Texas Tech University

Safety and Health Handbook

for

Supervisors/Safety Coordinators

February 19, 1997
# Table of Contents

University Safety, Health, and Environmental Policy ................................. 1

The Key to Safety Success .............................................................................. 2

The Role of the Safety Coordinator ................................................................. 3

Accident Reporting ......................................................................................... 4

Vehicle Accident Reporting ........................................................................... 6

Incident Reporting ......................................................................................... 6

Hazard Reporting ............................................................................................ 6

Accident Investigations ................................................................................... 7

Periodic Workplace Surveys .......................................................................... 7

Hazard Communication Program ................................................................. 8

Safety Activity Reporting .............................................................................. 13

Safety Awards Program .................................................................................. 13

Hazardous Waste Disposal .......................................................................... 16

Safety Related Operating Policies/Procedures ............................................. 19

## Appendix

Employer’s First Report of Injury/Illness ......................................................... A-1

Witness Statement......................................................................................... A-2

Employee Election Regarding Utilization of Sick Leave .............................. A-3

Employee’s Report of Injury ......................................................................... A-4

Supplemental Report of Injury ................................................................. A-6
Supervisor’s Investigation Of Employee’s Accident/Incident ............. A-7 thru A-10
Accident Report For University Vehicles ............................................. A-11
Incident Report ................................................................................. A-12
Safety Activity Report ....................................................................... A-13
SAFETY, HEALTH, AND ENVIRONMENTAL POLICY

This statement establishes the policy for the protection of life, health, and property at Texas Tech University with regard to safety, health, and the environment. Our intent is to maintain a safe and healthful environment conducive to the accomplishment of the mission of this institution.

Responsibility for the administration of the institution's safety, health, and environmental programs is vested in the Director of Environmental Health and Safety who reports to the Vice President for Plant Services. The primary tasking of our Occupational Safety and Health, Radiation Safety, Environmental Health, Fire Safety, and Asbestos Management personnel is to prevent and control the impact of accidents and incidents involving faculty, staff, students, and the environment, thus avoiding consequences that could disrupt our institution or portray us as an institution with little or no concern for these issues. We are very concerned with these issues and that concern must be reflected in our daily activities by establishing this institution as a leader rather than a reluctant complier in each of these areas.

I am committed to providing the means and support necessary for effective safety, health, and environmental programs. Select committees, appointed under my authority, composed of representatives from faculty, staff, and students serve in an advisory capacity to the administration on safety, health, and environmental matters.

Supervisors at all levels have the responsibility to assure compliance with safety, health, and environmental policies and procedures as well as promote sound work practices such as good housekeeping. The safety coordinators of each organizational unit have the responsibility to support the supervisor in these activities. In addition, every employee has a personal responsibility to develop safe work habits, be familiar with the hazards present in their work area, follow all procedures and rules, and contact their supervisor whenever a potential hazard is recognized. Demonstrated failure to conscientiously discharge these responsibilities by either supervisors or other employees may be grounds for dismissal since it is in direct conflict with our stated goal of providing a safe and healthful work environment.

With full cooperation at every level, we can continue to maintain a safe and healthful work environment while minimizing occupational injury and illness to employees, and loss to the University.

President
Texas Tech University
THE KEY TO SAFETY SUCCESS, THE SUPERVISOR

The key to the success of any safety program is the actions of supervisors. No safety program can be successful without their support, cooperation, and participation. There are many reasons for this and we will examine a few of them.

Supervisor’s have detailed knowledge of the tasks each employee performs and are in the best position to observe employee attitudes and actions. This familiarity with job and worker allows them to know what physical hazards are present and to provide training in avoiding accidents related to those hazards.

Supervisors have daily contact with the workers they supervise in most cases. This routine contact gives the supervisor the opportunity to adopt the role of mentor regarding the safest way for the employees to discharge their duties. By teaching employees to incorporate safety as they learn their jobs, it all becomes a routine part of performing the task. For those workers already trained, daily contact allows the opportunity to detect and correct any unsafe practices due to poor previous training or development of bad safety habits.

In most cases, supervisors have the trust and respect of their workers. This means the worker will often heed warnings from the supervisor more readily than those from labels, Material Safety Data Sheets, or safety manuals. This feeling of trust and respect cannot be sustained if the worker begins to feel that the supervisor is failing to maintain safe and healthful work conditions.

It is commonly said that the safer a workplace, the more productive it is. This is a logical premise since workers performing with injuries or away from work due to injury certainly will not be as productive as workers who are on the job functioning at 100% of their physical capability. Since among other duties a supervisor has productivity to deal with, keeping the employees safe and healthy should be of prime interest.

The supervisor has the authority, by virtue of his/her position, to demand adherence to safety policies and procedures. Nobody else is in a position to enforce safety standards in as immediate and direct a way as the supervisor. The supervisors’ ability to make compliance an integral part of a satisfactorily completed job makes these positions unique.

All of the above reasons for supervisors being the key to a successful safety program really come back to one thing … responsibility. The supervisor is responsible for the productivity and welfare of the employees, for properly and safely training them, and for evaluating their performance in safety as well as other areas. Altogether, this amounts to a rather hefty burden. We at Environmental Health and Safety are aware of this and hope to help you in many ways. Some of these are the accident investigation and workplace survey programs described later in this handbook. We can also provide advice on specific problems and help you with your safety training needs. If you think of other ways we may assist you or of a question we might answer for you, please contact us so we can make the difficult job of being a supervisor a little easier.
THE ROLE OF THE SAFETY COORDINATOR

What does a safety coordinator do? This is a question we often get from safety coordinators, as well as others. It's also a very difficult question to answer.

Let's start by looking at who our safety coordinators are. Safety coordinators all have duties other than safety as their primary reason for employment; some are faculty, some staff. The point of this observation is that few, if any, are relieved of any primary duties to perform safety related tasks. In addition, few are given the authority to enforce safety requirements and guidelines. In fact, a common complaint from safety coordinators is their inability to make anyone in their department comply with safety standards due to the fact that they're often organizationally subordinate to them. We understand and appreciate the position in which most safety coordinators find themselves.

With all these items in mind, let's look at what we at EH&S view as the role of the safety coordinator. We believe a safety coordinator should be the focal point for safety in their department, division, or section and serve as the supervisors' primary agent for safety matters. They should act as our point of contact within their area and be liaison between other employees in their area and our department. This would include: being knowledgeable about how to fill out accident forms and hazard reports as well as having forms on hand; being a conduit for information from and questions to our department so they may be able to answer a question the next time it arises; determining and arranging for attending Safety Coordinator's Committee Meetings monthly if appointed a member and a couple of times a year otherwise; reporting unsafe conditions and stopping unsafe acts where possible; coordinating visits by EH&S personnel and accompanying them during these visits; and promoting general safety awareness in their work area.

Now we'll discuss those things we don't think are part of the role of the safety coordinator. We don't think they are safety experts; they haven't been trained for that and generally, the time and money to train them is not available. We don't expect them to take full responsibility for the safety of their department, division, or section. Safety is something inherent in the responsibilities of supervisors at all levels and we believe strongly that the supervisors are in the best position to discharge it. We don't expect safety coordinators to become the "safety police". We realize they aren't given the authority to enforce compliance, so we hope they will report what they observe and try to get problems resolved at the lowest level possible by talking with people in their work areas and with their manager/supervisor.

These are some of the things we do and don't expect of safety coordinators. It doesn't mean we won't ask them to do more from time to time, but it does present a good basis for our general expectations. It also doesn't mean that they won't be asked to do more by their department chairperson, director, division chief, etc., or that we're telling them not to do what is asked of them. The duties of a safety coordinator, like the laws and regulations
governing safety and health, are by nature dynamic. As changes occur, we will try to keep you informed.

We applaud the past efforts of most of our safety coordinators and look forward to working with them in the future. If we can provide any clarification or answer any specific questions on our position regarding safety coordinator duties, please call.

