

USO

Providing Support & Direction for Safety

Achieving 100%

Compliance in Safety Training

Required Training

How to accomplish it

Documenting

All forms of training

Reporting

Injuries & Hazards

Data at your fingertips

Manage it on the web

May 2017

<i>Training Levels</i>	<i>4</i>
<i>Documentation</i>	<i>11</i>
<i>Report It</i>	<i>13</i>
<i>Go Online</i>	<i>18</i>
<i>Safety Divisions</i>	<i>29</i>

Guide

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Unit Safety Officers play a vital role in Texas Tech University Health Sciences Centers El Paso (TTUHSC El Paso) commitment to provide a healthy, safe workplace and environment for all employees, students, patients, and visitors. Each campus Safety Services El Paso office counts on Unit Safety Officers (USOs) to help keep each department safe and in compliance with prescribed protocols, safety regulations and work practices.

The USOs program was established in 1986 to assist each Department Head in implementing and managing the Safety Program within their department to help prevent incidents and injuries. Every year Department Heads appoint a Unit Safety Officer (USO) for their department(s) to work as a liaison with the campus Safety Services El Paso office.

USO Responsibilities

A USO may be responsible for the organization of safety activities for one or several departments. There are seven main USO responsibilities:

1. Coordinate **safety training activities** for employees and students within the department, maintaining necessary records
2. Coordinate planning, documentation, notification, and evacuation **procedures for Code emergencies**
3. Conduct a yearly **Health and Safety Review** in another department(s)
4. Coordinate **Hazard Reporting Program** activities within the department
5. Provide direction on **reporting and investigation procedures on all incidents and injuries** within the department
6. Coordinate **other safety-related activities** within the department such as Fire Emergency Response Training, departmental safety meetings, etc., as necessary, to prevent incidents and injuries
7. Participate in **USO training sessions/meetings** organized by the campus Safety Services El Paso office such as New Unit Safety Officer Orientation, annual USO Conference, Fire Safety Class, etc.

To keep track of these various responsibilities, a USO Checklist is available in this guide (See [Appendix A](#)) and also on the Safety Services El Paso web site. This USO Checklist will help USOs determine what activities must be completed initially, monthly, yearly and on a continuous basis.

USOs coordinate year-round safety training activities for employees within their department. There are different levels of safety training that are required of all (TTUHSC El Paso) employees. Let's look at a brief summary of each level of training before looking at each level in detail.

Required Training Levels Synopsis

Level 1 Regulatory Overview Training is required upon initial employment and includes information and explanations of applicable federal, state, local, and TTUHSC El Paso policies, procedures, regulations, and standards regarding safety issues. Level 1 training must incorporate a method, such as an exam, for assuring that employees assimilated key training elements. This training is required for all new employees regardless of their FTE or job title and should be completed within the first 30 days of employment.

Level 2 Site-Specific Training is conducted by the supervisor and involves detailed explanations of how the policies and procedures explained in Level 1 are applied in the employee's specific work environment. This training should be completed within 5 days of completing New Employee Orientation.

Level 3 Technical Skills Demonstration, also conducted by the supervisor, involves giving the employee the opportunity to demonstrate to the supervisor that they fully understand and are able to implement the policies and procedures learned in Levels 1 and 2.

Level 4 Refresher Training is conducted by the Safety Services El Paso Department in conjunction with supervisors and Unit Safety Officers to provide a review of and retraining on relevant topics covered in the initial program, as well as an update on any new or revised policies or procedures. Level 4 Refresher training must be completed annually for all five areas of safety training by every employee with use of proficiency examinations highly encouraged.



New Employees must complete their Level 1 and Level 2 training within the first 15 days of employment.

Current employees must complete their Level 4 Refresher training by the end of the fiscal year.

Level 1 Regulatory Overview Training (NESOP)

Level 1 training, also known as the *New Employee Safety Orientation Program* (NESOP), shall be completed in five different areas: Accident Prevention, Emergency Procedures, Infectious Disease Exposure Policy, Right-to-Know Law, and Safety Programs within 15 days or employment (HSCEP OP 75.01)

Accident Prevention and Reporting (AP) training includes general safety principles and methods for TTUHSC El Paso employees to report occupational injury and/or illness.

Emergency Procedures (EP) training includes fire prevention measures, as well as appropriate responses to fire, disaster, bomb threat, severe weather, assault or any other emergent situations.

Infectious Disease Exposure Prevention (IDEP) training provides an overview of infection control methods, as well as immunizations, medical surveillance and post exposure care as outlined in TTUHSC El Paso OP 75.11.

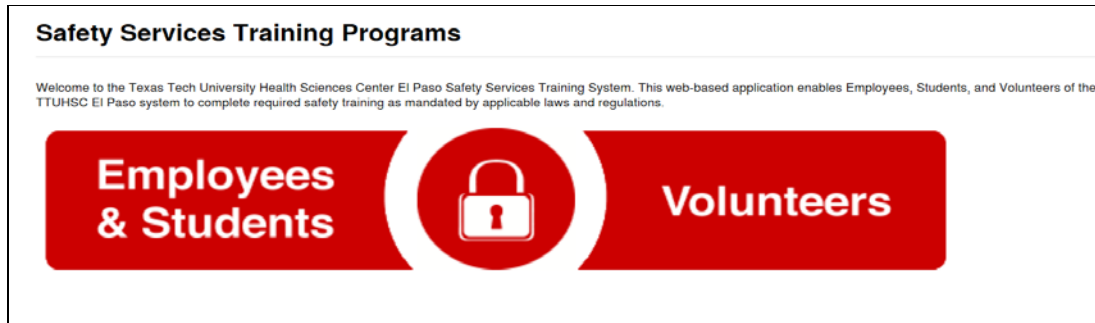
Texas Hazard Communication Act / Right-to-Know Law (RTK) training includes an overview of the law and employee rights and responsibilities regarding hazardous chemicals to which they may be exposed either during their normal employment activities, during emergency situations, or as a result of proximity to the use of those chemicals.

Safety Programs (SP) training includes information about various TTUHSC El Paso programs designed to increase the safety of its employees, such as various safety committees, laboratory safety, radiation safety, environmental safety, pest control program, and hazard reporting programs.

*New Employees Must Complete
NESOP Level 1 courses in
AP, EP, IDEP, RTK, & SP
within 15 days*

Level 1 training, NESOP, is completed online at:
<http://elPaso.ttuhs.c.edu/safety/training.aspx>

After signing in with the *eRaider username* (see picture below), the employee will be able to see and determine what safety training still needs to be completed.



Employees will receive credit for NESOP Level 1 by completing 5 online courses and by passing each 10-question exam with at least an 80% passing score.

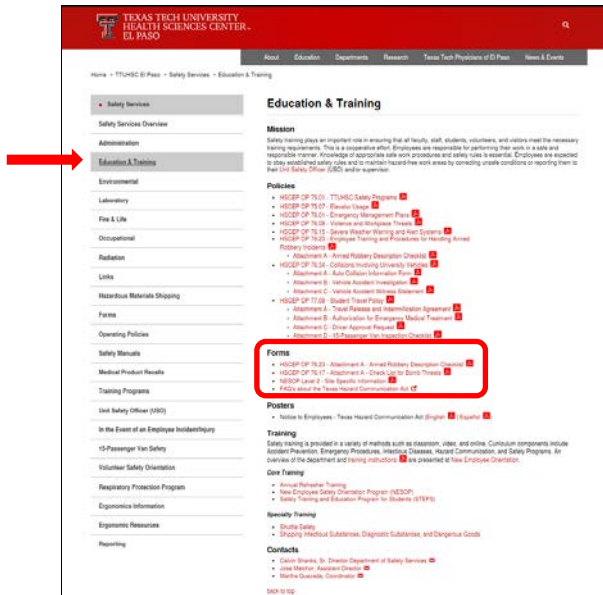
For a NESOP Login Instruction Sheet for employees, see [Appendix B](#).

Level 2 Site Specific Information

Level 2 Technical Knowledge Training provides information on the identification and control of hazards in particular work environments. This training includes, but is not limited to: (1) work practices by which the employee can minimize risks from hazards, including the use of engineering controls, equipment, and any new relevant safety technology or safety procedures; (2) information on the types of personal protective equipment, including limitations of materials and construction; limitations during temperature extremes, heat stress, and other appropriate medical considerations; and inspection procedures prior to, during, and after use; (3) information on the proper use, location, removal, handling, decontamination and disposal of personal protective equipment; and (4) an explanation of the signs, labels, material safety data sheets, tags, and/or color coding systems used in the work area.

To properly document Level 2 training, all new employees shall complete the Level 2 Site-Specific Information worksheet at the job site location (see [Appendix C](#)). The form must be completed with the help of a supervisor and/or the USO. Upon completion the form must have a supervisor's or USO's signature and be mailed to the Safety Services El Paso department. All documentation will be kept in the Safety Services El Paso Office.

The Level 2 form may be obtained from the Safety Services El Paso web site:
<http://elPaso.ttuhsu.edu/safety/educationandtraining.aspx>



Click on Education and Training tab.

Go to Forms and find NESOP Level 2 form.

Printing a Safety Certificate

Employees who successfully complete NESOP Level 1 and Level 2 training may wish to print a certificate from the Safety Services El Paso web site for their records. To see a copy of a NESOP certificate see [Appendix D](#).

Letter Notification Process (NESOP Levels 1 and 2)

If an employee does not complete NESOP Level 1 and 2 training within their first month of employment, Safety Services El Paso will email multiple letters to remind employees to complete their NESOP training requirement. An **employee** will continue to receive email correspondence until training requirements are met.

The **USO** will also receive an email with a list of all employees who have not completed their NESOP Level 1 and/or NESOP Level 2 requirement. The email indicates which requirement is missing and show how many notifications the employee has received.

Department heads receive the email the USO receives if any of the employees on the list have received three or more notifications.

This is an administrative message from the Department of Safety Services Invitee Letter System.

The Invitee Letter System has sent emails to the following employees for the purpose of notification of delinquency in TTUHSC Safety Services Training. This email is intended for your records.

Note: **Red** indicates that the system **failed to find an email address for the employee and therefore could not send a notification.**

Anesthesiology Dept Lbk Genl

Employee Name	Letter Type	Previous Letters Sent
Hill, Elizabeth	BOTH	0
Lopez, Sabino	NESOP	2
Parikh, Nitin	BOTH	4
Vemulapalli, Rajesh	BOTH	0
Zhang, Yuchen	NESOP2	9

Letters Sent: 5, Failed to Send: 0

If an employee feels they have received a letter in error, please contact Safety Services El Paso at (915) 215-4820. The letter may have been sent before their record was updated in the system.

Level 3 Technical Skills Demonstration

Level 3 Site-Specific Technical Skills Demonstration, or hands-on training, involves the employee's ability to demonstrate the proper implementation of the skills learned in Levels 1 and 2. This includes, but is not limited to: (1) identification of site-specific safety, health, and other hazards present in the work area and means of controlling those hazards; (2) identification of specific signs and symptoms related to exposure to infectious or hazardous materials present on the site and procedures for reporting these signs and symptoms; (3) demonstrated safe use of engineering controls and equipment on site that may be used during the performance of work duties; (4) demonstrated ability to select, use, store, and maintain, including decontamination and disposal of, personal protective equipment specific to the job functions; (5) demonstrated understanding of the labeling system and material safety data sheets and how to obtain and interpret appropriate hazard information and create labels; and (6) demonstrate ability in emergency recognition and prevention, emergency first aid (as needed), safe distances, escape routes, and places of refuge. Documentation of Level 3 training must be mailed to: **Safety Services El Paso; 5001 El Paso Drive.**

Fire Drills



One common form of Level 3 training is Fire Drills. During Fire Drills, employees demonstrate their knowledge of proper evacuation procedures for a fire emergency (i.e. closing doors, following the pre-determined exit route, meeting in the designated location).

Fire Drill Signature List

Safety Services Training Programs
 Signature Sheet: Fire Drill (Code Red)
 Training Code: TEPO2
 USO: Mano Manem | Date Printed: 10/14/2015

Texas Tech University Health Services Center, Department of Safety Services, 3601 4th Street MS 9020, Lubbock, TX 79403

If you participated in the Code Red Fire Drill on Date: _____, please sign your name and check the box under the "Fire Drill" heading. If you also reviewed OP75.16b material, please check the box under the "OP75.16b" heading. Return to your USO: Mano Manem.

Note to USO Coordinator: Record this information as Emergency Procedures (TEPO2)
 For OP75.16b training credit please review the following: R.A.C.E., pull station locations, emergency phone numbers, evacuation routes, assigned meeting areas, patient/visitor movement, fire extinguisher location(s) & types, and P.A.S.S.
 USO: Please return original sheet with original, authentic signatures (no fvs, no copies, no stamped signatures). Retain a copy for your own records.

Employee Name	eNumber ID	Full Signature	Fire Drill	OP75.16b
(201531) Safety Service Lbk				
Bratcher, Heath	hebratch		<input type="checkbox"/>	<input type="checkbox"/>
Denison, Toni	tminick		<input type="checkbox"/>	<input type="checkbox"/>
Garza, Maria	mamendo		<input type="checkbox"/>	<input type="checkbox"/>

Using the USO Administrative Controls feature, a USO is able to quickly print a signature list for Fire Drill participants on the Safety Services El Paso web site:

http://elPaso.ttuhs.edu/elpsafetyservices/uso_admin_controls/sig_sheet.aspx

Evacuation Procedures for Code Emergencies

It is the USO's responsibility to determine appropriate emergency evacuation procedures for fire and severe weather emergencies. The USO determines what exit route(s) are best for the department and what reassembly areas or shelters are most appropriate for code emergencies. The campus Safety Services El Paso Fire Marshal is available for assistance if needed.

Fire Emergency Response Training for Employees

Since April 2006, USOs are required to conduct annual training for their department in the area of emergency fire response utilizing Attachment B of TTUHSC El Paso OP 75.16 (see **Appendix E**). During this training, USOs will review the following with their department employees:

- ⇒ Fire alarm pull stations
- ⇒ Reporting protocol
- ⇒ RACE procedure
- ⇒ Rescue and alarm activation system
- ⇒ Evacuation of patients and visitors
- ⇒ Exit Routes (primary and secondary)
- ⇒ Fire Extinguishers

USOs will be required to review the above items with employees at least once each year and send confirmation of this training to the Safety Services El Paso department. All training documentation will be kept in the Safety Services El Paso office. This training requirement can also be completed online on the Safety Services El Paso training web site: <http://elPaso.ttuhs.edu/safety/training.aspx> .



Fire Safety Classes for USOs

The Fire Marshal and/or the campus Safety Services El Paso department will offer Fire Safety Classes to USOs during the year to stay current with fire safety issues. USOs will be able to utilize this information as they conduct Fire Response Training with their department employees. During the Fire Safety Class, each USO will also be trained on how to operate a fire extinguisher using the PASS procedure, and evacuation procedures will be reviewed.

Level 4 Refresher Training

Level 4 Refresher Training must be completed each fiscal year, September 1st to August 31st, by each employee. Level 4 training includes: (1) review of and retraining on all 5 relevant topics covered in the initial program, AP, EP, IDEP, RTK, and SP [for examples of refresher training topics see [Appendix F](#)] (2) update on developments with respect to material covered in the initial course; (3) review of changes to pertinent standards or laws; and (4) introduction of additional subject areas as appropriate.

Delivery Methods

Each USO will decide which method to use to complete Refresher Training. Safety training can be delivered using one or a combination of formats, including:

Printed Materials such as pamphlets, brochures, and/or handouts that are distributed to Unit Safety Officers every other month for circulation among departmental personnel.

Customized training provided by the Safety Services El Paso Education and Training division that has been designed to meet the needs of the requesting department.



Videotapes covering various required safety training topics are available and can be checked out at any time from the Safety Services El Paso office by calling (915-215-4820).

