiene derecho a estar en desacuerdo con las decisiones que afecten su reclamo. Si Ud. tiene un desacuerdo, primero comuníquese con su administrador(a) de reclamos, para ver si usted puede resolverlo. Si usted no está recibiendo beneficios, es posible que Ud. pueda obtener beneficios de Seguro Estatal de Incapacidad (SDI). Llame al Departamento Estatal del Desarrollo del Empleo (EDD) al (800) 480-3287.

Ud. puede obtener información gratis, de un oficial de información y asistencia, de la División estatal de Compensación al Trabajador (*Division of Workers' Compensation - DWC*), o puede escuchar información grabada, así como una lista de oficinas locales, llamando al (800) 736-7401. Ud. también puede ir al sitio electrónico en el Internet de la DWC en [www.dir.ca.gov](http://www.dir.ca.gov). Enlázese a la sección de Compensación para Trabajadores.

**Ud. puede consultar con un(a) abogado(a).** La mayoría de los abogados ofrecen una consulta gratis. Si Ud. decide contratar a un(a) abogado(a), sus honorarios se tomarán de sus beneficios. Para obtener nombres de abogados de compensación para trabajadores, llame a la Asociación Estatal de Abogados de California (*State Bar*) al (415) 538-2120, ó vaya a su sitio electrónico en el Internet en [www.californiaspecialist.org](http://www.californiaspecialist.org).



**WORKERS' COMPENSATION CLAIM FORM (DWC 1)**

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

**Employee:** Complete the "Employee" section and give the form to your employer. Keep a copy and mark it "Employee's Temporary Receipt" until you receive the signed and dated copy from your employer. You may call the Division of Workers' Compensation and hear recorded information at (800) 736-7401. An explanation of workers' compensation benefits is included as the cover sheet of this form.

You should also have received a pamphlet from your employer describing workers' compensation benefits and the procedures to obtain them.

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

**Empleado:** Complete la sección "Empleado" y entregue la forma a su empleador. Quédese con la copia designada "Recibo Temporal del Empleado" hasta que Ud. reciba la copia firmada y fechada de su empleador. Ud. puede llamar a la División de Compensación al Trabajador al (800) 736-7401 para oír información gravada. En la hoja cubierta de esta forma esta la explicación de los beneficios de compensación al trabajador.

Ud. también debería haber recibido de su empleador un folleto describiendo los beneficios de compensación al trabajador lesionado y los procedimientos para obtenerlos.

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

**Employee—complete this section and see note above      Empleado—complete esta sección y note la notación arriba.**

1. Name. *Nombre.* \_\_\_\_\_ Today's Date. *Fecha de Hoy.* \_\_\_\_\_
2. Home Address. *Dirección Residencial.* \_\_\_\_\_
3. City. *Ciudad.* \_\_\_\_\_ State. *Estado.* \_\_\_\_\_ Zip. *Código Postal.* \_\_\_\_\_
4. Date of Injury. *Fecha de la lesión (accidente).* \_\_\_\_\_ Time of Injury. *Hora en que ocurrió.* \_\_\_\_\_ a.m. \_\_\_\_\_ p.m.
5. Address and description of where injury happened. *Dirección/lugar dónde ocurrió el accidente.* \_\_\_\_\_  
\_\_\_\_\_
6. Describe injury and part of body affected. *Describe la lesión y parte del cuerpo afectada.* \_\_\_\_\_  
\_\_\_\_\_
7. Social Security Number. *Número de Seguro Social del Empleado.* \_\_\_\_\_
8. Signature of employee. *Firma del empleado.* \_\_\_\_\_

**Employer—complete this section and see note below.      Empleador—complete esta sección y note la notación abajo.**

9. Name of employer. *Nombre del empleador.* \_\_\_\_\_
10. Address. *Dirección.* \_\_\_\_\_
11. Date employer first knew of injury. *Fecha en que el empleador supo por primera vez de la lesión o accidente.* \_\_\_\_\_
12. Date claim form was provided to employee. *Fecha en que se le entregó al empleado la petición.* \_\_\_\_\_
13. Date employer received claim form. *Fecha en que el empleado devolvió la petición al empleador.* \_\_\_\_\_
14. Name and address of insurance carrier or adjusting agency. *Nombre y dirección de la compañía de seguros o agencia administradora de seguros.* \_\_\_\_\_  
\_\_\_\_\_
15. Insurance Policy Number. *El número de la póliza de Seguro.* \_\_\_\_\_
16. Signature of employer representative. *Firma del representante del empleador.* \_\_\_\_\_
17. Title. *Título.* \_\_\_\_\_ 18. Telephone. *Teléfono.* \_\_\_\_\_