**ACCIDENT REPORTING**

Most of the responsibilities associated with accident reporting rest with the supervisor, but the safety coordinator needs to be familiar with the required forms and how to fill them out so they can assist supervisors or employees in completing them. Example forms are provided in the appendix to use as a guide but please do not photocopy and use the forms in this handbook, forms are available through EH&S. For assistance in filling out the forms, please call EH&S or sign up for scheduled training through the Training department.

As soon as an injury or illness is reported to the supervisor, it must also be reported to EH&S. Accident forms must be completed for cases involving all University employees, including student workers, regardless of whether they draw benefits or not. If medical cost or lost time results from a work activities, Workers' Compensation Insurance coverage applies. The first form that needs to be completed by the supervisor to report an accident is the **Employer's First Report of Injury/Illness**, TWCC-1S (Appendix A-1). This form must be completed for all accidents involving lost time or medical costs and arrive at EH&S, Mail Stop 1090 by five p.m. of the duty day following the injury. Some information has been preprinted on this form to make its completion easier. It is very important that the remainder of the form be filled out as completely and accurately as possible to speed processing. In the block entitled "Home Department & Phone Number", please ensure the name of the department is written out as opposed to putting an account number or any other numeric designation, and that you include a phone number.

Immediately after receiving notice of an accident, the names of all witnesses to the incident should be noted in Block 25 of the **TWCC-1S** and a **Witness Statement**, WCD-74 (Appendix A-2) should be completed by each witness and forwarded to EH&S.

If the accident involves any lost time, the employee must complete the **Employee's Election Regarding Utilization of Sick Leave**, C-80 (Appendix A-3). Election 1 on this form is the choice to use accrued sick leave instead of drawing Workers’ Compensation benefits. The advantage of this is that with sick leave you draw 100% of your pay, while with Workers’ Compensation benefits you only draw 70% of your average weekly wage. The disadvantage is that you use up your sick leave if you are out of work for an extended period. Election 2 is the choice to draw Workers’ Compensation benefits and requires that you make another choice as well. By law, a seven day waiting is required before you can receive any payments under Workers’ Compensation. You must choose whether to use sick leave during this seven day period or not. If you choose not to use sick leave during this
period, you will be placed on leave without pay. As you can see, filling out this form can be confusing, so be prepared to assist employees in completing it. Of course, as with any of these forms, if they need assistance beyond what you are able to provide, please call us.

The employee must also complete an *Employee's Report of Injury*, WCD-29 (Appendix A-4). This form is to document, in the employee’s own words, how the injury/illness occurred. It is important to have the employee complete this form as soon as possible after the accident, while the events are still fresh in their mind.

The injured employee should be asked to fill out an *Authorization for Release of Information*, Form 24-016-C (Appendix A-5). This will allow us to do follow up activities at the request of the Workers’ Compensation Division.

Any additional information not reported on the *Employer's First Report of Injury/Illness* can later be reported by completing the *Supplemental Report of Injury/Illness*, TWCC-6 (Appendix A-6) and forwarding it to EH&S. This form must also be filled out when an employee returns to work from a lost time accident, begins losing time after the injury/illness is reported, or to report any change in the employee’s status. There is no limit to the number of supplemental forms that may be submitted.

The supervisor of the injured employee must complete the *Supervisor's Investigation of Employee's Accident/Incident* (Appendix A-7 thru A-10) and send it EH&S. This form comes with detailed instructions concerning its completion. Please note that in blocks A through J, only one item should be checked. Blocks P1 and P2 can be used to convey other pertinent facts. For example, if work has previously been requested to correct a condition related to the accident/incident, please note this. For further information on Workers’ Compensation Insurance, see OP 70.13.
VEHICLE ACCIDENT REPORTING

Accidents involving Texas Tech vehicles must be documented on the Accident Report for University Vehicles (Appendix A-11). This form must be forwarded to the Director, Contracting and Risk Management, Mail Stop 1101 within 24 hours. In cases where another vehicle is involved, it is advised to call Contracting and Risk Management at 2-3841 and alert them so the incident can be reported to the insurance company.

It should be noted that, as a rule, only liability insurance is purchased for University-owned vehicles. Depending on fault, existence of other vehicle’s insurance and other factors, there may be instances where the department to which the vehicle was assigned will have to fund repairs to the Tech vehicle and cover the liability deductible.

INCIDENT and NEAR-MISS REPORTING

When an injury occurs that does not involve either lost time or medical costs, the First Report of Injury/Illness, TWCC-1S, is not submitted to the Worker’s Compensation Division of the Office of the Attorney General. In the event of a no lost time and no medical cost injury, an Incident Report Form (Appendix A-12) should be completed and sent to EH&S. The Incident Report Form should also be utilized to report near misses, or injuries that were prevented due to the quick reaction of an employee. If an employee is almost injured but the action is stopped prior to an actual injury occurring, please use this form to report the situation to EH&S. When filling out this form, be sure to include a detailed description of what happened as well as the actions taken by the Safety Coordinator or supervisor. This form will be used by EH&S to help determine hazardous operations or hazardous locations that could potentially lead to injuries. As with all forms relating to an injury or illness, please provide the name of a point of contact and a phone number in case any additional information is needed during the follow-up investigation.

HAZARD REPORTING

All safety programs become more effective with employee involvement. Since each employee is familiar with their work environment, it is recommended that all employees take an active role in hazard reporting. Keep in mind that employees are encouraged to report hazards found anywhere on campus, not just in their work area. When a hazard is reported to EH&S, the safety coordinator/supervisor will be used as the focal point for the abatement of the identified hazards within their department in terms of work coordination and hazard tracking.
ACCIDENT INVESTIGATIONS

The investigation of accidents will be conducted at the discretion of EH&S. If an investigation is deemed necessary, an Accident Review Team (ART) will be established to assist in gathering information. The Accident Review Team will be headed by a representative from EH&S and will communicate directly with the supervisor and Departmental Safety Coordinator. The supervisor and Safety Coordinator will be asked to assist the ART in contacting departmental personnel needed to ensure a thorough investigation. As necessary, the ART will interview witnesses, examine the accident scene, reenact the accident, interview the injured, and possibly contact the Workers’ Compensation Division of the Office of the Attorney General. The supervisor or Safety Coordinator should contact EH&S if any additional information pertaining to accidents is desired. A University Accident Investigation Committee has been formed to assist in the investigation of work related injuries. Representatives from various departments have been appointed to this committee by the Provost and an investigation team will be formed from this pool of committee members as deemed necessary by the Accident Investigator. Three EH&S staff members have been appointed as University Accident Investigators. If you have any questions concerning a work related injury, please contact the Occupational Safety and Health Section of EH&S for assistance.

PERIODIC WORKPLACE SURVEYS

In an effort to become more proactive with regard to accident prevention and general workplace safety, in 1993 EH&S established a program to visit each industrial workplace annually and each administrative workplace biennually to identify potential safety and health hazards. These visits may include, but are not limited to: measurements of noise and lighting, hazard communication program review, and walk-throughs of facilities for identification of hazards. During these safety surveys, recommendations for the abatement of hazards will be presented orally and a memorandum will be sent to the departmental chairperson, director, or manager with a copy to the Safety Coordinator. It is essential that supervisors participate in these surveys in order for them to be effective. It is recommended that the Safety Coordinator participate in the surveys and act as a liaison with EH&S. This program was established to help provide the safest and most healthful work environment possible for University employees, but can only be effective with the full cooperation of each department, their Safety Coordinator, and the supervisors. It is our hope that all University personnel will realize the benefits of preventing occupational injuries and illnesses, such as higher productivity and lowered costs. We ask you to help make our periodic workplace surveys as effective as possible by cooperating with our efforts to obtain exposure data and bringing to our attention any acts or circumstances you believe have the potential to cause injury or illness.
HAZARD COMMUNICATION PROGRAM

The Texas Hazard Communication Act (THCA) requires that all employees who work in non-exempt areas be informed about chemical hazards in their workplace by means of container labeling, Material Safety Data Sheets (MSDS's) and training. Areas which are exempt have been informed of this fact in writing by EH&S. If you believe you may be eligible for exemption from the requirements of the THCA, contact EH&S for an evaluation.