Lecture Presentations provided by Safety Services El Paso personnel or other qualified professionals may also be used to meet training requirements. Approval for training credit must be obtained from the Safety Services El Paso Manager of Education and Training (915-215-4820).

Computer Based Training provided by reputable sources such as Centers for Disease Control, National Safety Council, etc. can be used; however, approval for training credit must be obtained from the Safety Services El Paso Manager of Education and Training (915-215-4820).

Online Training programs are available in each of the five required training areas. Each course can be taken independently and includes a post-test. These courses are available to all employees for yearly refresher training requirements. To see these courses, log in to the Safety Services El Paso training website: <http://elPaso.ttuhs.edu/safety/training.aspx>

After signing in with their eRaider username and password, the employee can then choose which course(s) they would like to complete for Refresher Training credit. (See [Appendix G2](#) for Login Instructions to TTUHSC El Paso Safety online Refresher Training.)

The employee will see green checkmarks  and documented training dates by those training requirements that are complete and red X's  by those courses that still need to be completed.

Signature List(s) Requirements

In order for an employee to receive credit for refresher training, the USO must submit an *original* signature sheet that identifies the type of training the employee(s) completed. ***Faxed or emailed copies are not acceptable.*** The only time a signature sheet is not needed is when employees complete their refresher training online from the Safety Services El Paso web site.

If Safety Services El Paso sends a pamphlet to be used for training, a USO has the ability to automatically generate one by accessing the Administrative Controls USO function on the Safety Services El Paso web site and choosing “Signature Sheets” from the “My (USO) Documents” drop down menu ([see page 26-27](#))

Pamphlet signature sheets are designed to display only the names of employees who have not completed training. Therefore, partially completed signature sheets can be always be turned in even if all signatures are not obtained. A new signature sheet can be printed at any time.

In order to receive credit for training, signature sheets must include the following:

1. Employee Name
2. Eraider Username
3. Date
4. Title of program, brochure, video, etc.
5. Full Signature by employee

NOTE: The signature sheet that is turned in must be the *original* signature list; no copies, faxes or emails are accepted.

***Must have ORIGINAL signatures.
Must be LEGIBLE.***

Signature sheets should be turned in as soon as possible, preferably by the end of each month, so that the data is recorded in an efficient manner. Recording training data is important, especially at the end of every quarter when Safety Compliance Reports are generated and distributed to all campus sites.

Safety Training Compliance Reports

Safety training compliance reports will be emailed to department heads in each regional campus both the third and last quarter of the fiscal year. The quarterly report will reflect all Safety Training completed from the beginning of the fiscal year to the end of the respective quarter. The report will show compliance numbers for both NESOP (Level I and II) training and Refresher Training in all five areas.

USOs and department heads can access real-time Compliance Quarterly Reports any time through the USO Administrative Controls system on the web site:

https://idp.ttuhs.edu/cas/login?service=http%3a%2f%2felPaso.ttuhs.edu%2felpsafety%2fservices%2fuso_admin_controls%2findex.aspx .

Compliance Quarterly Report

Active Employees	Nesop Level 1 & 2			Compliance (All Employees)	Refresher Training Level 4									
	C O M P L E T E D Level 1	Level 2	Both 1 & 2		Training Goal: Nov-25% Feb-50% May-75% Aug-100%									
	*AP	EP	IDEP	RTK	SP	AVG								
16	15	16	15	93.75%	16	16	16	16	13	96.25%				

Notice the Compliance Quarterly Report indicates the total number of active employees in the department, compliance percentage for NESOP, and compliance percentage for annual Refresher training.

Required Specialized Training

As new employees are hired, the USO should make sure that the employee fulfills the NESOP Level 1 and 2 requirements. The USO should also inform each employee about radiation and laboratory training requirements if the employee will be working in those environments.

RADIATION TRAINING

Any employee, student, or volunteer working in a radiation designated laboratory must complete the radiation short course with an 80% or better. In addition, those working in the radiation designated lab must be monitored for radiation exposure. If there is any question as to whether a laboratory is designated as a radiation laboratory, please contact the campus Safety Services El Paso department.

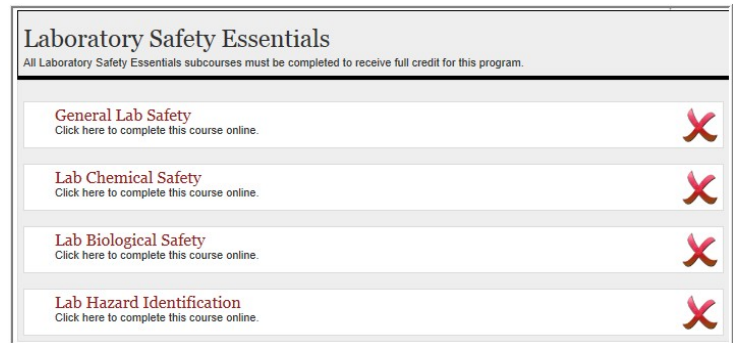
LABORATORY TRAINING

All lab personnel, including volunteers, must be trained before working in *any* laboratory. Lab safety training must be completed online at:

<http://elPaso.ttuhs.edu/safety/training.aspx>

The employee should sign in with their **eRaider username**, navigate down the page to the **Laboratory Safety Essentials** section, and complete all four modules which must be passed with an 80% or higher score.

(See **Appendix G3** for Login Instructions to Laboratory Safety Essentials.)



If there are any questions or concerns regarding Lab Safety Training, the Safety Services El Paso office should be contacted at (915) 215-4820.

SELECT AGENT TRAINING

All TTUHSC EL PASO personnel working in labs which possess federally regulated Select Agent Toxins must complete Select Agent training.

HAZARDOUS MATERIALS SHIPPING

All TTUHSC EL PASO personnel that ship or offer for shipment any infectious substances and/or hazardous materials such as chemicals, chlorine, alcohol, dry ice, pesticides, paint, mercury thermometers, etc. or dry ice must complete Hazardous Material training.

Incident Protocol

In the event of an incident or injury on TTUHSC EL PASO grounds, a USO should be prepared to act as a resource through awareness of institutional practices in order to properly direct all persons involved.

1st *Seek medical attention, if necessary. If EMS help is needed, designate a person and location to meet with the EMS responder(s).*

2nd *Report the incident or injury as soon as possible to your supervisor including occurrences that did not result in injury, lost time, or property damage.*

Reporting of Employee Incident/Injury

If an *employee* is involved in an incident and/or injured on the job, there are several forms that must be completed immediately, as soon as possible:

- A. **Supervisor** must complete and submit 2 forms:
 1. **Supervisor's Investigation of Employee's Accident/Incident** which can be found at: http://elPaso.ttuhsc.edu/opp/_documents/70/op7013f.pdf or see **Appendix H**
 2. **First Report of Injury/Illness/Accident form** – which can be found at: http://elPaso.ttuhsc.edu/opp/_documents/70/op7013a.pdf or see **Appendix I**
- B. **Employee** must complete and submit 3 forms:
 1. **Employee's Report of Injury** – which can be found at: http://elPaso.ttuhsc.edu/opp/_documents/70/op7013b.pdf or see **Appendix J**
 2. **Authorization for Release of Information** – which can be found at: http://elPaso.ttuhsc.edu/opp/_documents/70/op7013c.pdf or see **Appendix K**
 3. **Employee's Election Form** – which can be found at: http://elPaso.ttuhsc.edu/opp/_documents/70/op7013e.pdf or see **Appendix L**

By preference all forms are to be turned in to Human Resources. If, forms are sent directly to the TTUSORM office. **All forms must be ultimately sent to Texas Tech University System Office of Risk Management (TTUSORM) Mail Stop 2003, , Texas (Fax# 806 - 742-3018).** See **Appendix O, P, Q, or R** for more campus-specific information.

Note: Additional forms may be required depending on nature and location of incident/injury.

For more information, please go to TTUSORM web site: www.texastech.edu/riskmang/ or review HSC OP 70.13, Workers' Compensation Insurance on the web site: [www.TTUHSC EL PASO.edu/HSC/OP/OP70/op7013.pdf](http://www.TTUHSC_EL_PASO.edu/HSC/OP/OP70/op7013.pdf) .

Reporting of Patient, Visitor, Student, or Volunteer Incident/Injury

INCIDENT in NON-CLINICAL AREA

Upon observing or being informed of a visitor, patient, or student incident / injury in a **non-clinical area**, employees shall follow the procedure set forth in the HSC OP 75.14a "Non-Employee Incident/Injury Response Flow Diagram" found on this web site: [www.TTUHSC EL PASO.edu/HSC/OP/OP75/op7514a.pdf](http://www.TTUHSC_EL_PASO.edu/HSC/OP/OP75/op7514a.pdf)

GENERAL PROCEDURE for NON-CLINICAL AREA

1. If the individual is unconscious or incoherent, **DO NOT MOVE THE INDIVIDUAL**. CALL 911 immediately from any campus phone.
2. Call campus Police (TT PD) and call the Safety Services El Paso office.

Campus	Texas Tech Police	Safety Services El
El Paso	915-215-7111	915-215-4820

3. If the individual is conscious. Ask “Do you need to go to the Emergency Room?” If the response is “YES”, CALL 911 immediately from any campus phone. Then call the campus Safety Services El Paso office.
4. Employee must complete a **NON-EMPLOYEE INCIDENT/INJURY REPORT FORM** and forward it to the campus Safety Services El Paso office. The form can be found at: www.TTUHSC.ELPASO.edu/HSC/OP/OP75/op7514b.pdf or see **Appendix M1**.
5. If there are any witnesses, the **TTUHSC EL PASO Witness Statement** must be completed and forwarded to the campus Safety Services El Paso office. The form can be found at: www.TTUHSC.ELPASO.edu/HSC/OP/OP75/op7514c.pdf or see **Appendix M2**.

INCIDENT in CLINICAL AREA

Incidents / injuries occurring in TTUHSC El Paso clinical areas and TTUHSC El Paso students performing practicum clinical training at other locations shall use the School of Medicine Ambulatory Clinic Policy No. 8.04 found on this web site:
http://elPaso.ttuhs.edu/opp/_documents/EP-8/EP-8-4.pdf

GENERAL PROCEDURE for CLINICAL-AREA INCIDENT

If a patient, visitor, student, or volunteer incident/injury is in a *clinical area*:

1. An **OCCURRENCE REPORT** shall be completed. The form can be found at: http://elPaso.ttuhs.edu/opp/_documents/EP-8/EP-8-4A.pdf or see **Appendix N**.
2. All Occurrence Reports need to be submitted to the Department of Safety Services El Paso.

Incident/Injury Reporting



Knowing what to do in case of an incident/injury is important. Safety Services El Paso has developed an Incident Reporting flow diagram to help all employees know what to do in case an employee or non-employee does get hurt. See **Appendix P** for El Paso.

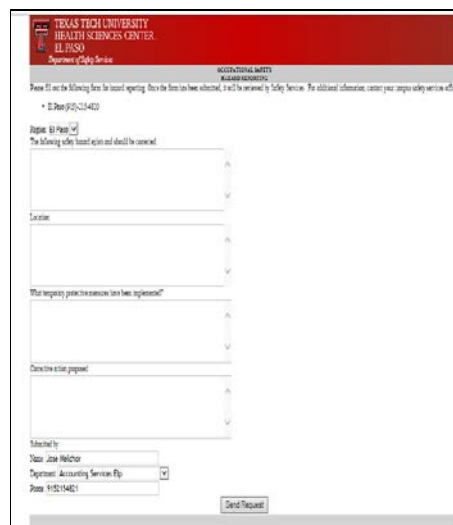
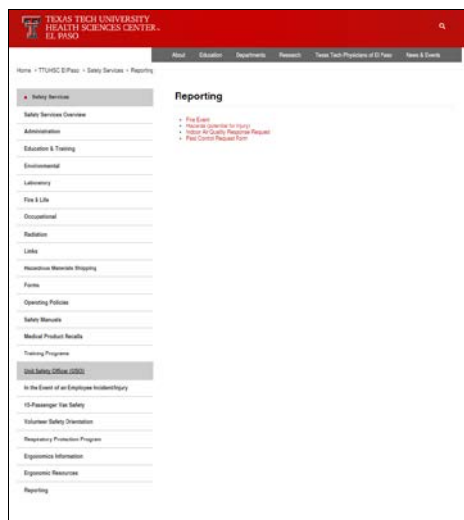
Hazard Reporting Program

The role of a Unit Safety Officer is crucial in creating a safe workplace environment. It is important that the USO take the lead by reporting any hazardous conditions and encouraging others to do the same. Examples of hazardous conditions one should report include:

- o torn carpet,
- o burned out exit signs,
- o puddles of water on the floor,
- o frayed electrical cords,
- o cords lying across a room creating a tripping hazard,
- o missing fire extinguishers.

Reports can be made 2 ways:

1. Call the Safety Services El Paso department at 915-215-4820
2. Submit a report online on the Safety Services El Paso web site: <http://elPaso.ttuhsoc.edu/safety/reporting.aspx> by clicking **Reporting** on the left navigation bar. Then click **Hazards (potential for injury)**. The 2 screens you will see are as follows.



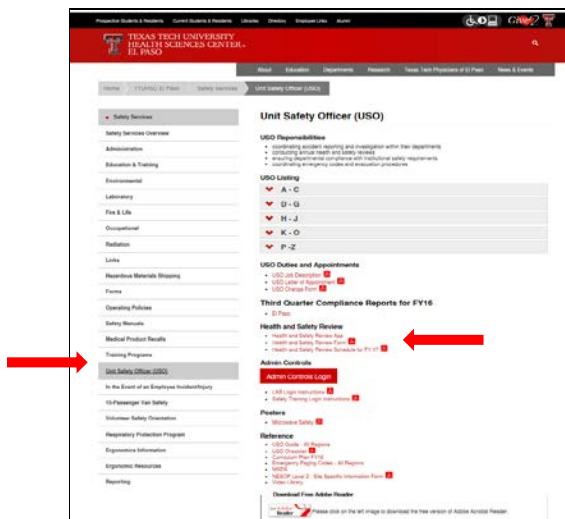
Once a hazard is reported, Safety Services El Paso investigates and then takes appropriate steps toward remediation by making recommendations to appropriate parties to rectify the condition.

Health and Safety Review

Each fiscal year, the Unit Safety Officer will conduct a Health and Safety Review of a department whose work areas are similar to their own department. The purpose of the program is to review for safety deficiencies throughout Health Sciences Center facilities and to monitor corrective action. It is also intended as an opportunity to comment on those areas where safety procedures do meet or exceed safety standards.

The Health and Safety Review form a USO must use can be found at this web site: http://elPaso.ttuhs.c.edu/safety/_documents/HS%20Review%20Form%20Updated%2006-06-2016.pdf or see **Appendix S**.

The Health and Safety Review schedule can be either viewed on the Safety Services El Paso website http://elPaso.ttuhs.c.edu/safety/_documents/FY17HealthSafetyReviewSchedule.pdf or the schedule can be obtained from the campus Safety Services El Paso department.