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

SIGNING THIS FORM IS NOT AN ADMISSION OF LIABILITY

Employer copy/Copia del Empleador       Employee copy/ Copia del Empleado

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

EL FIRMAR ESTA FORMA NO SIGNIFICA ADMISION DE RESPONSABILIDAD

Claims Administrator/Administrador de Reclamos       Temporary Receipt/Recibo del Empleado

**Attachment F: Injury/Illness Investigation Report**

**SJSU RESEARCH FOUNDATION  
210 North 4<sup>th</sup> Street, San Jose, CA 95112**

**INJURY/ILLNESS INVESTIGATION REPORT**

Please complete and return form within 24 hours or the next business day of injury/illness. This completed and signed form should be faxed to Research Foundation Human Resources at (408) 924 – 1409; or scanned and e-mailed to [fdn-hr-group@sjsu.edu](mailto:fdn-hr-group@sjsu.edu).

**EMPLOYEE INFORMATION**

Print Employee Name (Last, First, MI) \_\_\_\_\_

Department: \_\_\_\_\_

Employment Type: \_\_\_\_\_ Work Schedule: \_\_\_\_\_

Job Title: \_\_\_\_\_ Supervisor Name: \_\_\_\_\_

**INJURY/ILLNESS INFORMATION**

Date of Incident: \_\_\_\_\_ Time of Day: \_\_\_\_\_ Day of Week: \_\_\_\_\_

Address of incident: \_\_\_\_\_

What was the injury or illness? What specific part of the body was affected? How?

\_\_\_\_\_  
\_\_\_\_\_

What was the Employee doing just before the incident occurred? What tools, equipment, or material were being used?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How did the injury occur? Please be specific.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What object or substance directly harmed the Employee?

\_\_\_\_\_  
\_\_\_\_\_



**SJSU RESEARCH FOUNDATION**  
**210 North 4<sup>th</sup> Street, San Jose, CA 95112**

WITNESSES: (Attach written statements)

Name: \_\_\_\_\_ Position: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Position: \_\_\_\_\_ Phone: \_\_\_\_\_

Did you Leave work for the day?: \_\_\_\_\_ Date of Return to work?: \_\_\_\_\_

Emergency Room Visited?: \_\_\_\_\_ Emergency Room Visit Date: \_\_\_\_\_

\*Please attach any relevant Work Status Reports for this incident.

**CONTRIBUTING FACTORS TO INJURY/ILLNESS** Check all that apply:

- |                              |                                  |                           |
|------------------------------|----------------------------------|---------------------------|
| ___ Weather conditions       | ___ Poor housekeeping/clutter    | ___ Unsafe act            |
| ___ Lack of skill/training   | ___ Defective equipment/tools    | ___ Poor design           |
| ___ Inadequate maintenance   | ___ Inadequate work space        | ___ Smoke                 |
| ___ Inadequate planning      | ___ Uneven/wet walking surface   | ___ Noise                 |
| ___ Inadequate lighting      | ___ Inadequate protective equip. | ___ Fatigue               |
| ___ Inadequate ventilation   | ___ lack of enforcement          | ___ 3 <sup>rd</sup> party |
| ___ Chemicals (Include MSDS) | ___ Staffing                     | ___ Dust                  |

**TREATMENT AND FILING CLAIM** (check one):

- I choose to accept medical evaluation and/or appropriate treatment, and hereby file a claim for the above noted illness or injury.
- I will go to the appropriate medical facility that the Research Foundation has designated. OR
  - I have a Pre-designated medical provider on file with the Research Foundation.
- I **decline** my right to undergo medical evaluation and/or treatment offered at no cost to me, and I decline to file a Workers' Compensation claim at this time. I understand that if I should change my mind, I have one year from the date of this injury to file a Workers' Compensation Claim. I also understand that, at that future date, I must immediately notify my manager, and I will then be referred to a health facility designated by the company.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\*Please return completed form to [fdn-hr-group@sjsu.edu](mailto:fdn-hr-group@sjsu.edu).