To comply with the THCA, the following actions must be taken:

1. The supervisor/Safety Coordinator must have a Hazard Communication Program which is accessible to employees on all work shifts.

2. Ensure that all containers for products containing hazardous chemicals are properly labeled.

3. Ensure that all employees know that the University has a centralized collection of MSDS's located in EH&S (303 Drane Hall). Copies of MSDS's may be requested by sending a memorandum to EH&S at MS 1090.

4. Supervisors/Safety Coordinators must provide the following information and training to all employees working in a non-exempt area:
   - the requirements of the THCA,
   - the location and availability of the written Hazard Communication Program,
   - the location and availability of MSDS's within the department or work area,
   - identification of chemicals or chemical products present in the workplace operations,
   - physical and health effects of the hazardous chemicals,
   - how to use the identified chemical products safely, and
   - how to read labels and MSDS's to obtain appropriate hazard and safety information.

5. Training must be documented and the documentation kept on file within the department for 30 years.

If non-exempt, your department's Hazard Communication Program must be permanent and continuous. When new products are received, an MSDS must be made available and, if the product introduces a new hazard to the workplace, all employees must receive training.
on the new hazards prior to working with the product. All new employees must be trained prior to working with any hazardous substances.

Obtaining MSDS's

First, what items on your inventory require an MSDS? The short answer is all chemicals or products containing chemicals. What this means is that you need to request an MSDS for each of these items in your workplace. If an MSDS is not required, you will get a letter from the manufacturer or our department stating that the product is non-hazardous as defined by the Occupational Safety and Health Administration (OSHA). When you receive this letter, file it with your MSDS's and then you may delete the item from your inventory listing. The next issue in question is MSDS's from different manufacturers of the same or similar products. With the exception of reagents or technical grade chemicals, you must have an MSDS from each manufacturer whose product you possess. In others words, red enamel paint is not the same for all manufacturers, Sherwin-Williams red enamel requires an MSDS and Dutch Boy red enamel requires another MSDS.

Now that you know which items need MSDS's for, how do you get them? First, try to locate them within your department and make photocopies of them. If nobody in your department has them, send a memorandum requesting them to EH&S providing manufacturer, product name, and if available, product or catalog number. We will research our MSDS library and provide you with copies of the MSDS's we have on hand. For items where we don't have an MSDS on file, we will request one from the manufacturer and provide you with a copy when it is received. Those MSDS's on hand will be sent to you with an annotated copy of your original request indicating which items have MSDS requests pending from the manufacturer. When you send a request for MSDS's to our department, keep a copy of the request in your MSDS file until you receive the annotated copy back from us and then retain the annotated copy in the MSDS file until all requested MSDS's are received. This practice will satisfy the requirement that you either have the MSDS on hand or be able to show evidence of having requested it.

There are no hard and fast rules concerning how this information must be maintained other than the fact that the MSDS's must be readily accessible to all personnel who work with or in the same area with the products covered by the MSDS's. We would like to offer some practical suggestions that have worked well for others. Maintaining your MSDS's alphabetically by product name in binders along with your inventory, copies of any MSDS requests, and a copy of your written HAZCOM Program provides an easy-to-use, functional reference source featuring "one-stop shopping."

Interpreting Material Safety Data Sheets

Our next topic of concern in an effective HAZCOM Program is interpreting a Material Safety Data Sheet (MSDS). You will notice as we discuss interpreting MSDS's that many organizations or items are followed by an acronym in parentheses. This is included because these acronyms appear often on MSDS's with no explanation as to their meaning.
Unfortunately, MSDS's also come in many different formats, styles, shapes, and sizes, so they present many different looks. All MSDS's, however, must contain information on these areas as a minimum: identity, physical and chemical characteristics, physical hazards, health hazards, routes of entry, exposure limits, carcinogenic effects, handling data, control measures, emergencies and first aid procedures, date of preparation, and name, address, and telephone number. We'll look at each of these areas individually.

Identity - The product name used to identify the substance on the MSDS must be the same as on the product label and on your inventory. This section often contains synonyms which may be useful when looking for information in references.

Physical and Chemical Characteristics - This section contains information such as flash point, vapor pressure, appearance, odor, specific gravity, boiling and freezing points, etc. This data can be very useful for determining things like whether vapors from the substance will rise or sink. The odor and appearance information can be used to train workers about how to recognize the presence of a particular substance.

Physical Hazards - Information concerning the potential for fire, explosion, or reaction is found here. The type of extinguishing agent appropriate for the product will be given here. Checking this section can tell you whether or not you have the right type of extinguisher in your work area. If reactivity data is given, information about what substances are incompatible with the product will normally accompany it.

Health Hazards - This section presents information about the signs and symptoms of overexposure, acute and chronic health effects, and any medical conditions which might be aggravated by exposure. Please don't interpret this to mean that if you use this product, these things will happen to you. The information is given so you will be aware of how you might react to a significant exposure and is usually based on accidental overexposures or animal studies. The information should be used as an indicator of possible overexposure or sensitivity.

Primary Routes of Entry - The way the substance may enter or interact with your body is detailed here. This is typically given as ingestion (entry through the mouth), inhalation (entry through the respiratory system), absorption (entry through the skin or eyes), and contact (doesn't enter the body, but damages or irritates the skin or eyes). This information should be used to reinforce administrative controls and work practices such as washing hands after product handling or prohibiting food and drink in areas where hazardous materials are to be used.

Exposure Limits - The Occupational Safety and Health Administration (OSHA) Permissible Exposure Limit (PEL), the American Conference of Governmental Industrial Hygienists (ACGIH) Threshold Limit Value (TLV), National Institute of Occupational Safety and Health (NIOSH) Recommended Exposure Limit (REL), or other recommended exposure limits will be presented in this section. These values are given in parts per million (ppm) or milligrams per cubic meter (mg/m$^3$) and are based on an eight-hour time-weighted average (TWA) for a forty-hour work week. Some type of sampling and analysis or
readings with equipment followed by calculations is necessary in order to have data to compare to these exposure standards. This function will be performed by EH&S or other personnel with specialized training.

Carcinogenic Effects - This section must disclose information about whether the substance is recognized as a known or suspected carcinogen (cancer-causing agent) by the National Toxicology Program (NTP), International Agency for Research on Cancer (IARC), or OSHA. Products with carcinogenic ingredients must be handled with extra caution and require written procedures as to how they will be stored and used.

Handling Data - This section provides information regarding any special precautions for handling and use. Appropriate hygiene practices, decontamination procedures, and spill and clean-up actions are found here.

Control Measures - Here you will find data concerning engineering controls, work practices, administrative controls, and personal protective equipment. These requirements are based on worst case conditions, but must be followed unless EH&S has performed an evaluation and informed you in writing that less stringent controls will be satisfactory.

Emergency and First Aid Procedures - Necessary emergency response and first aid procedures are detailed here. Remember when reading this information that it is assumed that you have the required training and equipment to perform any emergency response or rescue actions discussed. If you don't, attempting response or rescue will probably just add another victim, so please call for qualified, properly equipped assistance.

Date of MSDS Preparation - Manufacturers or importers are required to list the date of preparation or date of the last change on the MSDS. Please check these dates if you have more than one copy of MSDS's for a product. The MSDS must cover the period of manufacture for the stock of product you have on hand. If the formulation has changed, the hazards may have changed as well.

Manufacturer's Data - This must contain the name, address, and telephone number of someone who can provide additional information on the hazardous substance and emergency procedures, if necessary.