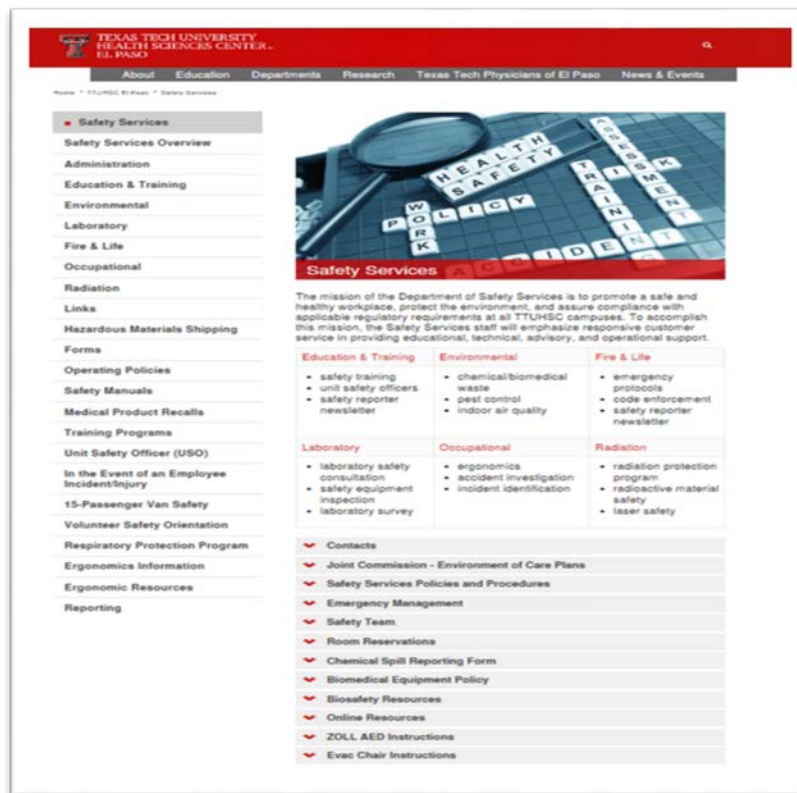
1. After logging in to the web site, click on Unit Safety Officer on the left navigation bar.

2. Scroll down to Health and Safety Review. The Calendars and form itself are available here.

Health and Safety Review Assistance for USOs

After having reviewed the Health and Safety Reviews information found in the TTUHSC El Paso Safety Manual on the Safety Services El Paso web site: <http://elPaso.ttuhs.c.edu/safety/uso.aspx>, USOs who feel that they may require additional assistance or clarification of certain information may call the Safety Services El Paso office and/or the Occupational Safety Division of Safety Services El Paso for clarification or consultation.

Web Site Overview



<http://elPaso.ttuhs.c.edu/elPaso/safety/>

The Department of Safety Services El Paso has developed an excellent web site that provides users with an abundance of safety information and resources including:

- ⇒ Chemical Safety Data Sheets (SDS)
- ⇒ Ergonomic Consultation Request

TTUHSC EL PASO employees can access Safety Services El Paso-related information including:

- ⇒ Employee, Student, and Volunteer Safety Training
- ⇒ Safety Manual and Handbook
- ⇒ Operating Policies
- ⇒ Safety-related forms


Reporting, ordering, and transferring processes have been automated including:

- ⇒ Hazard Reporting and Fire Event Reporting
- ⇒ Pest Control Request Form
- ⇒ Indoor Air Quality Response Request
- ⇒ Lab Alcohol Ordering
- ⇒ Notification of Intent to Ship Hazardous Materials
- ⇒ Disposal of: Prescription drugs/Medication, Chemicals, Narcotics, Radiation Waste

Chemical Safety Data Sheets (SDS)

Safety Services El Paso provides a link to an online chemical data management system called the *SIRI MSDS Index*. Once in the system, a search can be conducted for the Safety data Sheet (SDS) of a chemical. The system can be accessed through the Safety Services El Paso website: <http://siri.org/msds/>. Once on the Safety Services El Paso web site, click on *SDS/Chemical* on the left navigation bar. Then click on *SDS Resource*.

- Once on the site, type in a chemical name and click on search.



[SIRI Home](#) | [UVM Safety Resources](#) --SIRI MSDS Index--

Is an MSDS needed?

If so, first, check for an MSDS direct from the manufacturer:

ALL 0-9 A B C D E F G H I J K L M N O P Q R S T U V W X Y Z
To be included in this index, send the URL of your company's MSDS site to dsu@siri.org

Second, search our database

Enter whole or partial words or numbers in the company, product name, or the CAS or NSN. (Note: we do not control the contents of these MSDS's, which are available in the public domain from the federal government)

Find: Partial words NSN
 Whole words only

Need chemical toxicity data?

You can Search Toxicology Reports here as well (These are NOT MSDS's)
Do NOT enter a company or mixed-product name for this search.
Enter one or more words or from the chemical name, chemical trade name, or the CAS or RTECS number.

Find: Partial words
 Whole words only

There are several other resources available to find an SDS, including the chemical manufacturer.

USO Web Interface

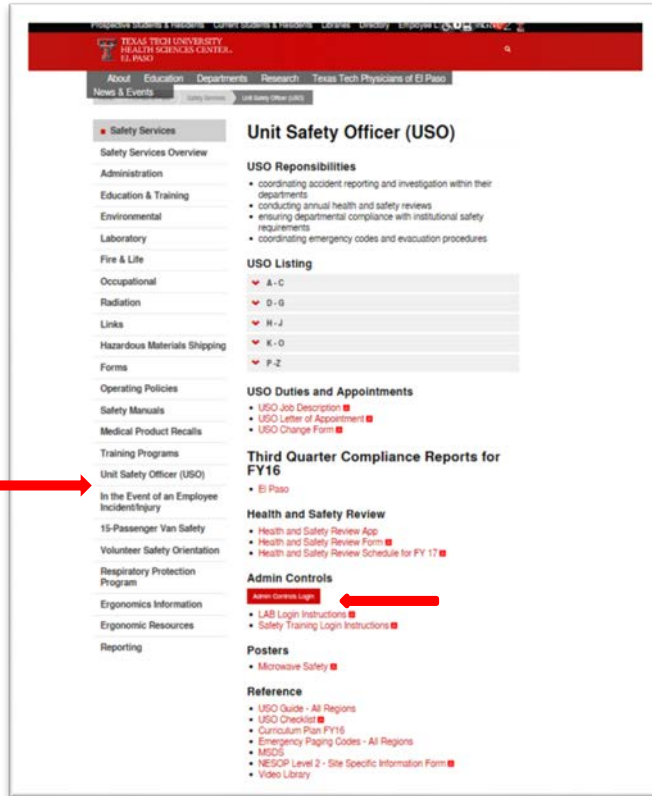
A USO Web interface has been developed on the Safety Services El Paso web site: http://elPaso.ttuhs.edu/elpsafetyservices/uso_admin_controls/login.aspx to monitor, implement, and oversee safety training for their department(s). The USO has access to departmental employee training information, employee injury resources, an online USO Orientation, and USO Administrative Controls.

Administrative Controls



Administrative Controls is an online interface to access employee safety training records. Each USO has the ability to view and/or print:

- ⇒ Safety Training Participation Reports
- ⇒ Overall safety training transcripts
- ⇒ Compliance Quarterly Report
- ⇒ Signatures sheets for various types of training
- ⇒ Current employee roster




The login process begins once the USO clicks the Administrative Controls button. The pages that follow outline the Administrative Controls login process or see [Appendix T](#).

USO Page Login Instructions

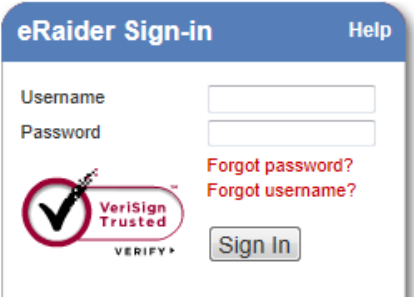
After logging in to the USO web site:
http://elPaso.ttuhsu.edu/elpsafetyservices/uso_admin_controls/login.asp and clicking on the Admin Controls Button, these steps will follow.

STEP 1: Click eRaider Sign In button.



STEP 2: Type in eRaider username and password.

Once the USO is logged into the system, the following menu will list various options:



Administrative Controls MENU

Administrative Controls MENU
 Department Tools/ My (USO) Documents /Contact Safety Services El Paso



Department Tools Link-Unit Management

The USO has the ability to track the progress of employee safety training easily by utilizing the **Unit Management** feature under the DEPARTMENT TOOLS link. Core required training, namely NESOP Levels 1 and 2, and Refresher training information compliance status is displayed safety automatically. Using this feature, a USO has the ability to customize what training data is displayed by creating different views. By clicking on the “+Add a Course” button, a USO is able to pull training data for all the safety courses listed. See below.

The screenshot shows the 'Unit Safety Officer ADMIN CONTROLS' interface. At the top, it displays 'Texas Tech University Health & Safety Center' and 'Department of Safety Services'. Below this, there are navigation links for 'Department Tools', 'My (USO) Documents', 'Contact Safety Services', and 'Logout'. The main content area is titled 'Unit Compliance and Training Transcripts' and includes a note about the application's purpose and a warning about browser compatibility. Below the note, there is a summary for 'Safety Service ELP' showing 100% compliance for NESOP, NESOP2, and Refresher Training. A table follows, listing employees and their training dates for various courses (REP AP, REP EP, REP IDEP, REP BTR, REP DP).

Unit/Event Name	REP AP	REP EP	REP IDEP	REP BTR	REP DP
Chacon, Richard	9/10/2010	9/10/2010	9/10/2010	9/10/2010	9/10/2010
Lorell, Jacqueline	9/22/2010	9/22/2010	9/22/2010	9/22/2010	9/22/2010
Mathor, Jose	9/2/2010	9/2/2010	9/2/2010	9/2/2010	9/2/2010
Quezada, Martha	9/9/2010	9/9/2010	9/9/2010	9/9/2010	9/9/2010
Total: 4					

Unit Management-Email Reminders

USOs can send their employees email reminders for incomplete training utilizing the Unit Management screen. Red colored boxes indicate training is not complete. A USO can choose to send an email reminder to either one employee or to all employees who are missing training for one safety course at a time. Clicking on an individual red box will bring up the option of sending the employee an email “*Send Email Reminder*”. Clicking on the course heading will bring up the option of sending a reminder email to all employees who are missing that particular training “*Send Incomplete Course Reminders*”.

The screenshot shows the 'Safety Service Lbk' interface. At the top, it displays 'NESOP Compliance: 97.5%', 'NESOP2 Compliance: 100%', and 'Refresher Training Compliance: 100%'. Below this, there are links for 'Current View: Not Saved (Modified)' and 'Saved Views'. The main content area is a table with columns for 'Last, First Name', 'NESOP', 'LSE', 'REF', and '+ Add a Course'. The table lists employees and their training dates for various courses. A callout bubble points to the 'REF' column heading, stating 'Click on course heading to send incomplete reminders.' Another callout bubble points to a red box in the 'REF' column for the employee 'Alaman, Jennifer', stating 'Click on red box to send email to employee.' A third callout bubble points to a red box in the 'REF' column for the employee 'Goodman, Darla', stating 'Click on red box to send email to employee.' A fourth callout bubble points to a red box in the 'REF' column for the employee 'Hamilton, Marlin', stating 'Click on red box to send email to employee.' A fifth callout bubble points to a red box in the 'REF' column for the employee 'Alaman, Jennifer', stating 'Click on red box to send email to employee.' A sixth callout bubble points to a red box in the 'REF' column for the employee 'Goodman, Darla', stating 'Click on red box to send email to employee.' A seventh callout bubble points to a red box in the 'REF' column for the employee 'Hamilton, Marlin', stating 'Click on red box to send email to employee.'

Last, First Name	NESOP	LSE	REF	+ Add a Course
Alaman, Jennifer	11/1/2007 1/17/2012	11/9/2007 1/18/2012	3/21/2012	
Goodman, Darla	11/7/2007	12/26/2007	3/22/2012	
Hamilton, Marlin	4/13/2010	n/a		

Unit Management-Training Transcripts

While in the Unit Management screen, a USO can view and/or print a training transcript that shows training dates for all completed core required safety training, for specialized training such as radiation and laboratory training, and for any other completed safety courses. Follow the steps below to access the training transcript.

STEP 1: Click on any employee's name to access their training transcript.

Physical Plant Lbk	
NESOP Compliance: 100% NESOP2 Compliance	
Current View: YEAR END Saved Views	
Last, First Name	
Castellano, Johnny	6/2
Flores, Angela	12/2
Lopez, Kathryn	4/2
MacPhie, Stephen	1/2

STEP 2: Click on *Training Transcript*.

Physical Plant Lbk	
NESOP Compliance: 100% NESOP2 Compliance	
Current View: YEAR END Saved Views	
Last, First Name	
Castellano, Johnny	6/2
Flores, Angela	12/2
Lopez, Kathryn	4/2
MacPhie, Stephen	1/2

STEP 3: Click on the box with the employee's name that has appeared under the compliance percentages to open that employee's transcript using Microsoft Excel.

Physical Plant Lbk	
NESOP Compliance: 100% NESOP2 Compliance:	
Download Kathryn_Lopez Transcript	
Current View: YEAR END Saved Views	
Last, First Name	
Castellano, Johnny	6/2
Flores, Angela	12/2
Lopez, Kathryn	4/2
MacPhie, Stephen	1/2

STEP 4: View and/or print transcript.



A	
1	Kathryn Lopez
2	ID: R00040295
3	Email Address: kathy.lopez@ttuhsc.edu
4	Department: Physical Plant Lbk
5	Position Title: Research Asst - Grad Student
6	New Employee Safety Orientation Program - NESOP Level I
7	Accident Prevention 4/25/2011
8	Emergency Procedures 4/25/2011
9	Infectious Disease Exposure Policy 4/25/2011
10	Right-to-Know / Hazard Communication Act 4/25/2011
11	Safety Programs 4/25/2011
12	Nesop Level II - Complete: 6/1/2011
13	Current Employee Refresher Training
14	Accident Prevention
15	Hazard Recognition and Control 3/5/2012
16	Infectious Disease Exposure Policy
17	Infection Control Essentials Every Action Counts 12/13/2011
18	Right-To-Know / Hazard Communication Act
19	Real Life Hazard Communication For Schools 11/30/2011

Department Tools Link-Compliance Quarterly Report

Safety training compliance reports will be mailed to department heads both the third and last quarter of the fiscal year. The quarterly report will reflect all Safety Training completed from the beginning of the fiscal year to the end of the respective quarter. The report will show compliance numbers for both NESOP (Level I and II) training and Refresher Training in all five areas.

USOs can access real-time Compliance Quarterly Reports that can be viewed or printed any-time. The report looks as follows:

Compliance Quarterly Report

Active Employees	Nesop Level 1 & 2				Refresher Training Level 4							
	C O M P L E T E D Level 1	Level 2	Both 1 & 2	Compliance (All Employees)	Training Goal: Nov-25% Feb-50% May-75% Aug-100%							
	*AP	EP	IDEP	RTK	SP	AVG						
16	15	16	15	93.75%	16	16	16	16	13	96.25%		

Notice the report indicates the total number of active employees in the department, compliance percentage for NESOP, and compliance percentages for annual Refresher training.

Department Tools Link-Compose Department Email

USOs have the ability to compose and send an email to all departmental employees.



New USOs can utilize this feature to introduce themselves as the new USO for the department. New USOs can also let the department know which safety training Refresher option(s) have been chosen for the department. Deadlines for training completions can also be communicated. USOs are also able to use this feature to notify their department when a Health and Safety Review will be conducted in their department. Throughout the year, the USO is able to share what progress is being made with compliance percentages for both NESOP and Refresher training.

My (USO) Documents Link-USO Document Repository

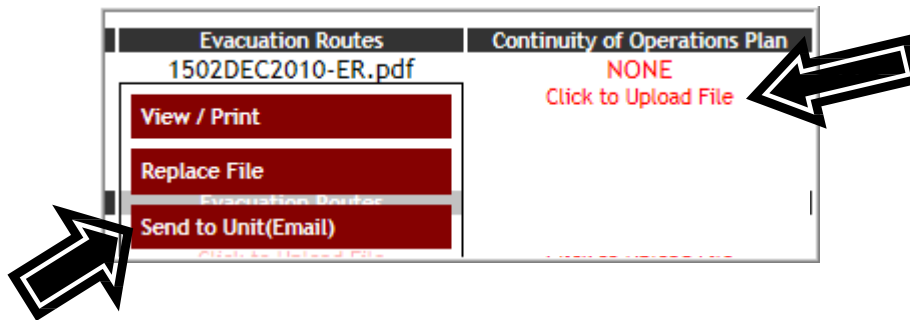
The “My (USO) Documents” link pulls up two options for the USO:

1. **USO Document Repository**
2. **Signature Sheets**

The **USO Document Repository** link allows USOs to upload and save 4 files.