# Notice of Safety Violation

## San José State University Research Foundation

This notice is to be used when Safety Violations occur in accordance with the SJSURF Injury and Illness Prevention Program.

**Employee Name:** \_\_\_\_\_

**Employee Department:** \_\_\_\_\_

**Job Title:** \_\_\_\_\_

**Supervisor Name:** \_\_\_\_\_

**Date of Safety Violation:** \_\_\_\_\_

**Address/Location of Safety Violation:**

**Type of Safety Violation:**

**Reasoning behind Safety Violation:**

**Consequences of the Safety Violation:**

**Disciplinary Action:**

**Supervisor Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

# San José State University Research Foundation

## COVID-19 Prevention Program (CPP)

This document provides specific guidance during the COVID-19 world pandemic period, and it serves as the COVID-19 Prevention Plan (CPP) in compliance with the REVISED Cal/OSHA Emergency Temporary Standards (ETS) 8 CCR Section 3205(c), effective May 6, 2022.

### **Authority and Responsibility**

The Human Resources Director has overall authority and responsibility for implementing the provisions of this CPP in our workplace. In addition, all managers and supervisors are responsible for implementing and maintaining the CPP in their assigned work areas and for ensuring employees receive answers to questions about the program in a language they understand.

All employees are responsible for using safe work practices, following all directives, policies and procedures, and assisting in maintaining a safe work environment.

### **Application of the SJSU Research Foundation Injury & Illness Prevention Program (IIPP)**

COVID-19 is a recognized hazard in our workplace that is addressed through our IIPP, which will be effectively implemented and maintained to ensure the following:

1. When determining measures to prevent COVID-19 transmission and identifying and correcting COVID-19 hazards in our workplace:
  - a. All persons in our workplace are treated as potentially infectious, regardless of symptoms, vaccination status, or negative COVID-19 test results.
  - b. COVID-19 is treated as an airborne infectious disease. Applicable State of California and all other applicable federal or local orders and guidance will be reviewed when determining measures to prevent transmission and identifying and correcting COVID-19 hazards. COVID-19 prevention controls may include but are not limited to the following:
    - i. Remote work.
    - ii. Physical distancing.
    - iii. Reducing population density indoors.
    - iv. Moving indoor tasks outside.
    - v. Implementing separate shifts and/or break times.
    - vi. Restricting access to work areas.
2. Training and instruction on COVID-19 prevention is provided:
  - a. When this CPP was first established.
  - b. For supervisors to familiarize themselves with the COVID-19 hazards to which employees under their immediate direction and control may be exposed.
  - c. Training records for Covid-19 will be maintained in the employee's digital personnel record.
3. Procedures to Identify and investigate COVID-19 illnesses at the workplace include:

- a. Determining the day and time a COVID-19 case was last present; the date of the positive COVID-19 tests or diagnosis; and the date the COVID-19 case first had one or more COVID-19 symptoms. Appendix A Investigating COVID-19 Cases will be used to document this information.
  - b. Employees who test positive for COVID-19 must contact Human Resources at [research-foundation-compliance@sjsu.edu](mailto:research-foundation-compliance@sjsu.edu). HR will assist with return to work guidance.
4. Effective procedures for responding to COVID-19 cases at the workplace include:
- a. Immediately excluding COVID-19 cases (including employees excluded under CCR, Title 8, section 3205.1) according to the following requirements:
    - i. COVID-19 cases who do not develop COVID-19 symptoms will not return to work during the infectious period: 5 days from the onset of symptoms.
    - ii. COVID-19 cases who develop COVID-19 symptoms will not return to work during the shorter of either of the following:
      - a. The infectious period.
      - b. Through 10 days after the onset of symptoms and at least 24 hours have passed since a fever of 100.4 degrees Fahrenheit or higher has resolved without the use of fever-reducing medication.
    - iii. Regardless of vaccination status, previous infection, or lack of COVID-19 symptoms, a COVID-19 case must wear a face covering in the workplace until 10 days have passed since the date that COVID-19 symptoms began or, if the person did not have COVID-19 symptoms, from the date of their first positive COVID-19 test.
    - iv. Elements i. and ii. apply regardless of whether an employee has been previously excluded or other precautions were taken in response to an employee's close contact or membership in an exposed group.
  - b. Reviewing current [California Department of Public Health \(CDPH\)](#) guidance for persons who had close contacts, including any guidance regarding quarantine or other measures to reduce transmission.
  - c. The following effective policies will be developed, implemented, and maintained to prevent transmission of COVID-19 by persons who had close contacts. Control of COVID-19 Hazards