Those are the areas in which all MSDS's must provide information. The sections on any given MSDS may or may not be organized according to these topics, but all of this information should be found somewhere on the document. Many MSDS's offer more, sometimes much more, even to the point of being confusing or overwhelming. Much of the additional information provided is for the use of safety and health professionals and is not required for employee training under the HAZCOM Program. Should you require help in interpreting anything on an MSDS beyond what's covered here, please call EH&S, we will be happy to assist you.
Labeling

The next area of concern in Hazard Communication is labeling requirements. We'll start with the definition of a label as provided by OSHA. A label means any written, printed, or graphic material displayed on or affixed to containers of hazardous chemicals. The law further requires that the information on a label be legible, in English, and prominently displayed on the container. It should also be noted that it is unlawful to remove or deface the label on a container of hazardous chemicals. The obvious next question is What must be on a label?

The answer depends on whether you are referring to the manufacturer's label or the label on a transfer container. A manufacturer's label must contain the identity of the hazardous chemical(s), appropriate hazard warnings, and the name and address of the chemical manufacturer, importer, or other responsible party. A transfer container, for instance, a safety can whose contents were drawn from a 55 gallon drum, must be labeled with the identity of the hazardous chemical(s) and appropriate hazard warnings.

For those of you who work in laboratories, the Chemical Hygiene Plan addresses how this issue will be handled in your workplaces. For those of you in non-laboratory work settings, this means you must either copy the identifying data and hazard information or copy the identifying data and use a color coding system to indicate the hazard(s). The Central Warehouse stocks colored vinyl tapes which work well for this purpose. The colors should be used as follows:

- red = flammable
- blue = toxic
- white = corrosive
- yellow = reactive

Placing a piece of the appropriately colored tape on the container and writing the identification data on it will satisfy both requirements for transfer container labeling. When putting identifying data on a label, please remember that the identifying name you use must match the name on the MSDS and the inventory.

SAFETY ACTIVITY REPORTING

Every department must complete a safety activity report annually in accordance with OP 78.29. This report should reach EH&S by the fifteenth of September to report data for the previous fiscal year. A copy of an SAR-93, TTU Departmental Safety Activity Report, is included in the appendix as A-13.

SAFETY AWARDS PROGRAM

OBJECTIVES: To increase safety awareness and initiative among employees of Texas Tech University; to motivate departmental and individual participation in occupational safety and health programs; and to reduce accidents.

ELIGIBILITY: Safety awards under this program are limited to Texas Tech University departments and full-time staff employees. Faculty members are not eligible. Nominations for awards must be received by October 1. Individual award eligibility will be determined by the department and verified by EH&S.
AWARD CATEGORIES:

1. TTU Individual Safety Awards (plaque or certificate of recognition, and public recognition)

2. TTU Safety Program Achievement Award (plaque-type)

INDIVIDUAL SAFETY AWARDS

Texas Tech University employees eligible for an individual award under this program will be evaluated using the following criteria.

1. **ONE YEAR AWARD**

   A one-year award can be given only once to individuals by departments. EH&S will provide certificates to departments upon request.

2. **FIVE YEAR AWARDS**

   A five-year safety award can be given to an employee who has completed five consecutive years of accident-free employment as of August 31 of the current calendar year. Awards can be given for each additional five years following this achievement, i.e., ten-year, fifteen-year, etc.

3. The following examples are given in an effort to clarify any misunderstandings.

   a. An employee who has not had an accident on the job in the past 4 years and 11 months would not receive a Five-Year Award.

   b. An employee who has not had an accident on the job in the past 7 years and has not previously received a five-year award would receive a Five-Year Award.

   c. An employee who has not had an accident on the job in the past 11 years and has not previously received a 10-year award would receive a Ten-Year Award. He or she would not receive both a Five-Year Award and a Ten-Year Award at the same time.

4. Consecutive years of accident-free employment will be calculated in reference to years based on the month of August and shall only include current full-time, non-teaching employees. The duration of consecutive years of accident-free employment shall be computed as follows:
a. If an employee has never had an accident on the job:

<table>
<thead>
<tr>
<th></th>
<th>(Current year/month of August)</th>
</tr>
</thead>
<tbody>
<tr>
<td>9708</td>
<td>(Date Hired)</td>
</tr>
<tr>
<td>-Yr/Mo</td>
<td>(Date Hired)</td>
</tr>
<tr>
<td>?</td>
<td>(Consecutive years of accident-free employment)</td>
</tr>
</tbody>
</table>

Example: 9708 (Current year/month of August) -8904 (Hired April 1989) 0804 (8 years, 4 months)

b. If an employee has had an accident on the job:

<table>
<thead>
<tr>
<th></th>
<th>(Date of last accident)</th>
</tr>
</thead>
<tbody>
<tr>
<td>9708</td>
<td>(Date of last accident)</td>
</tr>
<tr>
<td>-Yr/Mo</td>
<td>(Date of last accident)</td>
</tr>
<tr>
<td>?</td>
<td>(Consecutive years of accident-free employment)</td>
</tr>
</tbody>
</table>

Example: 9708 (Current year/month of August) -8107 (Last accident July, 1981) 1601 (16 years, 1 month)

Note: EH&S will not assume the responsibility of identifying an employee who has the required time. This should be accomplished through the coordination of individual supervisors, Safety Coordinators, and Department Heads.

EH&S will assume the responsibility of verifying the duration of accident-free employment.

Consecutive years of accident-free employment are defined as a period of employment during which the employee had no lost time and no medical cost was incurred as a result of an accident which occurred on the job.
SAFETY PROGRAM ACHIEVEMENT AWARD

Texas Tech University employees departments who have contributed far beyond their required duties toward enhancing safety awareness on the TTU campus. These individuals or departments will be nominated and selected by the staff of EH&S. Awards will be presented at the Safety Awards Ceremony.

SUBMISSION PROCEDURES

1. Individual Safety Awards

Recognizes those individuals who have worked for consecutive years without a work-related injury.

a. Nominations should be made based upon years of accident-free employment.

b. Submit nominations to EH&S.

c. Each level of award may only be received once by an employee.

2. Safety Program Achievement Awards

To increase safety awareness and initiative among employees of Texas Tech University; to motivate departmental and individual participation in occupational safety and health activities; and to reduce accidents. This award was established to recognize those individuals or departments who make a significant contribution to overall safety awareness at Texas Tech University.

a. Nominations can be made by department heads through completion of:

   (a) Safety Award nomination letter
   (b) Justification supporting the nomination

b. Submit nominations to EH&S

c. EH&S will select the winners.

3. Deadlines: Applications and documentation must be received by EH&S no later than October 1 for awards covering the preceding year.

PRESENTATION:

Awards will be presented annually in November.
RESPONSIBILITIES

A. EH&S will be the determining authority on all awards presented.

B. EH&S will review this program annually.

PUBLICITY

News releases will be issued through all available networks.

HAZARDOUS WASTE DISPOSAL

In any discussion of hazardous waste, addressing the concept of waste minimization is a must. Minimizing the amount of waste generated can be accomplished in a number of ways. Some are described below.

1. Surplus chemicals can be exchanged among labs, sections, or departments. This applies not only to 'virgin' materials, but to the end products of processes or experiments which could be of use to someone else.

2. Materials may be distilled to recover them to a point of usability, if not to the original user, to another user on campus. This is greatly facilitated by segregating potential wastes to the extent practical at the point of generation.

3. Substitution of a less hazardous material for one requiring special handling will not only cut disposal costs, but reduce hazards in the laboratory as well.

4. Microscale operations reduce the waste volume by proportionately reducing the amount of chemicals input for the reaction.

5. Neutralization - Acids and bases, uncontaminated with substances of a different hazard category, can be treated to bring the pH within the range of 5 to 9 and washed down the drain with 50 times their volume in water. There is no reason to turn in materials that can be neutralized at the point of generation.