Severe Weather Plan	Emergency Call List	Evacuation Routes	Continuity of Operations Plan
----------------------------	----------------------------	--------------------------	--------------------------------------

Saving these types of files is optional. Once saved, with one click each document can be emailed to all employees in the department to keep them updated and current. By clicking on the words “**Click to Upload File**”, and then clicking on “**Send to Unit (Email)**”, each employee in the department receives the file that is selected.



Severe Weather Plan

Emergency plans for severe weather such as tornadoes, hail storms, heavy rain, etc. can be saved using this Document Repository feature.

Emergency Call List

Every department is encouraged to have a current list of employees with emergency phone numbers. Other contact numbers that may be needed during an emergency should be included as well.

Evacuation Routes

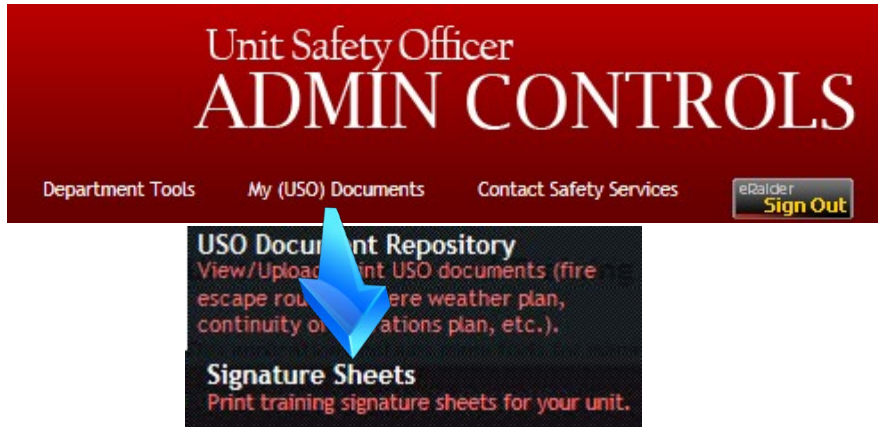
Some departments have to post evacuation routes in their work areas. These routes can be stored and then forwarded to all employees in the department.

Continuity of Operations Plan (COOP)

The COOP is a plan that addresses the main duties that are essential to your operation; those duties that would need to definitely continue even during an emergency event. The plan addresses how those duties would continue in an emergency.

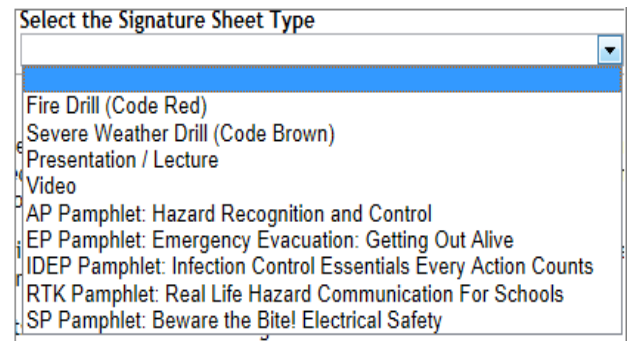
My (USO) Documents-Signature Sheets

Signature sheets are crucial to the accurate reporting of completed training requirements. To help the USO meet signature list(s) requirements, Safety Services El Paso has developed the online feature, **Signature Sheets**, under the **MY (USO) DOCUMENTS** link to print signature sheets for several different methods of training. The signature sheets will include a list of printed department employee names.



USOs can print signature sheets for:

- ⇒ Fire Drill (Code Red)
- ⇒ Severe Weather Drill (Code Brown)
- ⇒ Presentation / Lecture (must be pre-approved)
- ⇒ Video checked out from Safety Services El Paso office
- ⇒ Pamphlet (based on refresher curriculum)
The USO will be able to print a signature sheet for any one of the pamphlets used for the fiscal year curriculum.



Pamphlet signature sheets are designed to display only the names of employees who have not completed training in the category (AP, EP, IDEP, RTK, or SP) that the USO chooses. Therefore, partially complete signature sheets can be always be turned in even if all signatures are not obtained. A new signature sheet can be printed at any time.

NOTE: The signature sheet that is turned in must be the original signature list; no copies, faxes or emails are accepted.

Signature sheets should be turned in as soon as possible, preferably by the end of each month, so that the data is recorded in an efficient manner.

Examples of Signature Sheets

Fire Drill Signature List



Safety Services Training Programs

Signature Sheet: Fire Drill (Code Red)

Training Code: TEP02

USO: Mano Manem Date Printed: 10/14/2015

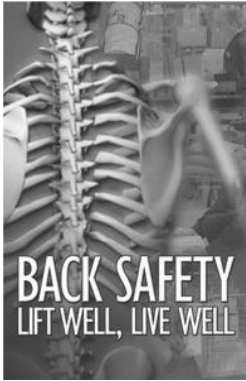
Texas Tech University Health Sciences Center, Department of Safety Services, 3901 4th Street MS 9020, Lubbock, TX 79430

If you participated in the Code Red Fire Drill on Date: _____, please sign your name and check the box under the "Fire Drill" heading. If you also reviewed OP75.16b material, please check the box under the "OP75.16b" heading. Return to your USO: Mano Manem.


Note to USO Coordinator: Record this information as Emergency Procedures (TEP02)
For OP75.16b training credit please review the following: R.A.C.E., pull station locations, emergency phone numbers, evacuation routes, assigned meeting areas, patient/visitor movement, fire extinguisher location(s) & types, and P.A.S.S.
USO: Please return original sheet with original, authentic signatures (no fax, no copies, no stamped signatures). Retain a copy for your own records.

Texas State Government Privacy Policies (Government Code), Revised 2/15/09
 1) With few exceptions, you are entitled on request to be informed about the information the state governmental body collects about you.
 2) Under Sections 552.001 - 552.025, you are entitled to review and receive that information, and
 3) Under Section 552.024, you are entitled to have the state governmental body correct information about you that is incorrect.

Employee Name	eRaider ID	Full Signature	Fire Drill	OP75.16b
(201531) Safety Service Lbk				
Bratcher, Heath	hebratch		<input type="checkbox"/>	<input type="checkbox"/>
Denison, Toni	tminnick		<input type="checkbox"/>	<input type="checkbox"/>
Garza, Maria	mamendo		<input type="checkbox"/>	<input type="checkbox"/>



Pamphlet example



Select the Signature Sheet Type

- Fire Drill (Code Red)
- Severe Weather Drill (Code Brown)
- Presentation / Lecture
- Video
- AP Pamphlet: Hazard Recognition and Control
- EP Pamphlet: Emergency Evacuation: Getting Out Alive
- IDEP Pamphlet: Infection Control Essentials Every Action Counts
- RTK Pamphlet: Real Life Hazard Communication For Schools
- SP Pamphlet: Beware the Bite! Electrical Safety

You may print additional signature sheets by selecting a pamphlet through USO Administrative Controls.

Signature sheets are of utmost importance in the accurate recording of safety training records. If a USO chooses to use their own generated signature sheet, please review the **“Signature List(s) Requirements”** option using Administrative Controls or review **“Signature List(s) Requirements”** on [page 11](#).

Signature sheets should be turned in as soon as possible so that appropriate credit is given and reflected in safety training reports. Please allow time for completed signature sheets to be processed after they are mailed to the Safety Services office.

Contact Safety Services Link

The CONTACT SAFETY SERVICES El Paso link has many options. **Contact USO Coordinator** is the option that makes it convenient and easy for a USO to communicate with Safety Services El Paso. A USO is able to report any problems, discrepancies, suggestions, or concerns to the USO Coordinator who will respond within 24 hours.

There are also several standard reporting forms available to report issues with pests, odors, hazards, or fire. Ergonomic consultations can also be requested.

Other Safety Services El Paso reporting forms and/or service requests can be added as needed and/or requested. Submit requests using the **Comments/Suggestions** option.

Contact USO Coordinator
Send message to Safety Services USO Coordinator.

Fire Event Report
Submit a fire event report.

Hazard Report
Submit an occupational safety hazard report.

Indoor Air Quality Report
Submit an environmental safety indoor air quality report.

Pest Control
Submit a pest control request.

Ergonomic Consultation
Submit an ergonomic consultation request.

Comments/Suggestions
Submit any comments/suggestions to Safety Services.

Employee Roster Note

USOs are able to view or print a departmental roster using the USO Admin Controls system. USOs are quickly able to see the department count of employees. The roster is updated each day based on employee records from Human Resources. Therefore, if there is a name on the list that should not be there or one that should be there, *please call the Human Resources department to verify the information is correct.* In order for an employee to appear on the list, their Human Resources ePAF (electronic Personnel Action Form) has to have obtained all approvals in the Banner system.

SAFETY SERVICES EL PASO	
NESOP Compliance: 97.33% NESOP2 Com	
Current View: Not Saved	Saved Views
Last, First Name	
Bratcher, Heath	
Denison, Toni	
Garza, Maria	
Gentry, Robblyn	
Goodman, Darla	
Hamilton, Marlin	
Johnson, Rebekah	
Kennedy, Felicitas	
Kennon, Michael	
Ledgerwood, Kip	
Means, Victor	
Parr, Pamela	
Reyna, Paul	
Rodriguez, Richard	
Witherspoon, Renee	
Total: 15	

Safety Services Divisions

Each USO is encouraged to know about each of the six main Safety Services El Paso Divisions in order to better educate each department about the many resources that are available. Each division is always ready to provide guidance on relevant issues and contribute to employee safety awareness to reduce the risk of harm or injury to anyone.

(To view Frequently Asked Questions and the divisions that respond to those questions, see [Appendix U](#).) To learn more about each Safety division, log on to the Safety Services El Paso web site: <http://elPaso.ttuhs.edu/safety/overview.aspx> and click on **Department** on the left navigation bar and then click on **Overview** or click on a division name. Let's take a brief look at each division.



ADMINISTRATION

Administration is responsible for the day-to-day operations of all six specialty divisions of Safety Services El Paso. This division oversees the implementation of TTUHSC El Paso Operating Policy 75.01, "TTUHSC EL PASO Employee Safety Programs" and provides necessary support in compliance with various federal, state and locally required safety programs.

ENVIRONMENTAL DIVISION

The Environmental Safety Division is responsible for the design and implementation of methods necessary to ensure safe, legal, and environmentally responsible disposal of hazardous wastes in accordance with applicable local, state, and federal regulations and suggested guidelines. This division is responsible for monitoring indoor air quality and ensuring safe, legal, and environmentally responsible air and water effluents.

LABORATORY DIVISION

The Laboratory Safety Division is responsible for implementing the policies established by the former TTUHSC El Paso Safety Advisory Committee and the present TTUHSC El Paso Institutional Biosafety Committee and for insuring that the operations and functions of TTUHSC El Paso comply with state and federal regulations and suggested guidelines. This division is also responsible for conducting laboratory surveys, inspecting and testing laboratory equipment such as eye washes, safety showers, and fume hoods, and conducting laboratory safety training.

FIRE AND LIFE DIVISION

The Fire and Life Safety Division is responsible for conducting ongoing fire prevention activities, overseeing fire safety, and acts as a liaison with outside agencies on matters relating to fire safety and emergency planning.

OCCUPATIONAL DIVISION

The Occupational Safety Division is responsible for incident/injury and hazard investigations and processing for corrective recommendations including coordination of these efforts to promote safe working conditions and procedures. Incident reports and hazard reports are monitored, analyzed and statistical data developed to provide indices of safety performance and trends. The division also oversees the Health and Safety Review Program.

RADIATION / LASER DIVISION

The Radiation Safety Division is responsible for implementing the policies established by the Radiation Safety Committee and the Laser Safety Committee and for assuring that radioactive materials and machine sources of ionizing and non-ionizing radiation are used in accordance with applicable regulations. A copy of the Radiation Safety Manual is required in each laboratory or facility using or producing ionizing radiation. A copy of the Laser Safety Manual is also required to be on hand in any facility using registered laser equipment and can be obtained from Safety Services El Paso.

EDUCATION AND TRAINING DIVISION

The Education and Training Division is responsible for the coordination of safety education and training programs as delineated in the TTUHSC El Paso Safety Manual, and/or as determined to be necessary for TTUHSC El Paso employees and students to reduce incident exposure and risk. This division is responsible for the development, presentation, and testing of level 1 safety education and training (New Employee Safety Orientation Program). Immediate supervisors are responsible for level 2 (site specific procedures, hazards, and protective measures) and level 3 training (demonstrated ability to safely perform job duties). Level four (refresher) is conducted by Safety Services El Paso in conjunction with Unit Safety Officers and supervisors.

This division is also responsible for the resultant record-keeping and documentation for all levels of safety training for all campus sites. The USO Coordinator plays a vital role in maintaining all records and is a key contact for Unit Safety Officers in each campus facility.

USO Coordinator duties include:

- ⇒ Resolving training documentation questions
- ⇒ Emailing NESOP letters
- ⇒ Mailing of pamphlets
- ⇒ Signature sheet processing and data-entry for all campus sites

USO Recognition

The Unit Safety Officer Program is an important component in the implementation and management of safety programs. USOs are diligent in providing motivation to departmental members in fulfilling all safety training requirements, coordinating incident and hazard reporting, record-keeping practices, emergency code execution, health and safety reviews, and the overall support of the department when safety issues or concerns arise.

Safety Services El Paso would like to take this opportunity to thank all USOs for their continued support to assist all members of their respective department(s) by emphasizing safety awareness and developing a positive climate and sense of well-being in each department.

Together, We Can Make It Happen!

Thank You!

Appendices

- A. USO Checklist
- B. NESOP Login Instructions
- C. NESOP Level 2- Site-Specific Information worksheet
- D. NESOP Certificate
- E. TTUHSC EL PASO Fire Response Procedure
- F. Examples of Refresher Training Topics
- G1. Video Library List Login Instructions
- G2. Annual Safety Refresher Training Login Instructions
- G3. Laboratory Safety Essentials Login Instructions
- H. Supervisor's Investigation of Employee's Accident/Incident
- I. First Report of Injury/Illness/Accident
- J. Employee's Report of Injury
- K. Authorization for Release of Information
- L. Employee's Election Form
- M1. Non-Employee Incident/Injury Report Form
- M2. TTUHSC EL PASO Witness Statement
- N. Occurrence Report (All Campus Locations)
- O. Incident/Injury Reporting Flow Diagram for El Paso
- P. Health and Safety Review Form
- Q. USO Admin Controls Login Instructions
- R. Frequently Asked Questions

USO Checklist

INITIALLY

- Schedule New USO Orientation by contacting the Safety Services El Paso office or complete online New USO orientation.
- Login to Safety Services El Paso website to verify access to the USO Admin Controls system.
- Review and/or develop departmental emergency evacuation routes and inform personnel.

MONTHLY

- Check the compliance status of safety training for all employees within your department(s). Safety Training deadline for all employees: August 31st.
- Turn in completed signature sheets by the last working day of the month. Remember to avoid turning in duplicate signature sheets.

TWICE A YEAR

- Conduct Fire Emergency Response Training with all department faculty and staff. Use Attachment B of TTUHSC El Paso OP 75.16. To help prepare, attend the Fire Safety Class for USOs.

YEARLY

- Complete Health and Safety Review of assigned department.
Dept. to review _____
Month to conduct review _____
- Attend USO conference each fiscal year.
- Attend a Fire Safety Class for USOs. Call the Safety Service office to set up the date/time.
Date/Time for class _____

ONGOING

- Locate and keep Safety Manual in an accessible area. (Updates may be mailed occasionally.)