#### **Face Coverings**

- We provide clean, undamaged face coverings to all employees upon request. Employees that are required to wear a face covering or chooses to wear a face covering must properly wear them to cover the nose and mouth. All employees can request face coverings for voluntary use.
- We will not prevent any employee from wearing a face covering when it is not required unless it would create a safety hazard, such as interfering with the safe operation of equipment.

#### **Engineering controls**

For indoor locations, using Appendix A where relevant, we identify and

evaluate how to maximize, to the extent feasible, ventilation with outdoor air using the highest filtration efficiency compatible with our existing building ventilation systems. We also determine the feasibility of using portable or mounted High Efficiency Particulate Air (HEPA) filtration units, or other air cleaning systems to improve ventilation, in a manner that does not increase the risk of COVID-19 transmission. Each building at different locations is unique in its ventilation design and engineering control strategies vary by building.

Disclaimer: SJSURF does not maintain ownership of SJSU Campus facilities or certain project locations. For more information please contact [research-foundation-compliance@sjsu.edu](mailto:research-foundation-compliance@sjsu.edu).

### **Cleaning and disinfecting**

We implement the following cleaning and disinfection measures for frequently touched surfaces and objects, such as doorknobs, elevator buttons, equipment, tools, handrails, handles, controls, phones, headsets, and bathroom surfaces.

- Facility services is responsible for daily cleaning of public areas and restrooms in the buildings including commonly touched surfaces.
- Departments are responsible for routine cleaning of areas and equipment they maintain. All employees are encouraged to clean their personal workspace surfaces and shared equipment on a daily basis or after use.
- Should we have a COVID-19 case in our workplace, we will implement the following procedures:
- Employees may request cleaning materials to clean and disinfect their work stations.

### **Hand Hygiene**

To implement effective hand hygiene procedures, we:

- Encourage and allow time for employees to wash hands with liquid soap and warm water for at least 20 seconds at hand sinks available in restrooms, break rooms, labs, and other areas where sinks are present and stocked with supplies.
- Encourage the use of hand sanitizers after washing hands, or as a substitute in the absence of available sinks.

### **Personal protective equipment (PPE) used to control employees' exposure to COVID-19**

- We evaluate the need for PPE (such as gloves, goggles, and face shields) as required by section 3380, and provide and ensure use of such PPE as needed. Upon request, we provide respirators for voluntary use to all employees who are working indoors or in vehicles with more than one person.
- We provide and ensure use of respirators in compliance with section 5144 when deemed necessary by Cal/OSHA.

5. If an order to isolate, quarantine, or exclude an employee is issued by a local or state health official, the employee will not return to work until the period of isolation or quarantine is completed or the order is lifted.
6. If removal of an employee would create undue risk to a community's health, SJSU Research Foundation may submit a request for a waiver to Cal/OSHA in writing to [rs@dir.ca.gov](mailto:rs@dir.ca.gov) to allow employees to return to work if it does not violate local or state health official orders for isolation, quarantine, or exclusion
  - We will provide a closed space confined area for the employee to work in at the SJSU Research Foundation Central Office in which all COVID-19 Hazard prevention policies will be implemented.
7. Upon excluding an employee from the workplace based on COVID-19 or a close contact, SJSU Research Foundation will provide excluded employees information regarding COVID-19-related benefits to which the employee may be entitled under applicable federal, state, or local laws. This includes any benefits available under legally mandated sick leave, workers' compensation law, local governmental requirements, and SJSU Research Foundation leave policies and leave guaranteed by contract.