6. Steps must be taken to ensure faculty and staff members do not depart until all substances in their work areas are clearly marked as to contents. Compliance with the Texas Hazard Communication Act will eliminate most problems of this type, however, the cost of analysis for the identification and hazard classification of unknowns is high enough to make this a cost effective endeavor.

Once it has been determined that the substance can't be exchanged, recycled, or neutralized, contact EH&S to arrange for it to be picked up for entry into the waste stream.
Waste pick ups are made on Tuesday and Thursday of each week. Wastes should not be allowed to accumulate as this presents health and environmental hazards. When calling EH&S to arrange for a waste pick up, you will be asked to provide the following information:

1. Name and telephone number of person requesting pick up
2. Department and room number where waste is located
3. Department and room number of requestor, if different than above
4. Types and numbers of containers, e.g. one 5 gallon can, two 4 liter bottles, one 55 gallon drum, etc.
5. Whether or not the 'REQUEST FOR HAZARDOUS WASTE PICK-UP & DISPOSAL' form is complete

Please have this information available prior to calling to arrange a pick up.

EH&S has developed labels in various sizes to be affixed to each container of hazardous waste. These labels are available from EH&S at no cost. The following areas of the label shall be filled out by the generator.
Contents - List all wastes in the container.
Building - Your facility.
Room # - Self explanatory.
Accumulation Start Date - The date you first placed any waste in the container.
Hazard - Check the appropriate block for the hazard(s) associated with the waste.

When filling out the Request for Transfer of Chemicals form, ensure that the names used in the 'Chemical Description' block match those on the waste container labels and that there is an appropriate entry in each column with the possible exception of 'Remarks' and 'Transaction Number'. The information for the 'Hazardous Characteristics' column can usually be obtained from the original container or the MSDS. If the required information can't be obtained from either of those sources or from a reference, contact EH&S for assistance. All other entries are self explanatory.
<table>
<thead>
<tr>
<th>Category</th>
<th>Number</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asbestos</td>
<td>60.08</td>
<td>Asbestos Compliance and Abatement Program</td>
</tr>
<tr>
<td>Chemical Hygiene</td>
<td>60.17</td>
<td>Chemical Hygiene Plan</td>
</tr>
<tr>
<td>Chemical Hygiene</td>
<td>60.02</td>
<td>Hazard Communication Act</td>
</tr>
<tr>
<td>Chemical Hygiene</td>
<td>60.04</td>
<td>Use of Laboratory Hoods, Biological Cabinets and Special Exhaust Ventilation</td>
</tr>
<tr>
<td>Electrical Safety</td>
<td>60.06</td>
<td>Lockout/Tagout System Procedures</td>
</tr>
<tr>
<td>Emergencies</td>
<td>60.03</td>
<td>Hazardous Material Spills</td>
</tr>
<tr>
<td>Fire Safety</td>
<td>60.14</td>
<td>Building Decorations and Decorative Materials</td>
</tr>
<tr>
<td>Fire Safety</td>
<td>60.13</td>
<td>Reporting of Fires/Fire Drills</td>
</tr>
<tr>
<td>Fire Safety</td>
<td>60.12</td>
<td>Fire Safety Program</td>
</tr>
<tr>
<td>General Safety</td>
<td>60.01</td>
<td>University Health &amp; Safety Program</td>
</tr>
<tr>
<td>Lab Safety</td>
<td>60.10</td>
<td>Use and Disposal of Sharp Objects</td>
</tr>
<tr>
<td>Radiation Safety</td>
<td>60.11</td>
<td>Procurement, Usage &amp; Disposal of Radioactive Materials, Radiation Producing Devices, and Lasers</td>
</tr>
<tr>
<td>Respirators</td>
<td>60.05</td>
<td>Respiratory Protection Program</td>
</tr>
<tr>
<td>Reporting</td>
<td>60.16</td>
<td>Safety Activity Reporting</td>
</tr>
<tr>
<td>Reporting</td>
<td>60.07</td>
<td>Safety Hazard Report</td>
</tr>
<tr>
<td>Workers=Compensation</td>
<td>70.13</td>
<td>Workers=Compensation Insurance</td>
</tr>
</tbody>
</table>
EMPLOYER'S FIRST REPORT OF INJURY OR ILLNESS

1. Name (Last, First, M. I.)
2. Sex
   ☐ F  ☐ M

3. Social Security Number
4. Home Phone
5. Date of birth (m-d-y)

6. Does the Employee Speak English?  If no, Specify Language
   ☐ YES  ☐ NO

7. Block no longer used
8. Block no longer used

9. Mailing Address
   Street or P.O. Box
   City State ZIP Code County

10. Marital Status
    ☐ Married ☐ Widowed ☐ Separated ☐ Single ☐ Divorced

11. Number of Dependent Children
12. Spouse's Name

13. Doctor's Name
14. Doctor's Mailing Address (Street or P.O. Box)
   City State ZIP Code

15. Date of Injury (m-d-y)
16. Time of Injury
   ☐ a.m. ☐ p.m.
17. Date Lost Time Began (m-d-y)

18. Nature of Injury*
19. Part of Body Injured or Exposed*

20. How and Why Accident/Injury Occurred*

21. Was employee doing his regular job?  YES ☐ NO ☐

22. Worksite Location of Injury (stairs, dock, etc.)*

23. Address Where Injury or Exposure Occurred
   Name of business if incident occurred on a business site
   Street or P.O. Box
   City State ZIP Code County

24. Cause of Injury (fall, tool, machine, etc.)*

25. List Witnesses

26. Return to work date or expected (m-d-y)
   ✔ YES ☐ NO
27. Did employee Die?
   ✔ YES ☐ NO
28. Supervisor's Name
29. Date reported (m-d-y)

30. Date of Hire (m-d-y)
31. Was employee hired or recruited in Texas?  YES ☐ NO ☐

32. Length of Service in Current Position
    Months _____ Years _____
33. Length of Service in Occupation
    Months _____ Years _____

34. State Payroll Classification Code
35. Occupation of Injured Worker

36. Rate of Pay at this Job
    $__________ Hourly $__________ Weekly $__________ Monthly
37. Full Work Week is:
    Hours _____ Days _____
38. Last Paycheck was:
    $__________

39. Is employee an Owner, Partner, or Corporate Officer?  ✔ YES ☐ NO

40. Name and Title of Person Completing Form
41. Name of Agency
    Texas Tech University
    Home Department & Phone Number

42. Agency Mailing Address and Telephone Number
    Street or P.O. Box 41090  Telephone Number (806) 742-3878
    City Lubbock State TX Zip Code 79409-1090

43. Agency Location (If different from mailing address)
    Number and Street 2903 4th St.
    City Lubbock State TX Zip Code 79409-1090

44. Federal Tax ID Number 756002622 9998
45. Primary SIC 8221

46. Specific SIC N/A
47. Comptroller Agency Code 733

48. Worker's Compensation Insurance Company
    State Office of Risk Management

49. Policy Number
    TXSTATEPOL0001

50. Did you request accident prevention services in the past 12 months?
    ✔ YES ☐ NO

51. Signature and Title (READ INSTRUCTIONS ON INSTRUCTION SHEET BEFORE SIGNING)

X

Claims Coordinator  Date

TWCC-1S (3-91)

Rule 120.2

A-1
WITNESS STATEMENT
(WCD-74)

MUST BE TYPED
OR PRINTED

Claimant_________________________
Employer________________________
Date of Injury_____________________
Statement Taken by________________

Name:____________________________ Age:________________
Residence Address:_________________ Work Telephone:_________________
Home Telephone:___________________ Employer:_____________________
On ____________________________, 19_____, at about __________p.m./a.m., I was
in or at (clearly state your own location) ________________________________
when an accident involving the above employee is alleged to have occurred.