- For *CURRENT* employees, choose safety training method best suited for you and your department and coordinate the training:
 - Pamphlets
 - Videotapes
 - Online Refresher courses
 - Lecture Presentations

- NEW* employees must complete their Safety training (NESOP Levels I and II) through the safety training online system at the following address:
<http://elPaso.ttuhs.edu/safety/training.aspx>
The NESOP Level II form will be completed with either Unit Safety Officer or supervisor help.

- All employees (new and current) must complete their Safety training in all 5 required areas:
 1. Accident Prevention (AP),
 2. Emergency Procedures (EP),
 3. Right-to-Know Law (RTK),
 4. Infectious Disease Exposure Plan (IDEP), and
 5. Safety Programs (SP)before the end of the fiscal year, August 31st.

NOTE: Training signature sheets must be turned in to the Safety Services El Paso office as soon as they are completed. It is optimal that all training records be submitted to the Safety Services El Paso office by August 15th of the current Fiscal Year. NO TRAINING CREDIT will be recorded for training records submitted after the end of the Fiscal Year, August 31st.

Safety Training completion is required for all TTUHSC employees, students & volunteers (OP 75.01).

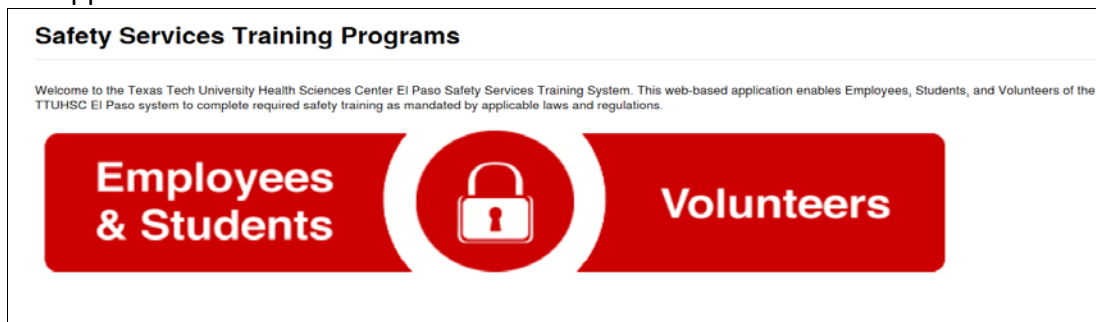
Safety Training Login Instructions

Web Site –

<http://elPaso.ttuhscc.edu/safety/educationandtraining.aspx>

Click on **Training** Left Navigation Bar

Step 1 – Click applicable link.



Step 2 – **Employees & Students:** Sign in with your eRaider username & password.

Volunteers: Sign in with your Volunteer ID number and email address.

Step 3 – **New Employees & Volunteers:** Please answer the lab question: *Do you work in a lab?*

Students: Coursework includes lab activity; therefore, need Lab Safety Training.

Step 4 – **New Employees** complete: **New Employee Safety Orientation Program (NESOP)**

Students complete: **Safety Training Education Program for Students (STEPS)**

Volunteers complete: **Volunteer Safety Orientation Program (VSOP)**

All Lab workers complete: **Laboratory Safety Essentials (LSE)**



Indicates **COMPLETE** course



Indicates **INCOMPLETE** course



Indicates **LOCKED** course: Call Safety Services El Paso to have your exam(s) reset.



For Safety Services assistance, please call Monday-Friday, 8am-5pm:
El Paso: 915-215-4820



Department of Safety Services El Paso

TTUHSC El Paso New Employee Safety Orientation Program (NESOP)
Level 2 – Site Specific Information

Welcome to Texas Tech University Health Sciences Center El Paso
As part of an ongoing effort to maintain a safe work environment for TTUHSC El Paso employees and students, the Safety Services Department gives you an opportunity to learn about safety-related information that applies specifically to your work area. Please take time to answer the following questions to be better informed and prepared. Return this form to your Safety Services office within 5 days of completing New Employee Orientation.

Return to El Paso Department of Safety Services
5001 El Paso Drive
El Paso, Texas 79905
(915)215-4820

Name: _____ Department: _____

Eraider Name: _____ Status (circle one): Employee Volunteer Student

1. Name of Unit Safety Officer _____

2. The location of the following emergency equipment closest to my primary work area:

- A. Fire alarm pull station _____
B. Fire extinguisher _____
C. Outside reassembly area _____
D. Interior shelter area _____
E. First-aid supplies _____
F. Nearest AED (Automatic External Defibrillator) _____
G. Eye wash station (in lab) _____
H. Safety Shower (in lab) _____

3. Chemical Safety Data Sheet (SDS) can be accessed _____

4. Department code word(s) for security _____

5. Nearest hand washing facilities _____

6. Location of personal protective attire/equipment (PPA/PPE) _____

7. I have received training regarding the proper use of the equipment / materials in my area (circle all that apply)

Table with 4 columns: Computer, Sharps container, Centrifuge, Select agents (specify); Printer, Hazard chemicals, Fume Hood; Copy Machine, Gloves, Biological safety cabinet; Paper shredder, Pallet jack, Clean air bench, Other (specify); Telephone, Forklift, UV light source; Hand tools, Power tools, Electrophoresis equipment; Fax machine, Biohazard waste, Gas Cylinder

EMPLOYEE SIGNATURE: _____ DATE: _____

SUPERVISOR or USO SIGNATURE: _____ DATE: _____

Texas State Government Privacy Policies (Government Code):1) With few exceptions, you are entitled on request to be informed about the information the state government body collects about you; 2) Under Section 552.021 & 552.023, you are entitled to receive and review the information; and 3) Under Section 552.004, you are entitled to have the state government body correct information about you that is incorrect.

APPENDIX D
TTUHSC EL PASO FIRE RESPONSE PROCEDURE
USO Required Training Report

Departmental Unit Safety Officers are required to review fire response procedures with department employees at least once each year and/or have employees complete emergency fire response training online. Confirmation of this training should be sent to the Safety Services El Paso office using the form available to Unit Safety Officers through their Administrative Controls on the Safety Services El Paso web site:
http://elPaso.ttuhs.edu/elpsafetyservices/uso_admin_controls/login.aspx

The following items must be reviewed with faculty and staff in the department:

1. Correct fire emergency response including:
 - a. RACE procedure
 - i. **Rescue** persons in danger
 - ii. **Activate** the fire alarm system
 - iii. **Contain** fire by closing doors
 - iv. **Evacuate** to a safe area
 - b. Pull station locations
 - c. Phone numbers to call
 - d. Primary and secondary evacuation routes and the location of the assigned meeting area...
2. Patient and visitor movement.
3. Fire Drills
4. Fire Extinguishers (See Attachment D)
 - a. Location
 - b. Types
 - c. Proper Use
 - i. Training
 - ii. **PASS** procedure

NOTE: Fire Alarms at TTUHSC EL PASO require occupants to evacuate.

Department: _____ USO: _____

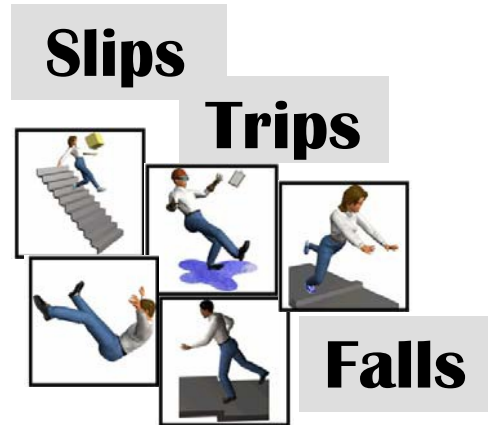
Location: _____ Date: _____

Examples of Refresher Training Topics

Refresher Training must be completed in all 5 areas of AP, EP, IDEP, RTK, and SP. Some examples of topics that fall under these categories are as follows.

Accident Prevention (AP)

1. General safety
2. Hazard classifications/identification
3. Hazard reporting program
4. Office Safety
5. Personal safety/security
6. Accident reporting/investigation
7. Odor calls
8. Pest control
9. Ergonomics overview
10. Back safety
11. Slips, trips & falls
12. Electrical safety
13. Stress management
14. First aid
15. CPR/ACLS
16. Driving safety
17. Employee wellness



Images courtesy of Safety Services El Paso of Texas 800-767-8003

Leading Cause of HSC Accidents

Emergency Procedures Training (EP)

1. Evacuation plans
2. Emergency equipment
3. Emergency drills
4. RACE procedures
5. Severe weather
6. Violence/ Security
7. Bomb threats

Texas Hazard Communication Act / Right-To-Know (RTK)

1. Texas Hazard Communication Act
2. Workplace chemical list
3. SDS
4. Chemical labels
5. Accident reporting/medical surveillance program
6. Hazardous waste disposal

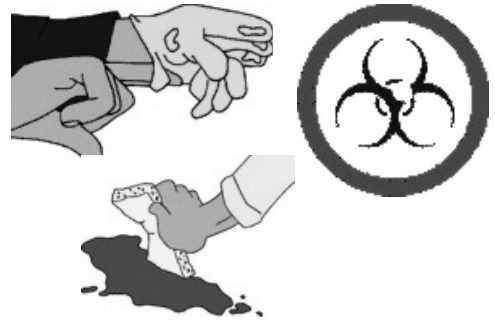
7. Personal protective clothing and equipment
8. Employee rights
9. Employee responsibilities
10. Chemical spills

TTUHSC EL PASO Safety Programs and Procedures (SP)

1. Hazard Reporting Program
1. Air Quality Issues
2. Stress Management
3. TTUHSC EL PASO Faculty, Staff and Student Safety Handbook
4. Health and Policy Statement
5. Safety Committees

Infectious Disease Exposure Policy / Bloodborne Pathogens (IDEP)

1. Universal precautions
2. Disease transmission, including epidemiology and symptoms of bloodborne diseases, modes of transmission and the appropriate methods for recognizing tasks and other activities that may involve exposure to blood and other potentially infectious materials
3. Handwashing procedures
4. Personal protective equipment and clothing
5. Sharps/biohazard waste disposal
6. Medical surveillance program
7. Immunization program
8. Exposure reporting procedures
9. Post-exposure prophylaxis and counseling
10. Alternate duty assignments



Images courtesy of Safety Services El Paso of Texas 800-767-8003



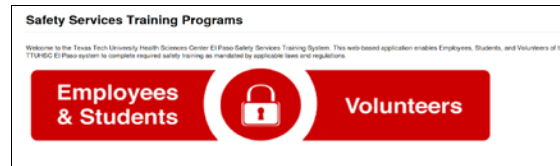
Safety Training completion is required
for all TTUHSC employees, students & volunteers (OP 75.01).

Annual Safety Refresher Training

Web Site –

<http://elPaso.ttuhscc.edu/safety/educationandtraining.aspx>

Click on **Training** on Left Navigation Bar



Step 1 – Click eRaider Sign in Button.

Step 2 – Sign in with your eRaider
username & password.

Step 3 – Find **Current Employee Refresher Training** heading.
INCOMPLETE courses are indicated with (X).

Complete one course in each category (Accident Prevention, etc.).

Current Employee Refresher Training

All Current Employee Refresher Training subcourses must be completed to receive full credit for this program.

<p>Accident Prevention Click here to complete this course online.</p>	X
<p>Emergency Procedures Click here to complete this course online.</p>	X
<p>Infectious Disease Exposure Policy Click here to complete this course online.</p>	X
<p>Right-To-Know / Hazard Communication Act Click here to complete this course online.</p>	X
<p>Safety Programs Click here to complete this course online.</p>	X

Step 4 – Once you see a (✓) by the **Current Employee Refresher Training** heading, you are finished with your Safety Training Requirements for the fiscal year.

If you need assistance or need your LOCKED (🔒) course exam(s)
reset, please call Safety Services Monday-Friday, 8am-5pm:
El Paso: 915-215-4820



Laboratory Safety Essentials

Login Instructions

Web Site – <http://elpaso.ttuhsoc.edu/safety/training.aspx>
Click on **Training** on Left Navigation Bar

Step 1 – Click on Sign In Button and sign in with your eRaider username & password.

Step 2 – If you are not seeing your **Laboratory Safety Essentials** heading as shown below, please check the box to the top right of the page found by these words:

I work in a lab.

<p>New Employee Safety Orientation Program - NESOP Level I</p> <p>You completed this course on: 8/27/1998. Click To Show / Hide Subcourses</p> <p>Print Certificate</p>	
<p>Nesop Level II</p> <p>You completed this course on: 9/1/2003</p>	
<p>Laboratory Safety Essentials</p> <p>All Laboratory Safety Essentials subcourses must be completed to receive full credit for this program.</p>	
<p>General Lab Safety</p> <p>Click here to complete this course online.</p>	
<p>Lab Chemical Safety</p> <p>Click here to complete this course online.</p>	
<p>Lab Biological Safety</p> <p>Click here to complete this course online.</p>	
<p>Lab Hazard Identification</p> <p>Click here to complete this course online.</p>	

Step 3 – Click the **General Lab Safety** heading to begin the LSE course. Then continue to the remaining 3 sub-course links.

Indicates COMPLETE Indicates INCOMPLETE Indicates LOCKED exam

Step 4 – Once you see a () by the **Laboratory Safety Essentials** heading, your lab training is complete. Completion of all 4 course exams with a passing score of 80% is required.