## Testing of Close Contacts

We consider a “close contact” that meets the definition in section 3205(b)(1) 3205(b)(1) states being within six feet of a COVID-19 case for a cumulative total of 15 minutes or greater in any 24-hour period within or overlapping with the infectious period defined by this section, regardless of the use of face coverings, unless close contact is defined by regulation or order of the CDPH. If so, the CDPH definition shall apply, unless it is otherwise defined by CDPH; “infectious period” meets the definition in 3205(b)(9), unless it is otherwise defined by CDPH; and “worksite” meets the section 3205(b)(12) definition.]

COVID-19 testing options are provided, during paid time, to all of our employees who had a close contact in the workplace. Employees are encouraged to reach out to [research-foundation-compliance@sjsu.edu](mailto:research-foundation-compliance@sjsu.edu) for testing options.

## Notice of COVID-19 cases

Employees and independent contractors who had a close contact, as well as any employer with an employee who had a close contact, will be notified as soon as possible, and in no case longer than the time required to ensure that the exclusion requirements of paragraph (4)(a) above, are met.

When Labor Code section 6409.6 or any successor law is in effect, SJSU Research Foundation will:

- Provide notice of a COVID-19 case, in a form readily understandable to employees. The notice will be given to all employees, employers, and independent contractors at the worksite.
- Provide the notice to the authorized representative, if any of:
  - The COVID-19 case and of any employee who had a close contact.
  - All employees on the premises at the same worksite as the COVID-19 case within the infectious period.

All notices will be provided via email from [research-foundation-compliance@sjsu.edu](mailto:research-foundation-compliance@sjsu.edu) or applicable SJSU Research Foundation Human Resources staff, which will include options for testing.

## Face Coverings

Employees will be provided face coverings and required to wear them:

- When required by orders from the CDPH. This includes spaces within vehicles when a CDPH regulation or order requires face coverings indoors.
- During outbreaks and major outbreaks.

Face coverings will be clean, undamaged, and worn over the nose and mouth.

The following exceptions apply:

1. When an employee is alone in a room or vehicle.
2. While eating or drinking at the workplace, provided employees are at least six feet apart and, if indoors, the supply of outside or filtered air has been maximized to the extent feasible.
3. While employees are wearing respirators required by the employer and used in compliance with CCR, Title 8 section 5144.
4. Employees who cannot wear face coverings due to a medical or mental health condition or disability, or who are hearing-impaired or communicating with a hearing-impaired person. Such employees shall wear an effective non-restrictive alternative, such as a face shield with a drape on the bottom, if the condition or disability permits it.
5. During specific tasks which cannot feasibly be performed with a face covering. This exception is limited to the time period in which such tasks are actually being performed.

If an employee is not wearing a face covering due to exceptions (4) and (5), above, the COVID-19 hazards will be assessed, and action taken as necessary.

Employees will not be prevented from wearing a face covering, including a respirator, when not required by this section, unless it creates a safety hazard.

## Respirators

Respirators will be provided for voluntary use to employees who request them and who are working indoors or in vehicles with more than one person. Employees who request respirators for voluntary use will be:

- Encouraged to use them.
- Provided with a respirator of the correct size.
- Trained on:
  - How to properly wear the respirator provided.
  - How to perform a user seal check according to the manufacturer's instructions each time a respirator is worn.
  - The fact that facial hair interferes with a seal.

The requirements of CCR, Title 8 section 5144(c)(2) will be complied with according to the type of respirator (disposable filtering face piece or elastomeric re-usable) provided to employees.

## Ventilation

For our indoor workplaces we will:

- Review CDPH and Cal/OSHA guidance regarding ventilation, including the CDPH [Interim Guidance for Ventilation, Filtration, and Air Quality in Indoor Environments](#). SJSU Research Foundation will develop, implement, and maintain effective methods to prevent transmission of COVID-19, including one or more of the following actions to improve ventilation:

- Maximize the supply of outside air to the extent feasible, except when the United States Environmental Protection Agency (EPA) Air Quality Index is greater than 100 for any pollutant or if opening windows or maximizing outdoor air by other means would cause a hazard to employees, for instance from excessive heat or cold.
- In buildings and structures with mechanical ventilation, filter circulated air through filters at least as protective as Minimum Efficiency Reporting Value (MERV)-13, or the highest level of filtration efficiency compatible with the existing mechanical ventilation system.
- Use High Efficiency Particulate Air (HEPA) filtration units in accordance with manufacturers' recommendations in indoor areas occupied by employees for extended periods, where ventilation is inadequate to reduce the risk of COVID-19 transmission.
- Determine if our workplace is subject to CCR, Title 8 section 5142 Mechanically Driven Heating, Ventilating and Air Conditioning (HVAC) Systems to Provide Minimum Building Ventilation, or section 5143 General Requirements of Mechanical Ventilation Systems, and comply as required.