(check only one box)

☐ I saw the accident.
   The accident occurred in the following manner: ____________________________
   ____________________________
   ____________________________
   ____________________________
   ____________________________
   Other pertinent information and source:_______________________________
   ____________________________
   ____________________________

☐ I did not see the accident.
   Information given me by (name of person)___________________________
   indicates it occurred as follows: __________________________________
   ____________________________
   ____________________________
   ____________________________
   ____________________________
   Other pertinent information and source:_______________________________
   ____________________________
   ____________________________

☐ I know nothing whatsoever about the occurrence.

_________________________________  _________________
Signature  Date

Form No. WCD-74 Rev. 9-93
EMPLOYEE'S ELECTION REGARDING
UTILIZATION OF SICK LEAVE
(Texas Labor Code, Sec. 501.044)

ELECTION 1

I hereby elect to use sick leave until it is exhausted before receiving weekly payments of workers’ compensation. By making this election, I understand that I am not entitled to weekly payments of compensation until my sick or emergency leave is exhausted.

______________________________  ________________________________
(Type Employee’s Name as Shown on Payroll)  (Hours of Sick Leave Available as of Date of Injury)

______________________________
(Employee’s Social Security Number)

______________________________
(Name of Agency)

______________________________
(Employee’s Signature/Date)

______________________________
(Claims Coordinator’s Signature/Date)

ELECTION 2

I hereby elect to receive weekly payments of workers’ compensation after the seven (7) day waiting period. I understand that I may use sick or emergency leave for the seven (7) day waiting period, but that I may not use sick or emergency leave after that time. I understand that I may not receive weekly payments of compensation and sick or emergency leave at the same time.

☐ do  ☐ do not  desire to use sick leave for the waiting period.

______________________________
(Type Employee’s Name as Shown on Payroll)

______________________________
(Name of Agency)

______________________________
(Employee’s Social Security Number)

______________________________
(Claims Coordinator’s Signature/Date)

______________________________
(Employee’s Signature/Date)

Form No. C-80-9-93
EMPLOYEE'S REPORT OF INJURY

Dear Claimant:

We have received a report that you were injured in the course of your employment. In order for us to process your claim efficiently, please fill in all lines completely and print legibly. Attach additional sheets if necessary.

1. Name: ___________________________ Social Security: ___________________________

   LAST FIRST MI MAIDEN

2. Give your current home address: __________________________________________________________________________________________

3. By whom are you employed? __________________________________________________________________________________________

4. What is your job title/description? _____________________________________________________________________________________

5. What are your monthly wages? ___________________________ 6. How many days per week do you work? ________

7. On what date were you injured? ______________________________________________________________________________________

8. What was the exact location of the accident (street address if possible)? __________________________________________________________________________________________

9. How did the accident happen? _______________________________________________________________________________________

   _________________________________________________________________________________________________________________

10. What part of your body was injured? ________________________________________________________________________________

11. When did you report this accident? __________________________________________________________________________________

12. To whom did you make your accident report? __________________________________________________________________________

13. List name(s), address(es), and telephone number(s) of witness or witnesses: _______________________________________________________

   _________________________________________________________________________________________________________________

14. Name, address, and telephone number of physician who provided treatment: _______________________________________________________

   _________________________________________________________________________________________________________________

15. When did you first receive treatment? ________________________________________________________________________________

16. When did you stop working as a result of your accident? ____________________________________________________________________

17. Name, address, and telephone number of doctor presently treating you: __________________________________________________________________________________________

18. When were you last treated? ________________________________________________________________________________________

19. Have you returned to work? _________ If so, when? _______________________________________________________________________

20. Have you lost any wages on account of your accident? ____________________________________________________________________

21. Have you ever had a previous injury claim? _________ If so, describe: __________________________________________________________

   _________________________________________________________________________________________________________________

   (dated) ___________________________ (signed) ________________________________

Form No. WCD-29  Rev. 9-95

A-4
AUTHORIZATION FOR RELEASE OF INFORMATION
(WCD-16)

Patient:______________________________

TO WHOM IT MAY CONCERN:

You are hereby expressly authorized to release and furnish to the State Office of Risk Management, and/or any associate, assistant, representative, agent, or employee thereof, any and all desired information, (including, but not limited to, office records, medical reports, memos, hospital records, laboratory reports, including results of any and all tests including alcohol and/or drug tests, X-rays, X-ray reports, including copies thereof) pertaining to the physical and/or mental condition which is the basis of my workers' compensation claim. This includes not only all current and/or future information, but also all past medical information which is related to the injury or injuries which form the basis of my claim.

(Print name)______________________________

Photostatic copies of this signed authorization will be considered as valid as the original.

This is not a release of claims for damages.

DATED:_________________________ SIGNED:_________________________

PLEASE SIGN THE ABOVE MEDICAL AUTHORIZATION AND RETURN IT, SO THAT WE MAY SECURE RELEASE OF YOUR MEDICAL RECORDS.

THANK YOU.

STATE OFFICE OF RISK MANAGEMENT

Form No. WCD-16 12-97
SUPPLEMENTAL REPORT OF INJURY

DO NOT SEND THIS FORM TO TEXAS WORKERS' COMPENSATION COMMISSION UNLESS REQUESTED.

WHEN AND WHERE TO FILE: For all injuries occurring January 1, 1991 or after that require a TWCC-1, Employer's First Report of Injury, to be filed, the employer must file by first class mail or personal delivery a Supplemental Report of Injury (TWCC-8) with the employer's workers' compensation carrier and the injured employee: 1) within 3 days after the injured employee returns to work; 2) within 3 days when the employee, after returning to work, has an additional day or days of disability because of the injury; 3) within 10 days after the end of each pay period in which the employee has an increase or decrease of earnings during the time the employee is entitled to temporary income benefits; 4) within 10 days after the employee resigns or is terminated. If the injured employee is no longer employed by the employer, the employee is responsible for providing information to the carrier about amounts of earnings or offers of employment. The employee may use a TWCC-6, Employer's Supplemental Report of Injury for this purpose. An employee has disability if he/she is unable to work as a result of the injury or has returned to work earning less than pre-injury wages because of the injury.

EMPLOYEE INFORMATION

<table>
<thead>
<tr>
<th>1. Employee's Name (Last, First M.I.) and Telephone No.</th>
<th>2. Social Security No.</th>
<th>3. Date of Injury (m-d-y)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4. Employee's Mailing Address (Street or P.O. Box)

<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

TO EMPLOYER: Based on above rule requirements, check boxes which show reasons for filing Supplemental Report of Injury this date:

- [ ] employee returned to work
- [ ] change in weekly earnings after injury
- [ ] employee terminated/assigned
- [ ] additional day(s) of disability

Complete Blocks 5a or 5b
Complete Blocks 6 and 7
Complete Block 8

5. a) If initial filing of TWCC-8, first day of disability due to injury (m-d-y)

6. Date of Return to Work

(Check box) [ ] Full Duty, Full Pay
[ ] Limited Duty: Full Pay [ ] Reduced Pay

7. Weekly and Hourly Earnings at Time of This Report $ ________

(Check box) [ ] Same as Preinjury Wage

[ ] Increase from Preinjury Wages [ ] Decrease from Preinjury Wages

8. No. of Hours Working Weekly at Time of This Report

(Check box) [ ] Increase from Preinjury Hours Worked Weekly

[ ] Same as Preinjury [ ] Decrease from Preinjury Hours Worked Weekly

9. If the employee resigns or is terminated, fill in the appropriate section.

- [ ] Date of Resignation (m-d-y) ____________________________
- [ ] Date of Termination (m-d-y) ____________________________

10. If applicable, eight days of disability began on (m-d-y) [see above definition of disability]

11. Has injured employee died? If so, give date of death (m-d-y)

12. Was employee on limited duty at time of termination?

- [ ] Yes
- [ ] No

EMPLOYER INFORMATION

13. Employer's Business Name

TEXAS TECH UNIVERSITY

14. Telephone No.

806-742-3876

15. Employer's Business Mailing Address (Street or P.O. Box)

P.O. BOX 41093

16. Name of Workers' Compensation Carrier for Above Injury

STATE OFFICE OF RISK MANAGEMENT

17. The information provided in this report is accurate to the best of my knowledge. It may be relied upon for evaluation of the named employee's eligibility for benefits.