If you need assistance or need your LOCKED () course exam(s) reset,
please call Safety Services Monday-Friday, 8am-5pm:
El Paso: 915-215-4820

SUPERVISOR'S INVESTIGATION OF EMPLOYEE'S ACCIDENT/INCIDENT

1. LAST NAME OF INJURED	2. FIRST NAME	3. M.I.	4. SOCIAL SECURITY NUMBER	5. DATE OF BIRTH / /
6. SEX M <input type="checkbox"/> F <input type="checkbox"/>	7. DATE OF EMPLOYMENT IN UNIT / /	8. AGENCY NUMBER (COMPTROLLER'S CODE)		9. BUDGET NUMBER OF ASSIGNED UNIT
10. JOB CLASSIFICATION CODE	11. POSITION STATUS <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Floater (File where needed)	12. DATE OF INCIDENT / /	13. TIME OF INCIDENT am <input type="checkbox"/> pm <input type="checkbox"/>	

<p>A. EXTENT OF INJURY (Check one only)</p> <p><input type="checkbox"/> No injury (Incident only)</p> <p><input type="checkbox"/> Injury not requiring a TWCC-1S</p> <p><input type="checkbox"/> Medical</p> <p><input type="checkbox"/> Lost time only (more than one day)</p> <p><input type="checkbox"/> Medical and lost time</p> <p><input type="checkbox"/> Fatality</p> <hr/> <p>B. CATEGORY (Check one only)</p> <p><input type="checkbox"/> Occupational injury (accident)</p> <p><input type="checkbox"/> Occupational injury (aggressive behavior)</p> <p><input type="checkbox"/> Occupational illness/disease</p> <hr/> <p>C. SPECIFIC LOCATION OF OCCURRENCE (Check one only)</p> <p>INDOORS:</p> <p>BUILDING INVENTORY NO. _____</p> <p><input type="checkbox"/> Auditorium</p> <p><input type="checkbox"/> Boiler room</p> <p><input type="checkbox"/> Canteen/Snack bar</p> <p><input type="checkbox"/> Cell block</p> <p><input type="checkbox"/> Classroom</p> <p><input type="checkbox"/> Closet</p> <p><input type="checkbox"/> Day room</p> <p><input type="checkbox"/> Dormitory/Living Room</p> <p><input type="checkbox"/> Elevator</p> <p><input type="checkbox"/> Food service area/Dining/Kitchen</p> <p><input type="checkbox"/> Garage</p> <p><input type="checkbox"/> Gymnasium/Recreation</p> <p><input type="checkbox"/> Hallway/Corridor</p> <p><input type="checkbox"/> Hospital/Clinic/Dispensary</p> <p><input type="checkbox"/> Laboratory</p> <p><input type="checkbox"/> Laundry</p> <p><input type="checkbox"/> Library</p> <p><input type="checkbox"/> Nursing station</p> <p><input type="checkbox"/> Office areas</p> <p><input type="checkbox"/> Program areas</p> <p><input type="checkbox"/> Ramp</p> <p><input type="checkbox"/> Sales store/Outlet</p> <p><input type="checkbox"/> Seclusion room</p> <p><input type="checkbox"/> Sleeping room</p> <p><input type="checkbox"/> Steps/Stairs/Stairway</p> <p><input type="checkbox"/> Storage area</p> <p><input type="checkbox"/> Waiting room</p> <p><input type="checkbox"/> Workshop/technical traders</p> <p><input type="checkbox"/> Other specify _____</p> <p>OUTDOORS:</p> <p><input type="checkbox"/> Athletic field</p> <p><input type="checkbox"/> Campus</p> <p><input type="checkbox"/> Grounds</p> <p><input type="checkbox"/> Highway/Road/Street</p> <p><input type="checkbox"/> Loading dock</p> <p><input type="checkbox"/> Park or recreation area</p> <p><input type="checkbox"/> Parking lot</p> <p><input type="checkbox"/> Roof</p> <p><input type="checkbox"/> Sidewalk</p> <p><input type="checkbox"/> Steps/Stairs/Stairway</p> <p><input type="checkbox"/> Storage area</p> <p><input type="checkbox"/> Swimming pool area</p> <p><input type="checkbox"/> Tower</p> <p><input type="checkbox"/> Other (specify) _____</p>	<p>D. ACTIVITY ENGAGED IN BY INJURED AT TIME OF INJURY (Check one only)</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Bathing</td> <td><input type="checkbox"/> Moving</td> </tr> <tr> <td><input type="checkbox"/> Buffing</td> <td><input type="checkbox"/> Operating</td> </tr> <tr> <td><input type="checkbox"/> Carrying</td> <td><input type="checkbox"/> Pulling</td> </tr> <tr> <td><input type="checkbox"/> Cleaning</td> <td><input type="checkbox"/> Pushing</td> </tr> <tr> <td><input type="checkbox"/> Climbing</td> <td><input type="checkbox"/> Reaching</td> </tr> <tr> <td><input type="checkbox"/> Cutting</td> <td><input type="checkbox"/> Redirecting</td> </tr> <tr> <td><input type="checkbox"/> Descending</td> <td><input type="checkbox"/> Restraining</td> </tr> <tr> <td><input type="checkbox"/> Digging</td> <td><input type="checkbox"/> Running</td> </tr> <tr> <td><input type="checkbox"/> Dressing</td> <td><input type="checkbox"/> Sanding</td> </tr> <tr> <td><input type="checkbox"/> Driving</td> <td><input type="checkbox"/> Sawing</td> </tr> <tr> <td><input type="checkbox"/> Eating</td> <td><input type="checkbox"/> Searching</td> </tr> <tr> <td><input type="checkbox"/> Escorting</td> <td><input type="checkbox"/> Securing</td> </tr> <tr> <td><input type="checkbox"/> Exercising</td> <td><input type="checkbox"/> Sitting</td> </tr> <tr> <td><input type="checkbox"/> Feeding</td> <td><input type="checkbox"/> Standing</td> </tr> <tr> <td><input type="checkbox"/> Grinding</td> <td><input type="checkbox"/> Stripping</td> </tr> <tr> <td><input type="checkbox"/> Grooming</td> <td><input type="checkbox"/> Turning</td> </tr> <tr> <td><input type="checkbox"/> Jumping</td> <td><input type="checkbox"/> Typing</td> </tr> <tr> <td><input type="checkbox"/> Loading</td> <td><input type="checkbox"/> Walking</td> </tr> <tr> <td><input type="checkbox"/> Mopping</td> <td><input type="checkbox"/> Other (specify) _____</td> </tr> </table> <hr/> <p>E. BODY PART INJURED (Most Serious)</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Anide</td> <td><input type="checkbox"/> Internal organ</td> </tr> <tr> <td><input type="checkbox"/> Arm</td> <td><input type="checkbox"/> Jaw</td> </tr> <tr> <td><input type="checkbox"/> Back</td> <td><input type="checkbox"/> Knee(s)</td> </tr> <tr> <td><input type="checkbox"/> Buttocks</td> <td><input type="checkbox"/> Leg(s)</td> </tr> <tr> <td><input type="checkbox"/> Cheek</td> <td><input type="checkbox"/> Mouth</td> </tr> <tr> <td><input type="checkbox"/> Chest</td> <td><input type="checkbox"/> Neck</td> </tr> <tr> <td><input type="checkbox"/> Chin</td> <td><input type="checkbox"/> Nose</td> </tr> <tr> <td><input type="checkbox"/> Ear(s)</td> <td><input type="checkbox"/> Pelvis</td> </tr> <tr> <td><input type="checkbox"/> Eye(s)</td> <td><input type="checkbox"/> Rib(s)</td> </tr> <tr> <td><input type="checkbox"/> Foot-Feet</td> <td><input type="checkbox"/> Scalp</td> </tr> <tr> <td><input type="checkbox"/> Finger/Thumb(s)</td> <td><input type="checkbox"/> Shoulder</td> </tr> <tr> <td><input type="checkbox"/> Forehead</td> <td><input type="checkbox"/> Toe(s)</td> </tr> <tr> <td><input type="checkbox"/> Groin</td> <td><input type="checkbox"/> Wrist(s)</td> </tr> <tr> <td><input type="checkbox"/> Hand</td> <td><input type="checkbox"/> Other (specify) _____</td> </tr> <tr> <td><input type="checkbox"/> Hips</td> <td></td> </tr> </table> <hr/> <p>F. TYPE OF INJURY (Check primary one)</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Abrasion</td> <td><input type="checkbox"/> Heat exhaustion</td> </tr> <tr> <td><input type="checkbox"/> Amputation</td> <td><input type="checkbox"/> Hernia</td> </tr> <tr> <td><input type="checkbox"/> Bite</td> <td><input type="checkbox"/> Infection</td> </tr> <tr> <td><input type="checkbox"/> Bruise</td> <td><input type="checkbox"/> Inflammation</td> </tr> <tr> <td><input type="checkbox"/> Burn</td> <td><input type="checkbox"/> Internal injuries</td> </tr> <tr> <td><input type="checkbox"/> Concussion</td> <td><input type="checkbox"/> Puncture</td> </tr> <tr> <td><input type="checkbox"/> Cut</td> <td><input type="checkbox"/> Repetitive Trauma</td> </tr> <tr> <td><input type="checkbox"/> Dermatitis</td> <td><input type="checkbox"/> Rupture</td> </tr> <tr> <td><input type="checkbox"/> Dislocation</td> <td><input type="checkbox"/> Scratch</td> </tr> <tr> <td><input type="checkbox"/> Foreign object</td> <td><input type="checkbox"/> Shock</td> </tr> <tr> <td><input type="checkbox"/> Fracture</td> <td><input type="checkbox"/> Sprain/Strain</td> </tr> <tr> <td><input type="checkbox"/> Frostbite</td> <td><input type="checkbox"/> Sting</td> </tr> <tr> <td><input type="checkbox"/> Hearing loss</td> <td><input type="checkbox"/> Other (specify) _____</td> </tr> <tr> <td><input type="checkbox"/> Heart attack</td> <td></td> </tr> </table> <hr/> <p>G. TYPE OF OCCURRENCE (Check one only)</p> <p><input type="checkbox"/> Aggression (client, inmate, patient)</p> <p><input type="checkbox"/> Bodily reaction (drug, medication)</p> <p><input type="checkbox"/> Caught in, on, under, or between</p> <p><input type="checkbox"/> Contact with chemicals</p> <p><input type="checkbox"/> Contact with electric current</p> <p><input type="checkbox"/> Contact with temperature extremes</p> <p><input type="checkbox"/> Fall on same level</p>	<input type="checkbox"/> Bathing	<input type="checkbox"/> Moving	<input type="checkbox"/> Buffing	<input type="checkbox"/> Operating	<input type="checkbox"/> Carrying	<input type="checkbox"/> Pulling	<input type="checkbox"/> Cleaning	<input type="checkbox"/> Pushing	<input type="checkbox"/> Climbing	<input type="checkbox"/> Reaching	<input type="checkbox"/> Cutting	<input type="checkbox"/> Redirecting	<input type="checkbox"/> Descending	<input type="checkbox"/> Restraining	<input type="checkbox"/> Digging	<input type="checkbox"/> Running	<input type="checkbox"/> Dressing	<input type="checkbox"/> Sanding	<input type="checkbox"/> Driving	<input type="checkbox"/> Sawing	<input type="checkbox"/> Eating	<input type="checkbox"/> Searching	<input type="checkbox"/> Escorting	<input type="checkbox"/> Securing	<input type="checkbox"/> Exercising	<input type="checkbox"/> Sitting	<input type="checkbox"/> Feeding	<input type="checkbox"/> Standing	<input type="checkbox"/> Grinding	<input type="checkbox"/> Stripping	<input type="checkbox"/> Grooming	<input type="checkbox"/> Turning	<input type="checkbox"/> Jumping	<input type="checkbox"/> Typing	<input type="checkbox"/> Loading	<input type="checkbox"/> Walking	<input type="checkbox"/> Mopping	<input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> Anide	<input type="checkbox"/> Internal organ	<input type="checkbox"/> Arm	<input type="checkbox"/> Jaw	<input type="checkbox"/> Back	<input type="checkbox"/> Knee(s)	<input type="checkbox"/> Buttocks	<input type="checkbox"/> Leg(s)	<input type="checkbox"/> Cheek	<input type="checkbox"/> Mouth	<input type="checkbox"/> Chest	<input type="checkbox"/> Neck	<input type="checkbox"/> Chin	<input type="checkbox"/> Nose	<input type="checkbox"/> Ear(s)	<input type="checkbox"/> Pelvis	<input type="checkbox"/> Eye(s)	<input type="checkbox"/> Rib(s)	<input type="checkbox"/> Foot-Feet	<input type="checkbox"/> Scalp	<input type="checkbox"/> Finger/Thumb(s)	<input type="checkbox"/> Shoulder	<input type="checkbox"/> Forehead	<input type="checkbox"/> Toe(s)	<input type="checkbox"/> Groin	<input type="checkbox"/> Wrist(s)	<input type="checkbox"/> Hand	<input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> Hips		<input type="checkbox"/> Abrasion	<input type="checkbox"/> Heat exhaustion	<input type="checkbox"/> Amputation	<input type="checkbox"/> Hernia	<input type="checkbox"/> Bite	<input type="checkbox"/> Infection	<input type="checkbox"/> Bruise	<input type="checkbox"/> Inflammation	<input type="checkbox"/> Burn	<input type="checkbox"/> Internal injuries	<input type="checkbox"/> Concussion	<input type="checkbox"/> Puncture	<input type="checkbox"/> Cut	<input type="checkbox"/> Repetitive Trauma	<input type="checkbox"/> Dermatitis	<input type="checkbox"/> Rupture	<input type="checkbox"/> Dislocation	<input type="checkbox"/> Scratch	<input type="checkbox"/> Foreign object	<input type="checkbox"/> Shock	<input type="checkbox"/> Fracture	<input type="checkbox"/> Sprain/Strain	<input type="checkbox"/> Frostbite	<input type="checkbox"/> Sting	<input type="checkbox"/> Hearing loss	<input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> Heart attack		<p>G. CONTINUED</p> <p><input type="checkbox"/> Fall on different level</p> <p><input type="checkbox"/> Over-exertion (exceeding physical ability)</p> <p><input type="checkbox"/> Overexposure to environmental hazards (noise, toxic)</p> <p><input type="checkbox"/> Repetitive Motion</p> <p><input type="checkbox"/> Slip (not a fall)</p> <p><input type="checkbox"/> Struck against (rough, sharp object)</p> <p><input type="checkbox"/> Struck by falling moving object</p> <p><input type="checkbox"/> Other (specify) _____</p> <hr/> <p>H. PHYSICAL THING MOST CLOSELY ASSOCIATED WITH OCCURRENCE (Check one)</p> <p><input type="checkbox"/> Aircraft</p> <p><input type="checkbox"/> Air pressure</p> <p><input type="checkbox"/> Animal (snake, dog, horse, etc.)</p> <p><input type="checkbox"/> Athletic equipment (baseball, bat, dart, etc.)</p> <p><input type="checkbox"/> Attachments (belt, pulley, gear, shaft)</p> <p><input type="checkbox"/> Cabinet</p> <p><input type="checkbox"/> Chemical (solid, liquid, or gas)</p> <p><input type="checkbox"/> Computer</p> <p><input type="checkbox"/> Clothing</p> <p><input type="checkbox"/> Container (bottle, box, barrel, cylinder, etc.)</p> <p><input type="checkbox"/> Curb</p> <p><input type="checkbox"/> Doors (automatic, manual, revolving)</p> <p><input type="checkbox"/> Drugs or medicine</p> <p><input type="checkbox"/> Dust</p> <p><input type="checkbox"/> Electrical apparatus</p> <p><input type="checkbox"/> Elevator, escalator</p> <p><input type="checkbox"/> Explosives</p> <p><input type="checkbox"/> Eyewear</p> <p><input type="checkbox"/> Fan</p> <p><input type="checkbox"/> Fire, flame, smoke</p> <p><input type="checkbox"/> Floor</p> <p><input type="checkbox"/> Food products</p> <p><input type="checkbox"/> Fumes</p> <p><input type="checkbox"/> Furniture, fixtures</p> <p><input type="checkbox"/> Gas</p> <p><input type="checkbox"/> Glass items</p> <p><input type="checkbox"/> Gun</p> <p><input type="checkbox"/> Ground (earth)</p> <p><input type="checkbox"/> Hand tool</p> <p><input type="checkbox"/> Heating equipment</p> <p><input type="checkbox"/> Hoisting equipment</p> <p><input type="checkbox"/> Icy condition</p> <p><input type="checkbox"/> Infectious or parasitic agent</p> <p><input type="checkbox"/> Inmate, client, employee</p> <p><input type="checkbox"/> Insect</p> <p><input type="checkbox"/> Kitchen equipment</p> <p><input type="checkbox"/> Knife</p> <p><input type="checkbox"/> Lighting fixture and equipment</p> <p><input type="checkbox"/> Ladder, scaffold</p> <p><input type="checkbox"/> Locker</p> <p><input type="checkbox"/> Machine</p> <p><input type="checkbox"/> Material handling equipment</p> <p><input type="checkbox"/> Metal</p> <p><input type="checkbox"/> Mineral items (asphalt, clay, gravel, etc.)</p> <p><input type="checkbox"/> Motor vehicle</p> <p><input type="checkbox"/> Needle</p> <p><input type="checkbox"/> Office equipment (chair, desk, cabinet, etc.)</p> <p><input type="checkbox"/> Paint</p> <p><input type="checkbox"/> Particle</p> <p><input type="checkbox"/> Pavement</p> <p><input type="checkbox"/> Person (other than client, inmate, employee)</p> <p><input type="checkbox"/> Pipe</p> <p><input type="checkbox"/> Platform, dock, ramp</p>
<input type="checkbox"/> Bathing	<input type="checkbox"/> Moving																																																																																																	
<input type="checkbox"/> Buffing	<input type="checkbox"/> Operating																																																																																																	
<input type="checkbox"/> Carrying	<input type="checkbox"/> Pulling																																																																																																	
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<input type="checkbox"/> Cutting	<input type="checkbox"/> Redirecting																																																																																																	
<input type="checkbox"/> Descending	<input type="checkbox"/> Restraining																																																																																																	
<input type="checkbox"/> Digging	<input type="checkbox"/> Running																																																																																																	
<input type="checkbox"/> Dressing	<input type="checkbox"/> Sanding																																																																																																	
<input type="checkbox"/> Driving	<input type="checkbox"/> Sawing																																																																																																	
<input type="checkbox"/> Eating	<input type="checkbox"/> Searching																																																																																																	
<input type="checkbox"/> Escorting	<input type="checkbox"/> Securing																																																																																																	
<input type="checkbox"/> Exercising	<input type="checkbox"/> Sitting																																																																																																	
<input type="checkbox"/> Feeding	<input type="checkbox"/> Standing																																																																																																	
<input type="checkbox"/> Grinding	<input type="checkbox"/> Stripping																																																																																																	
<input type="checkbox"/> Grooming	<input type="checkbox"/> Turning																																																																																																	
<input type="checkbox"/> Jumping	<input type="checkbox"/> Typing																																																																																																	
<input type="checkbox"/> Loading	<input type="checkbox"/> Walking																																																																																																	
<input type="checkbox"/> Mopping	<input type="checkbox"/> Other (specify) _____																																																																																																	
<input type="checkbox"/> Anide	<input type="checkbox"/> Internal organ																																																																																																	
<input type="checkbox"/> Arm	<input type="checkbox"/> Jaw																																																																																																	
<input type="checkbox"/> Back	<input type="checkbox"/> Knee(s)																																																																																																	
<input type="checkbox"/> Buttocks	<input type="checkbox"/> Leg(s)																																																																																																	
<input type="checkbox"/> Cheek	<input type="checkbox"/> Mouth																																																																																																	
<input type="checkbox"/> Chest	<input type="checkbox"/> Neck																																																																																																	
<input type="checkbox"/> Chin	<input type="checkbox"/> Nose																																																																																																	
<input type="checkbox"/> Ear(s)	<input type="checkbox"/> Pelvis																																																																																																	
<input type="checkbox"/> Eye(s)	<input type="checkbox"/> Rib(s)																																																																																																	
<input type="checkbox"/> Foot-Feet	<input type="checkbox"/> Scalp																																																																																																	
<input type="checkbox"/> Finger/Thumb(s)	<input type="checkbox"/> Shoulder																																																																																																	
<input type="checkbox"/> Forehead	<input type="checkbox"/> Toe(s)																																																																																																	
<input type="checkbox"/> Groin	<input type="checkbox"/> Wrist(s)																																																																																																	
<input type="checkbox"/> Hand	<input type="checkbox"/> Other (specify) _____																																																																																																	
<input type="checkbox"/> Hips																																																																																																		
<input type="checkbox"/> Abrasion	<input type="checkbox"/> Heat exhaustion																																																																																																	
<input type="checkbox"/> Amputation	<input type="checkbox"/> Hernia																																																																																																	
<input type="checkbox"/> Bite	<input type="checkbox"/> Infection																																																																																																	
<input type="checkbox"/> Bruise	<input type="checkbox"/> Inflammation																																																																																																	
<input type="checkbox"/> Burn	<input type="checkbox"/> Internal injuries																																																																																																	
<input type="checkbox"/> Concussion	<input type="checkbox"/> Puncture																																																																																																	
<input type="checkbox"/> Cut	<input type="checkbox"/> Repetitive Trauma																																																																																																	
<input type="checkbox"/> Dermatitis	<input type="checkbox"/> Rupture																																																																																																	
<input type="checkbox"/> Dislocation	<input type="checkbox"/> Scratch																																																																																																	
<input type="checkbox"/> Foreign object	<input type="checkbox"/> Shock																																																																																																	
<input type="checkbox"/> Fracture	<input type="checkbox"/> Sprain/Strain																																																																																																	
<input type="checkbox"/> Frostbite	<input type="checkbox"/> Sting																																																																																																	
<input type="checkbox"/> Hearing loss	<input type="checkbox"/> Other (specify) _____																																																																																																	
<input type="checkbox"/> Heart attack																																																																																																		