In vehicles, we will maximize the supply of outside air to the extent feasible, except when doing so would cause a hazard to employees or expose them to inclement weather.

## **Reporting, Recordkeeping, and Access**

It is our policy to:

- Report information about COVID-19 cases and outbreaks at our workplace to the local health department whenever required by law, and provide any related information requested by the local health department.
- Maintain records of the steps taken to implement our written COVID-19 Prevention Program in accordance with section 3203(b).
- Make our written COVID-19 Prevention Program available at the workplace to employees, authorized employee representatives, and to representatives of Cal/OSHA immediately upon request.
- Use the **Appendix A: Investigating COVID-19 Cases** procedure to keep a record of and track all COVID-19 cases in partnership with SJSU.



## **Appendix A: Investigating COVID-19 Cases Procedure**

All personal identifying information of COVID-19 cases or persons with COVID-19 symptoms, and any employee required medical records will be kept confidential unless disclosure is required or permitted by law. Unredacted information on COVID-19 cases will be provided to the local health department, CDPH, Cal/OSHA, the National Institute for Occupational Safety and Health (NIOSH) immediately upon request, and when required by law. All investigations will be conducted via email supplying the same information noted on this Appendix Procedure.

**Date COVID-19 case (suspect or confirmed) became known:**

**Date investigation was initiated:**

**Name of person(s) conducting the investigation:**

### **COVID-19 Case Summary**

**Name:**

**Email:**

**Job Title:**

**Work Location:**

**Last Day in Non-Remote Work Location:**

**Date of Positive Test:**

**Date of Symptoms:**

**Summary of employees, independent contractors, and employees of other employers that came in close contact:**

**Summarized communication without identifying of present covid-19 cases in the workplace and options for care will be communicated to close contacts who will be notified via Email within 24 hours by SJSURF HR.**

# **Additional Consideration #1**

## **COVID-19 Outbreaks**

This addendum will stay in effect until there are one or fewer new COVID-19 cases detected in the exposed group for a 14-day period.

### **COVID-19 testing**

We immediately provide COVID-19 testing available at no cost to our employees within the exposed group, regardless of vaccination status, during employees' paid time, except for returned cases and employees who were not present at the workplace during the relevant 14-day period(s).

Additional testing is made available on a weekly basis to all employees in the exposed group who remain at the workplace.

Employees who had close contacts will have a negative COVID-19 test taken within three to five days after the close contact or will be excluded and follow our return-to-work requirements starting from the date of the last known close contact.

### **Face Coverings**

Employees in the exposed group, regardless of vaccination status, will wear face coverings when indoors, or when outdoors and less than six feet from another person, unless one of the exceptions in our CPP applies.

### **Respirators**

Employees will be notified of their right to request and receive a respirator for voluntary use, as stipulated in our CPP.

### **COVID-19 investigation, review, and hazard correction**

SJSU Research Foundation will perform a review of potentially relevant COVID-19 policies, procedures and controls, and implement changes as needed to prevent further spread of COVID-19 when this addendum initially applies and periodically thereafter. The investigation, review, and changes will be documented and include:

- Investigation of new or unabated COVID-19 hazards including:
  - Our leave policies and practices and whether employees are discouraged from remaining home when sick.
  - Our COVID-19 testing policies.
  - Insufficient supply of outdoor air to indoor workplaces.
  - Insufficient air filtration.
  - Insufficient physical distancing.
- Review updated every 30 days that CCR, Title 8 section 3205.1 continues to apply:
  - In response to new information or to new or previously unrecognized COVID-19 hazards.
  - When otherwise necessary.

- Any changes implemented to reduce the transmission of COVID-19 based on the investigation and review, which may include:
  - Moving indoor tasks outdoors or having them performed remotely.
  - Increasing the outdoor air supply when work is done indoors.
  - Improving air filtration.
  - Increasing physical distancing to the extent feasible.
  - Requiring respiratory protection in compliance with CCR, Title 8 section 5144.
  - Other applicable controls.