Signature and Title of Person Completing Form

[ ] Employer [ ] Employee

Date

TWCC 6 (Rev. 7/93) Rules 120.3, 129.4

A-6
### SUPERVISOR’S INVESTIGATION OF EMPLOYEE’S ACCIDENT / INCIDENT

#### A. EXTENT OF INJURY (Check one only)
- □ 01 No injury (incident only)
- □ 02 Injury not requiring a TWCC-15
- □ 03 Medical
- □ 04 Lost time only (more than one day)
- □ 05 Medical and lost time
- □ 06 Fatality

#### B. CATEGORY (Check one only)
- □ 01 Occupational injury (accident)
- □ 02 Occupational injury (aggressive behavior)
- □ 03 Occupational illness/disease

#### C. SPECIFIC LOCATION OF OCCURRENCE (Check one only)
- □ INDOORS
  - □ Auditorium
  - □ Bath/Toilet area
  - □ Boiler room
  - □ Cantmen/Smock bar
  - □ Cell block
  - □ Classroom
  - □ Closet
  - □ Dayroom
  - □ Dormitory/Living room
  - □ Elevator
  - □ Food Service Area/Dining/Kitchen
  - □ Garage
  - □ Gymnasium/Recreation
  - □ Hallway/Corridor
  - □ Hospital/Clinic/Dispensary
  - □ Laboratory
  - □ Laundry
  - □ Library
  - □ Nursing station
  - □ Office area
  - □ Program areas
  - □ Ramp
  - □ Sales store/Outlet
  - □ Seminar room
  - □ Sleeping room
  - □ Steps/Stairs/Stairway
  - □ Storage area
  - □ Waiting room
  - □ Workshop/Technical trades
  - □ Other (specify)

- □ OUTDOORS:
  - □ Athletic field
  - □ Campus
  - □ Grounds
  - □ Highway/Street
  - □ Loading dock
  - □ Park or recreation area
  - □ Parking lot
  - □ Roof
  - □ Sidewalk
  - □ Steps/Stairs/Stairway
  - □ Storage area
  - □ Swimming pool area
  - □ Tower
  - □ Other (specify)

#### D. ACTIVITY ENGAGED IN BY INJURED AT TIME OF INJURY (Check one only)
- □ 01 Bathing
- □ 02 Brushing
- □ 03 Carrying
- □ 04 Cleaning
- □ 05 Climbing
- □ 06 Cutting
- □ 07 Descending
- □ 08 Digging
- □ 09 Dressing
- □ 10 Driving
- □ 11 Eating
- □ 12 Escorting
- □ 13 Exercising
- □ 14 Feeding
- □ 15 Grinding
- □ 16 Grooming
- □ 17 Handling
- □ 18 Lifting
- □ 19 Loading
- □ 20 Mopping
- □ 21 Moving
- □ 22 Operating
- □ 23 outstanding
- □ 24 Pushing
- □ 25 Reaching
- □ 26 Redirecting
- □ 27 Restraining
- □ 28 Running
- □ 29 Sanding
- □ 30 Saving
- □ 31 Searching
- □ 32 Scoring
- □ 33 Sitting
- □ 34 Standing
- □ 35 Stripping
- □ 36 Turning
- □ 37 Walking
- □ 38 Welding
- □ 39 Other (specify)

#### E. BODY PART INJURED (Most serious)
- □ 01 Ankle
- □ 02 Arm
- □ 03 Back
- □ 04 Buttocks
- □ 05 Chest
- □ 06 Chest
- □ 07 Chin
- □ 08 Ear
- □ 09 Eye
- □ 10 Foot
- □ 11 Finger Thumb
- □ 12 Forehead
- □ 13 Groin
- □ 14 Hand
- □ 15 Hip
- □ 16 Internal organ
- □ 17 Jaw
- □ 18 Knee
- □ 19 Leg
- □ 20 Mouth
- □ 21 Neck
- □ 22 Nose
- □ 23 Pelvis
- □ 24 Rib
- □ 25 Scalp
- □ 26 Shoulder
- □ 27 Toe
- □ 28 Wrist
- □ 29 Other (specify)

#### F. TYPE OF INJURY (Check primary only)
- □ 01 Abrasion
- □ 02 Amputation
- □ 03 Bite
- □ 04 Bruise
- □ 05 Burn
- □ 06 Contusion
- □ 07 Cut
- □ 08 Dermatitis
- □ 09 Dislocation
- □ 10 Foreign object
- □ 11 Fracture
- □ 12 Frostbite
- □ 13 Hearing loss
- □ 14 Heart attack
- □ 15 Heat exhaustion
- □ 16 Hernia
- □ 17 Infection
- □ 18 Inflammation
- □ 19 Internal injuries
- □ 20 Punction
- □ 21 Rupture
- □ 22 Scratch
- □ 23 Shock
- □ 24 Sprain
- □ 25 Sting
- □ 26 Strain
- □ 27 Other (specify)

#### G. TYPE OF OCCURRENCE (Check one only)
- □ 01 Aggression (client, student, inmate, patient)
- □ 02 Bodily reaction (drug, medication)
- □ 03 Caught in, on, under, or between
- □ 04 Contact with chemicals
- □ 05 Contact with electric current
- □ 06 Contact with temperature extremes

#### G. CONTINUED
- □ 07 Fall on same level
- □ 08 Fall on different level
- □ 09 Over-exertion (exceeding physical ability resulting in strain, rupture)
- □ 10 Overexposure to environmental hazards (noise, toxic)
- □ 11 Slip (not a fall)
- □ 12 Struck against (rough, sharp object)
- □ 13 Struck by falling, moving object
- □ 14 Other (specify)

#### H. PHYSICAL THING MOST CLOSELY ASSOCIATED WITH OCCURRENCE (Check one)
- □ Aircraft
- □ Air pressure
- □ Animal (snake, dog, horse, etc.)
- □ Athletic equipment (baseball, bat, dart, etc.)
- □ Attachments (belt, pulley, gear, shaft)
- □ Building component
- □ Cabinet
- □ Chemical (solid, liquid, or gas)
- □ Clothing
- □ Container (bottle, box, barrel, cylinder, etc.)
- □ Carb
- □ Doors (automatic, manual, revolving)
- □ Drugs or medicine
- □ Dust
- □ Electrical apparatus
- □ Elevator, escalator
- □ Explosives
- □ Eyewear
- □ Fan
- □ Fire, flame, smoke
- □ Floor
- □ Food products
- □ Furnaces, fixtures
- □ Gas
- □ Glass items
- □ Gun
- □ Ground (earth)
- □ Hand tool
- □ Heating equipment
- □ Heating equipment
- □ Hygiene equipment
- □ Hygiene equipment
- □ Ice condition
- □ Infectious or parasitic agent
- □ Insect
- □ Kitchen equipment
- □ Knife
- □ Lighting fixture and equipment
- □ Ladder, scaffold
- □ Locker
- □ Machine
- □ Materials handling equipment
- □ Metal
- □ Mineral items (asphalt, clay, gravel, etc.)
- □ Motor vehicle
- □ Needle
- □ Office equipment (chair, desk, cabinet, etc.)
- □ Paint
- □ Particle
- □ Pavement
- □ Person (other than client, inmate, employee)
- □ Pipe
- □ Platform, dock, ramp