Continued On Other Side

ATTACHMENT F
Page 1
HSC OP 70.13
March 31, 2011

H. CONTINUED	I. CONTINUED	J. CONTINUED
<input type="checkbox"/> Pole <input type="checkbox"/> Power tool or machinery (lathe, saw, etc.) <input type="checkbox"/> Radiating equipment (microwave, x-ray, etc.) <input type="checkbox"/> Receptacle <input type="checkbox"/> Smoke <input type="checkbox"/> Stair, step <input type="checkbox"/> Sun <input type="checkbox"/> Trench/Ditch <input type="checkbox"/> Vegetation <input type="checkbox"/> Weather <input type="checkbox"/> Wood <input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> Riding moving equipment not designed for passengers <input type="checkbox"/> Unobservant (daydreaming, inattentive, etc.) <input type="checkbox"/> Using unsafe/defective tool, material equipment <input type="checkbox"/> Using wrong tool, material equipment <input type="checkbox"/> Working/Walking under suspended load (crane, hoist, derrick) <input type="checkbox"/> Working in a confined space without proper safeguard <input type="checkbox"/> Working without adequate lighting <input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> Unsafe/defective hand or electric tools <input type="checkbox"/> Unsafe equipment <input type="checkbox"/> Unsafe material <input type="checkbox"/> Unsafe vehicle <input type="checkbox"/> Unshored trench, excavation, etc. <input type="checkbox"/> Walkway, sidewalk, pavement <input type="checkbox"/> Other (specify) _____
J. CONDITION (PHYSICAL HAZARD) ASSOCIATED WITH OCCURRENCE (Check one)		K. DID A RULE, POLICY OR PROCEDURE APPLY TO THIS MISHAP?
I. ACT/PRACTICE ASSOCIATED WITH OCCURRENCE (Check one only)	<input type="checkbox"/> Congested area <input type="checkbox"/> Electrical hazard (uninsulated wire, overloaded circuit, inadequate ground, etc.) <input type="checkbox"/> Excessive noise <input type="checkbox"/> Harmful animals/insects/reptiles <input type="checkbox"/> Health hazards (radiation, gas, fumes, dust, vapors, etc.) <input type="checkbox"/> Improper housekeeping <input type="checkbox"/> Improperly stored chemicals, hazardous substances <input type="checkbox"/> Inadequate ventilation <input type="checkbox"/> Inadequate or no warning signs <input type="checkbox"/> Layout or design (office, shop, equipment) <input type="checkbox"/> Lighting <input type="checkbox"/> Mislabeled/Unlabeled chemicals, hazardous materials etc. <input type="checkbox"/> No unsafe condition <input type="checkbox"/> Open trench, hole, ditch, sharp drop-off <input type="checkbox"/> Poisonous vegetation (oak, ivy, etc.) <input type="checkbox"/> Protruding object (nail, wire, splinter, etc.) <input type="checkbox"/> Rough/Sharp objects <input type="checkbox"/> Slipping or tripping hazard <input type="checkbox"/> Step, stairs, ladder, or other working surfaces <input type="checkbox"/> Unguarded machine, belt, pulley, roller, etc.	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Contact with electrical source (tool, device, wire, etc.) <input type="checkbox"/> Entering an unauthorized area <input type="checkbox"/> Failure to practice safe driving technique <input type="checkbox"/> Failure to use established route or taking short cut <input type="checkbox"/> Failure to use handrail, grab bar <input type="checkbox"/> Failure to use lockout device <input type="checkbox"/> Failure to use personal protective equipment (PPE) <input type="checkbox"/> Failure to warn of known hazards (i.e. no safety sign, light, barricade, instruction, etc.) <input type="checkbox"/> Failure to wear appropriate dress (shoes, shirt, blouse) <input type="checkbox"/> Handling (of object, material, item, thing) <input type="checkbox"/> Horseplay <input type="checkbox"/> Improper mixing or storing (non-compatible material, chemicals, etc.) <input type="checkbox"/> Improper placing or storing (materials, tools, equipment) <input type="checkbox"/> Lifting (including position, stance) <input type="checkbox"/> Making safety devices inoperative <input type="checkbox"/> No unsafe act/practice on the part of employee <input type="checkbox"/> Operating/Working at unsafe speed <input type="checkbox"/> Operating without proper authority/clearance <input type="checkbox"/> Over or unnecessary exposure to hazards (gas, fumes, dust, chemicals, mist, radiation, etc.) <input type="checkbox"/> Repairing or servicing moving object/thing (machine, equipment, etc.)		I. WAS THE RULE, POLICY OR PROCEDURE FOLLOWED? If no, explain in section N.
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		M. ACTION(S) TAKEN OR PLANNED TO PREVENT RECURRENCE? (Check all that apply)
		<input type="checkbox"/> Action taken with employee for violating rules, regulations or procedures <input type="checkbox"/> All employees were made aware of the occurrence, cause, consequence, and action taken to prevent recurrence <input type="checkbox"/> Employee given basic training <input type="checkbox"/> Employee given refresher or remedial training <input type="checkbox"/> Existing rule, regulation or standard (SOP) enforced <input type="checkbox"/> Existing rule, regulation or standard (SOP) revised <input type="checkbox"/> New rule, regulation or standard prepared <input type="checkbox"/> Physical hazard(s) corrected <input type="checkbox"/> Other positive action taken

N. DESCRIBE BRIEFLY IN NARRATIVE FORM THE CIRCUMSTANCES THAT LED TO AND CAUSED THIS OCCURRENCE.

ANSWER: WHO? WHAT? WHERE? WHEN? WHY? AND HOW? (Use additional sheet if necessary)

		/ /	()
REVIEWED BY	INJURED'S IMMEDIATE SUPERVISOR (print) SIGNATURE _____ DATE: / / PHONE: _____ SECTION/DEPARTMENT/DIVISION ADDITIONAL DUTY SAFETY OFFICER COMMENT: _____ _____		
SIGNATURE _____ DATE: / /	SECTION/DEPARTMENT/DIVISION HEAD COMMENT: _____ _____		
SIGNATURE _____ DATE: / /	AGENCY OR FACILITY SAFETY MANAGER COMMENT: _____ _____		
SIGNATURE _____ DATE: / /			



Texas Tech University System First Report of Injury/Illness/Accident



This form must be completed and signed by the Administrator/ Supervisor, not the employee

Submit completed form to: Texas Tech University System, Risk Management Department, MS2003, Texas.

(FAX: 806-742-3018).

Please print or type.

1. Name (Last, First, MI)		2. Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male		14. Date of Accident	15. Time of Accident <input type="checkbox"/> AM <input type="checkbox"/> PM
3. SSN	4. Home Phone	5. Date of Birth		16. Was employee doing his/her regular job? <input type="checkbox"/> Yes <input type="checkbox"/> No	
6. Mailing Address (Home) City _____ State _____ Zip Code _____				17. Address where accident or exposure occurred. Name of business if accident occurred in a business site. City _____ State _____ Code _____	
7. Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Divorced		8. Number of Dependent Children?		18. Cause of accident (struck, fall, strain, etc.)	
9. Spouse's Name		10. Does the employee speak English? If no, specify language. <input type="checkbox"/> Yes <input type="checkbox"/> No		19. How and why Accident/Exposure occurred?	
11. Department				20. Part of body injured or exposed	
12. Office Phone				21. List Witnesses	
13. Supervisor's Name				22. Date Reported to Supervisor	

23. Print Name (Must be Administrator/Supervisor)	Date
24. Signature (Must be Administrator/Supervisor)	Date

Complete the following sections ONLY IF medical treatment or lost time from work is involved.

25. Treating Doctor Name _____ Address _____ City _____ State _____ Zip Code _____ Phone Number _____	26. Date Lost Time Began _____ 27. Return to work date or expected date _____
---	--

NOTE: With few exceptions, you are entitled by law to know, review, and correct information that we collect about you.
For more information, please refer to TTU OP 01.04 or TTUHSC OP 01.03.



EMPLOYEE'S REPORT OF INJURY

Dear Employee:

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

Name: _____ <small style="display: inline-block; width: 100px; text-align: center;">Last First MI Maiden</small> Address: _____ City: _____ State: _____ Primary Phone Number: _____ Secondary Phone Number: _____ Email address: _____	Social Security: _____ Gender: M / F Date of Injury: _____ Employer: _____ Job Title: _____ Work Schedule: _____
1) What was the exact location of the accident (street address if possible):	
2) What was happening at the time? (What was going on around you, what were you doing, what were other people doing)	
3) Briefly describe what exactly caused the injury:	
4) What areas of your body were injured?	
5) When and to whom did you report your injury? Date _____ Time _____ Name: _____ Title _____ Phone Number: _____	
6) List all known witnesses. (Continue on back if necessary) Name _____ Phone: _____ Name _____ Phone: _____ Name: _____ Phone: _____	
7) Please identify your Primary Care Physician or family doctor: Name: _____ Phone: _____	
8) Please list the names and phone numbers of all doctors or treatment providers you have seen for your injury: Name: _____ Phone: _____ Name: _____ Phone: _____ Name: _____ Phone: _____	
9) Has a doctor taken you off work? <input type="radio"/> Yes <input type="radio"/> No If so, when was the first day you missed work? _____	
10) If the doctor took you off work, have you returned to work? <input type="radio"/> Yes <input type="radio"/> No If not, when do you think you will return to work? _ _____	
11) Date of Last Appointment: _____ 11) Date of Next Appointment: _ _____	
12) Have you had previous workers compensation injuries? <input type="radio"/> Yes <input type="radio"/> No If Yes, please enter dates of injuries and the body parts injured.	
By affixing my signature, I attest that all information on this form is accurate and true.	
Signature: _____ Date: _____	

Instructions Employee's Report of Injury

Purpose of Form:

The injured employee completes this form to provide SORM with information pertaining to the circumstances surrounding the injury and what has happened since the date of injury. This will help to expedite benefits in a more timely manner.

Filing Deadline:

The form must be received by SORM not later than the 5th calendar day after the First Report of Injury or Illness (DWC-1S) is reported by the agency.

Completed by:

This form shall be completed by the injured employee with assistance from the Claims Coordinator, if needed.

Instructions:

1. The employee will address each of the questions completely and is to use additional pages if necessary. The adjuster needs a complete picture of the events surrounding the injury and how the injury occurred. Witnesses names and phone numbers, physicians/treatment providers names and phone numbers and work status is needed. The employee should enter any previous workers compensation claims and the body parts injured.
2. The injured employee will sign and date the form thereby attesting that all information on the form is true and complete.

Distribution

The Claims Coordinator shall retain the original for the agency file and fax or mail a copy to:

State Office of Risk Management
PO Box 13777
Austin, TX 78711
Fax: (512) 370-9025

Notice: With few exceptions, an individual is entitled, upon request, to be informed about the information a state governmental body collects about the individual. Under Sections 552.021 and 552.023 of the Government Code the individual is entitled to receive and review the information and under Section 559.004 of the Government Code the individual is entitled to have the state governmental body correct any information about the individual that is incorrect.



AUTHORIZATION FOR RELEASE OF INFORMATION

Patient: _____

TO WHOM IT MAY CONCERN:

You are hereby expressly authorized to release and furnish to the State Office of Risk Management (SORM), 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.

SIGNED: _____ DATED: _____

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

THANK YOU.

STATE OFFICE *of* RISK MANAGEMENT

Instructions Authorization for Release of Information

Required:

This document is required immediately after sustaining a work-related injury. The injured employee should complete this release form. This enables SORM to obtain, from healthcare providers, copies of relevant medical documents that will assist in the handling of the claim.

Filing Deadline:

The form must be received by SORM not later than the **5th calendar day** after the first notice of injury is reported to the agency.