## **Ventilation**

Buildings or structures with mechanical ventilation will have recirculated air filtered with Minimum Efficiency Reporting Value (MERV)-13 or higher efficiency filters, if compatible with the ventilation system. If MERV-13 or higher filters are not compatible with the ventilation system, filters with the highest compatible filtering efficiency will be used. High Efficiency Particulate Air (HEPA) air filtration units will be used in accordance with manufacturers' recommendations in indoor areas occupied by employees for extended periods, where ventilation is inadequate to reduce the risk of COVID-19 transmission.

These ventilation requirements will continue to be implemented after the outbreak has passed and CCR, Title 8 section 3205.1 is no longer applicable.

## **Major Outbreaks**

The following will be done while CCR, Title 8 section 3205.1 applies if 20 or more employee COVID-19 cases in an exposed group visited the worksite during their infectious period within a 30-day period:

- The COVID-19 testing will be required of all employees in the exposed group, regardless of vaccination status, twice a week or more frequently if recommended by any applicable federal, state or local office. Employees in the exposed group will be tested or excluded and follow our CPP return to work requirements. The twice a week testing requirement ends when there are fewer than three new COVID-19 cases in the exposed group for a 14-day period. We will then follow weekly testing requirement until there are one or fewer new COVID-19 cases in the exposed group for a 14-day period.
- Report the outbreak to Cal/OSHA.
- Provide respirators for voluntary use to employees in the exposed group, encourage their use, and train employees according to CCR, Title 8 section 5144(c)(2) requirements.
- Any employees in the exposed group who are not wearing respirators as required will be separated from other persons by at least six feet, except where it can be demonstrated that at least six feet of separation is not feasible, and except for momentary exposure while persons are in movement. Methods of physical distancing include:
  - Telework or other remote work arrangements.
  - Reducing the number of persons in an area at one time, including visitors.
  - Visual cues such as signs and floor markings to indicate where employees and others should be located or their direction and path of travel
  - Staggered arrival, departure, work, and break times.
  - Adjusted work processes or procedures, such as reducing production speed, to allow greater distance between employees. When it is not feasible to maintain a distance of at least six feet, individuals will be as far apart as feasible.

## **Additional Consideration #2**

### **COVID-19 Prevention in Employer-Provided Housing**

Assignment of housing units

To the extent feasible:

- Employee housing will be assigned to cohorts that travel and work together, separate from other workers.
- Residents who usually maintain a household together will be housed in a single housing unit without other persons.

#### **Ventilation**

The quantity and supply of outdoor air in housing units will be maximized and filtration efficiency increased to the highest-level compatible with the existing ventilation system. If there is not a Minimum Efficiency Reporting Value (MERV-13) or higher filter in use, portable or mounted High Efficiency Particulate Air (HEPA) filtration units will be used, to the extent feasible, in all sleeping areas.

#### **Face coverings**

All residents will be provided face coverings and information on when they should be used in accordance with state or applicable local orders or guidance.

#### **Reporting Symptoms**

We encourage residents to report COVID-19 symptoms to **research-foundation-compliance@sjsu.edu**.

#### **COVID-19 testing**

We establish, implement, maintain, and communicate to residents effective policies and procedures for COVID-19 testing of residents who had a close contact.

#### **COVID-19 cases and close contacts**

All COVID-19 cases will be isolated from all residents who are not COVID-19 cases, for the period established in our CPP. Effective isolation includes housing COVID-19 cases only with other COVID-19 cases, and providing COVID-19 case residents with a sleeping area and bathroom that is not shared by non-COVID-19 case residents.

Residents who have had a close contact will be quarantined from all other residents, for the time period required by our CPP. Effective quarantine includes providing residents who had a close contact with a private bathroom and sleeping area.

## **Additional Consideration #3**

### **COVID-19 Prevention in Employer- Provided Transportation**

The requirements of our CPP will be complied with within a vehicle, including how a COVID-19 case will be responded to.

#### Assignment of transportation

To the extent feasible:

- Transportation will be assigned such that cohorts travel and work together, separate from other workers dependent on business needs.
- Employees who usually maintain a household together shall travel together.

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