Continued on other side
<table>
<thead>
<tr>
<th>I. ACT/PRACTICE ASSOCIATED WITH OCCURRENCE (Check one only)</th>
</tr>
</thead>
<tbody>
<tr>
<td>01 Contact with electrical source (tool, device, wire, etc.)</td>
</tr>
<tr>
<td>02 Entering an unauthorized area</td>
</tr>
<tr>
<td>03 Failure to practice safe driving technique</td>
</tr>
<tr>
<td>04 Failure to use established route or taking short cut</td>
</tr>
<tr>
<td>05 Failure to use handrail, grab bar</td>
</tr>
<tr>
<td>06 Failure to use lockout device</td>
</tr>
<tr>
<td>07 Failure to use/wear personal protective equipment (PPE)</td>
</tr>
<tr>
<td>08 Failure to warn of known hazards (i.e., no safety sign, light, barrier, instruction, etc.)</td>
</tr>
<tr>
<td>09 Failure to wear appropriate dress (shoes, shirt, blouse)</td>
</tr>
<tr>
<td>10 Handling (of object, material, item, thing)</td>
</tr>
<tr>
<td>11 Hoseplay</td>
</tr>
<tr>
<td>12 Improper making or storing (non-composite material, chemicals, etc.)</td>
</tr>
<tr>
<td>13 Improper placing or storing (materials, tools, equipment)</td>
</tr>
<tr>
<td>14 Lifting (including position, stance)</td>
</tr>
<tr>
<td>15 Making safety devices ineffective</td>
</tr>
<tr>
<td>16 No unsafe act/practice on the part of employee</td>
</tr>
<tr>
<td>17 Operating/working at unsafe speed</td>
</tr>
<tr>
<td>18 Operating without proper authority/clearance</td>
</tr>
<tr>
<td>19 Over or unnecessary exposure to hazards (gas, fumes, dust, chemicals, mist, radiation, etc.)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>J. CONDITION (PHYSICAL HAZARD) ASSOCIATED WITH OCCURRENCE (Check one)</th>
</tr>
</thead>
<tbody>
<tr>
<td>01 Congested area</td>
</tr>
<tr>
<td>02 Electrical hazard (uninsulated wire, overloaded circuit, inadequate ground, etc.)</td>
</tr>
<tr>
<td>03 Excessive noise</td>
</tr>
<tr>
<td>04 Harmful animals/insects/reptiles</td>
</tr>
<tr>
<td>05 Health hazards (radiation, gas, fumes, dust, vapors, etc.)</td>
</tr>
<tr>
<td>06 Improper housekeeping</td>
</tr>
<tr>
<td>07 Improperly stored chemicals, hazardous substances</td>
</tr>
<tr>
<td>08 Inadequate ventilation</td>
</tr>
<tr>
<td>09 Inadequate or no warning signs</td>
</tr>
<tr>
<td>10 Layout or design (office, shop, equipment)</td>
</tr>
<tr>
<td>11 Lighting</td>
</tr>
<tr>
<td>12 Mislabeled/unlabeled chemicals, hazardous materials, etc.</td>
</tr>
<tr>
<td>13 No unsafe condition</td>
</tr>
<tr>
<td>14 Open trench, hole, ditch, sharp drop-off</td>
</tr>
<tr>
<td>15 Poisonous vegetation (alk, ivy, etc.)</td>
</tr>
<tr>
<td>16 Promoting object (nail, wire, splinter, etc.)</td>
</tr>
<tr>
<td>17 Rough/sharp objects</td>
</tr>
<tr>
<td>18 Slipping or tripping hazard</td>
</tr>
<tr>
<td>19 Step, stairs, ladder, or other working surfaces</td>
</tr>
<tr>
<td>20 Unguarded machine, belt, pulley, roller, etc.</td>
</tr>
<tr>
<td>21 Unsafe/defective hand or electric tools</td>
</tr>
<tr>
<td>22 Unsafe equipment</td>
</tr>
</tbody>
</table>


<table>
<thead>
<tr>
<th>INJURED'S IMMEDIATE SUPERVISOR (print)</th>
<th>SIGNATURE</th>
<th>DATE</th>
<th>PHONE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

P. REVIEWED BY

P.1. Section/Departmental Safety Coordinator comments:

SIGNATURE       DATE   /   /

P.2. Section/Department Head comments:

SIGNATURE       DATE   /   /

P.3. Environmental Health and Safety

A) Repeat occurrence: 01 No  02 Yes; total incidents 03 Two  04 Three  05 Four  06 Five  07 Over Five

B) Were more than two (2) workers injured in this accident? (If so, complete a separate form for each employee) 01 Yes  02 No

C) Comments:

SIGNATURE       DATE   /   /
ACCIDENT REPORT FOR UNIVERSITY VEHICLES

TO: Ms. Patricia Aldridge  
Director, Contracting Management - Mail Stop 1101

Date of Accident _______ Time _______ Location ________________________________

UNIVERSITY VEHICLE

<table>
<thead>
<tr>
<th>Year</th>
<th>Type of Vehicle</th>
<th>Vehicle Registration</th>
<th>University Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Driver's Name ___________________ Address ___________________ Age ___ Sex ___

Driver's License Number __________ Department ________________________________

Speed at Time of Accident _______ Speed Limit _______ Vehicle Removed to __________ Approximate Cost to Repair Vehicle _______

If University vehicle was not on University property, state why ______________________________________

OTHER VEHICLE

<table>
<thead>
<tr>
<th>Year</th>
<th>Type of Vehicle</th>
<th>Vehicle Registration</th>
<th>University Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Driver's Name ___________________ Address ___________________ Age ___ Sex ___

Owner's Name ___________________ Address _______________________

Vehicle Removed to ___________________ Approximate Cost to Repair Vehicle _______

Is driver or owner covered by liability insurance? ____ If so, name of insurance company ________________________________

Damage to property other than vehicle ______________________________________

Name object, shop ownership, and state nature of damage ______________________________________

List Casualties -  
Name: ___________________ Address: ____________________________

Name: ___________________ Address: ____________________________

List Witnesses -  
Name: ___________________ Address: ____________________________

Name: ___________________ Address: ____________________________

Tickets issued to ___________________ Charge _______________________

Describe what happened ________________________________

__________________________________________________________

Date _______  
Signature of University Driver ___________________  
Signature of Department Head ________________________

Submit  
1 copy to Department Head  
1 copy to General Counsel
Incident Report Form
(for No Lost Time and No Medical Cost ONLY)

<table>
<thead>
<tr>
<th>Last Name:</th>
<th>First Name:</th>
<th>Sex:</th>
<th>Date of Birth: (MM/DD/YY)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>☐ F</td>
<td>☐ M</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Department:</th>
<th>Supervisor's Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Briefly describe what happened:

<table>
<thead>
<tr>
<th>Date of Incident: (MM/DD/YY)</th>
<th>Time of Incident:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>☐ a.m. ☐ p.m.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Part of Body Involved:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

Location of Incident:

<table>
<thead>
<tr>
<th>Cause of Incident:</th>
<th>Was a safety rule violated?</th>
<th>Date Reported (MM/DD/YY)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>☐ Yes ☐ No</td>
<td></td>
</tr>
</tbody>
</table>

Safety Coordinator's Actions:

Department Phone Number:  
Point of Contact:

Please send this form to EH&S at Mail Stop 1090, Room 303, Drake Hall.
TTU DEPARTMENTAL
SAFETY ACTIVITY REPORT

Safety Coordinator: ________________________

Department: ____________________________

Mail Stop: _____________________________

Subject: Safety Activity Report for FY ______.

**NOTE:** Please fill out all the blanks. If you have any questions, please call our office at 742-3876. When completed, fold so the address on back the shows & mail to EH&S.

1. Number of departmental employees as of the last day of the fiscal year for which you are reporting. This is calculated as follows:

   Number of full-time employees
   Number of part-time employees + 2
   Total

   ______
   + ______
   = ______

2. Safety training for fiscal year:
   A. Number of classes conducted
      ______
   B. Number of employees trained
      ______

3. Safety committee meetings conducted this fiscal year
   ______

4. Number of accidents reviewed by departmental accident review board for fiscal year reporting
   ______

Signature of Safety Coordinator ________________________ Date __________

Signature of Department Head or Director ________________________ Date __________

Signature of Administering Vice President ________________________ Date __________

Form SAR-93