Completed by:

The employee must complete this form. If the employee is incapacitated the spouse, child, or legal guardian may sign the form. **THIS FORM MUST BE SIGNED AND DATED.** The Claims Coordinator should make this form available for all injuries.

Instructions:

1. The injured employee must clearly print his or her name on the patient line.
2. The injured employee must clearly print his or her name on the second line.
3. The injured employee must sign and date the form.

Distribution:

The Claims Coordinator shall retain the original for the agency file and fax or mail a copy to:

State Office *of* Risk Management
PO Box 13777
Austin, TX 78711
Fax: (512) 370-9025

Notice: With few exceptions, an individual is entitled, upon request, to be informed about the information a state governmental body collects about the individual. Under Sections 552.021 and 552.023 of the Government Code the individual is entitled to receive and review the information and under Section 559.004 of the Government Code the individual is entitled to have the state governmental body correct any information about the individual that is incorrect.



EMPLOYEE'S ELECTION REGARDING UTILIZATION OF SICK AND ANNUAL LEAVE FOR GENERAL EMPLOYEES

Employee's Name _____ Date of Injury _____

You are not required to use your leave. Texas Labor Code §501.044 allows an injured state employee to elect to use accrued sick and annual leave before receiving income benefits. Accrued sick leave must be exhausted before annual leave may be used. Other categories of leave (compensatory leave, holiday leave, administrative leave, etc) may not be used prior to sick and annual leave.

Complete Election 1 or Election 2.

ELECTION 1 (must choose A, B, or C) Sick leave must be exhausted before annual leave may be used

When I lose time from work due to this injury or illness, I elect to use all of my accrued sick leave AND:

- A. All of my accrued annual leave.
B. A portion of my accrued annual leave (enter number of hours: _____).
C. None of my accrued annual leave.

ELECTION 2

- When I lose time from work due to this injury or illness, I elect to not use any accrued sick leave and/or annual leave. I understand I will not receive workers' compensation payments until after the seven (7) calendar day waiting period.

I understand that I may not change my election after my eighth (8th) day of disability and signing this form. I have read the reverse side of this form, and I fully understand the election I am making.

Hours of Sick Leave Hours of Annual Leave
Employee's Social Security Number Agency
Employee's Signature Date Claims Coordinator's Signature Date

This form may not be altered in any way.

Instructions Employee's Election Regarding Utilization of Sick and Annual Leave For General Employees

Injured employees may elect to use accrued sick leave and all, part, or none of their accrued annual leave for time missed from work due to the work related injury. Accrued sick leave and accrued annual leave are the amounts of paid leave available at the time of injury in addition to leave earned after the injury. The following details the effects of the different choices available to you.

If You Choose Election 1

- You must use all accrued sick leave but may elect to use all, some, or none of your accrued annual leave.
- All sick leave must be exhausted before annual leave may be used.
- If you select 1A and return to work but later have additional days of disability, you must use any accrued sick and annual leave before receiving workers' compensation income benefits.
- If you select 1B, you must use any sick leave balance and any authorized annual leave before you will be eligible to receive workers' compensation income benefits.
- If you select 1C, you must use any/all accrued sick leave before receiving workers' compensation income benefits.
- Workers' compensation income benefits do not begin until the eighth day of disability. Employees who are disabled for at least 14 days will receive retroactive benefits for any portion of the seven-day waiting period not paid by leave.
- You will continue to receive your full pay as long as you have accrued time to use and have authorized your agency to use it for your injury. If your elected leave is exhausted, you may receive income benefits to replace a portion of your lost wages. This may be 70% or 75% of your average weekly wage depending on your wages at the time of your injury.
- It is recommended that you consult with your Human Resources Department to discuss the impact of your selection on your leave balances and insurance benefits should you be off work for an extended period of time.

If You Choose Election 2

- You choose to not use any sick or annual leave for your compensable injury. Your agency may immediately place you in a leave without pay status.
- You may not receive any workers' compensation income benefits for the first seven (7) calendar days you are unable to work. If eligible, your income replacement benefits will begin on the 8th day of disability and employees who are unable to work for 14 days will receive retroactive benefits for the first seven days. You will be paid at a rate of 70 or 75% of your weekly wage depending on your wages at the time of your injury.

Notice: With few exceptions, an individual is entitled, upon request, to be informed about the information a state governmental body collects about the individual. Under Sections 552.021 and 552.023 of the Government Code the individual is entitled to receive and review the information and under Section 559.004 of the Government Code the individual is entitled to have the state governmental body correct any information about the individual that is incorrect.

Texas Tech University Health Sciences Center El Paso

Non-Employee Incident / Injury Report Form (Non-Clinical Areas)

Instructions:

- Circle or complete responses
- Complete all sections in detail. Attach another page if needed.

PERSONAL INFORMATION

Title:	Name (<i>Last, First, MI</i>):		
Date of Birth: / /	Status: Student / Visitor / Volunteer		
Sex: M F	School or Company		
Home Address:			
City:		State/ Zip:	
Home Phone:	Work Phone:	Other Phone:	
E-mail Address:			

INCIDENT / INJURY DETAILS

Date of Injury:	Time of Injury:	Today's Date:
Description of Injury:		
How did Incident Occur (If needed, draw a diagram to explain, i.e., weather condition, condition of surface / area, any comment(s) by injured party)		
Campus: <input type="checkbox"/> El Paso <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
Name / address where injury / exposure occurred.		
Was medical treatment required <input type="checkbox"/> Yes <input type="checkbox"/> No		Date/time:

NAME OF WITNESS / NAME OF PREPARER

Name of witness:	Day phone:
Name of witness:	Day phone:
Name of Faculty/Supervisor (if applicable):	Day phone:
Name of person preparing report:	Day phone:
Signature of person preparing report:	Date:

TTUHSC EL PASO Safety Services El Paso, (Copy within 72 hrs)

Texas Tech University Health Sciences Center El Paso
WITNESS STATEMENT
(Non-Clinical Areas)

Are you a TTUHSC EL PASO Employee? Yes No

If yes, what department? _____

**MUST BE TYPED
OR PRINTED**

Date of Injury: _____

Person(s) Involved in this Incident: _____

Statement Completed By: _____

Witness Name: _____ Age: _____

Residence

Address: _____

Home Telephone: _____

_____ when an Incident involving the above person 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

Other pertinent information and source: _____

I know nothing whatsoever about the occurrence.

Signature

Date



Occurrence Report

Confidential Peer Review

1. Treatment Issue Slip/fall Communication Medication Medical Equipment Other

2. EXACT LOCATION OF OCCURRENCE:

Date of Occurrence: _____ Time of Occurrence: _____

3. PERSON PREPARING REPORT:

Name: _____ Department: _____ Phone: _____

4. PERSON INVOLVED:

Name _____ (last, _____ first, _____ m.i.): _____

Address: _____

Phone: _____

Medical Record Number (if applicable) _____ DOB: _____

Please **select one** of the following, and indicate **which** clinic, school destination or department:

Patient – Clinic: _____

Student – School: _____

Visitor – Destination: _____

Volunteer – Department: _____

5. WITNESSES: Yes No

Who: _____ Contact #: _____

Is witness an employee? Yes No Department: _____

6. PROBLEM or ISSUE: Please describe exactly WHAT, WHY, HOW, (R) or (L) side of body, which finger, etc.

7. FALLS:

Activity/circumstances of patient when fall occurred:

Treatment given or action taken:

8. SEEN BY PHYSICIAN: Yes No

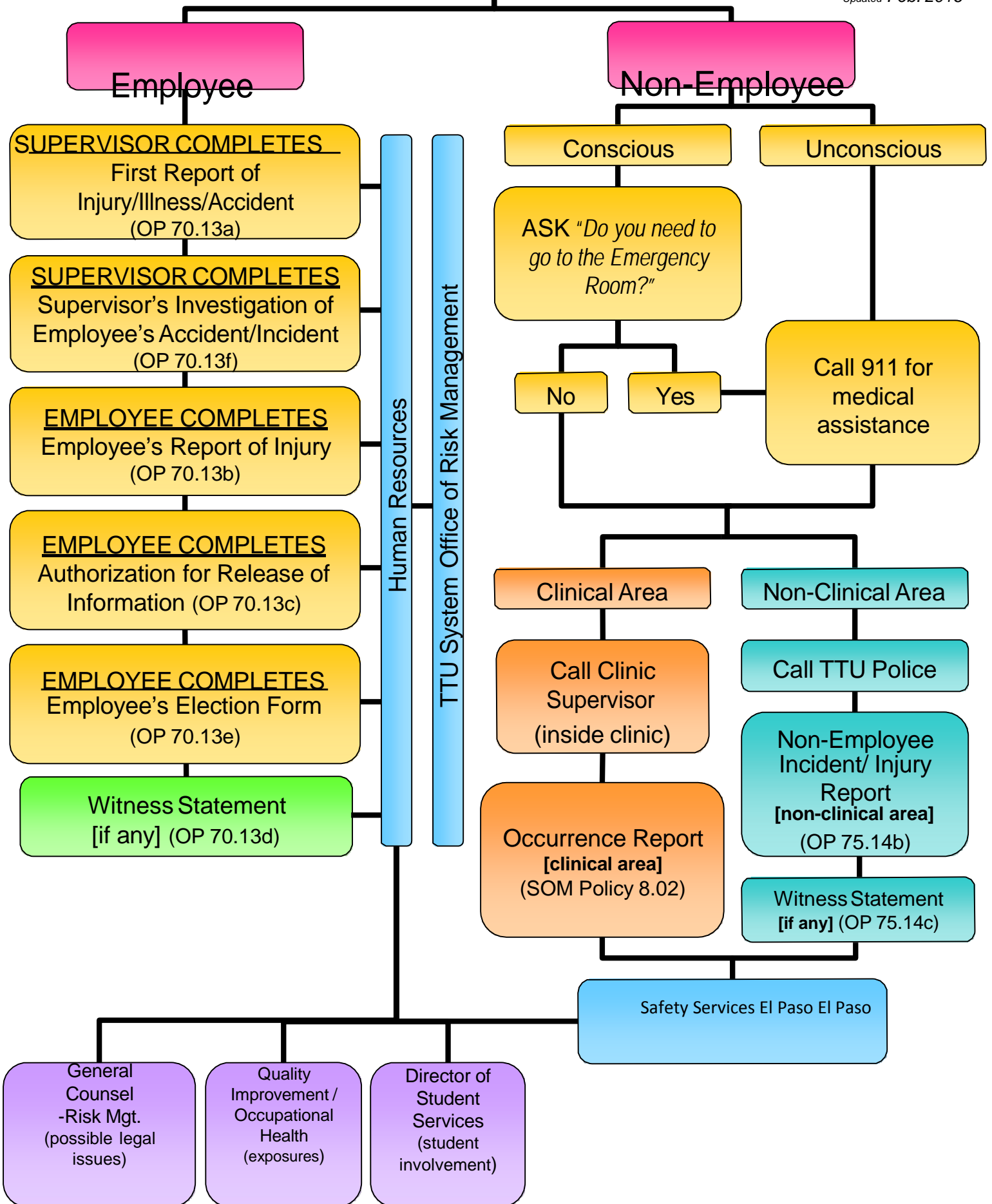
Physician assessment:

Physician's Signature: _____ Date: _____

9. DISPOSITION OF PATIENT/OUTCOME:

Incident Reporting

USO Guide Appendix P
ELP Safety Services
El Paso
Updated Feb. 2016



Texas Tech University Health Sciences Center El Paso
Safety Services El Paso Department
Health and Safety Review

Date of Review: _____

Department Being Reviewed:

Department Name: _____ Location: _____

Unit Safety Officer Name: _____ Telephone No: _____

Unit Safety Officer Completing Review:

Name: _____

Department: _____ Telephone No: _____

Grade Sheet (to be completed by the USO completing the review):

Section	Description	Grade Summary per Section			Not Applicable (NA)
		A	B	C (Needs improvement. Complete additional comments on page 2.)	
1	All Areas	△	△	△	
2	Administrative Office Areas	△	△	△	△
3	Clinical/Patient Care Areas	△	△	△	△
4	Laboratories	△	△	△	△
5	Maintenance/Shop Areas	△	△	△	△

Overall Grade (circle one)	A	B	C
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Instructions for Completing Review

The reviewing USO should contact the USO in the department being reviewed and schedule a specific date and time for the two parties to complete this H&S Review.

Ratings for **Grade Sheet** are as follows:

1. Overall Grade A – This department achieves the maximum performance in safety excellence.
2. Overall Grade B – The department meets all of the expected requirements. Normal expected performance.
3. Overall Grade C – Does not meet All Expectations. USO must provide feedback to the department regarding how the department can improve.

Using the scale provided above, the reviewer should rate each item in the inspection sheet in the appropriate column. When placing a grade on each item, if an item is **Satisfactory** - a Grade of A or B is appropriate.

Complete only the applicable attached Sections. At the completion of each section provide an overall grade, A, B or C. This can be an average or an **estimated grade**.

Once each Section has been completed and a grade has been added, place the summary score from that Section in the Grade Sheet above.

After completion of the Grade Sheet, obtain required signatures. A copy of the completed review should be retained by the USO in the department being reviewed and the original should be forwarded to the Safety Services El Paso Department. A USO may request that a representative from Safety Services El Paso assist them with the review process.

Instructions for Corrective Action and Follow-Up Procedures

The USO in the department being reviewed should take pertinent, corrective action on those items that may need improvement, or that have a Grade of C.

Please confirm any corrective action(s) in writing/or via email to your Safety Services El Paso Department representative below:

Campus	Send Corrective Action Emails to:
El Paso	Jose.melchor@ttuhsc.edu
El Paso	Martha.quezada@ttuhsc.edu
El Paso	Calvin.shanks@ttuhsc.edu

Your memorandum/email should identify the deficiency and corrective action(s) taken. It is recommended that the written response be completed within two weeks.

Signatures:

_____ <i>(Unit Safety Officer in Department Being Reviewed)</i>	_____ <i>(Date)</i>
_____ <i>(Department Head in Department Being Reviewed)</i>	_____ <i>(Date)</i>
_____ <i>(Unit Safety Officer Completing Review)</i>	_____ <i>(Date)</i>

Additional Comments *(required if the Section Grade or Overall Grade is C)*

Please provide feedback below regarding how the department performed this year. Positive feedback is always welcome.

Section 1: All Areas

Standard	Criteria	A	B	C	NA	Comment
1. Departmental records indicate training requirements being met.	New employee orientation and ongoing refresher training is up to date (entries posted within last six months).					
2. Personnel know how to report injuries or incidents and safety concerns.	Verify posting of how to report an injury See http://el Paso.ttuhs.c.edu/safety/injury.aspx					
3. Lighting meets the needs of occupants.	Adequate lighting, no burned-out bulbs or flickering lights					
4. Ventilation meets the needs of occupants.	No complaints about odors, fumes, temperatures.					
5. Traffic aisles, exit pathways, hallways and corridors, doorways and work areas are free from clutter, obstructions and other tripping hazards.	Overcrowded areas should be noted. No walking areas or doorway less than 20 inches wide, corridors 44 inches. Nothing on or across pathways (boxes, cords, etc.) No egress through a higher hazard area.					
6. All facility areas are maintained clean and orderly and in a sanitary condition.	Overall general housekeeping in all areas should be good.					
7. Furniture and equipment in good repair and functional. Cabinet doors are properly secured.	No missing, loose or broken pieces, sharp edges or splintering wood surfaces. Non- functional equipment is labeled "Out of Service" and unplugged. Cabinet doors are not loose.					
8. Floors are free from wet areas, cracks, loose or missing floor tiles and/or torn carpeting. All floor covering is properly secured.	Carpet or tile is not coming up creating a tripping hazard. Every floor kept in good repair.					
9. Materials properly stored and secured against slippage or falling.	Large items stored low and loose items secured from slippage or sliding.					
10. Storage areas are neat and sufficient. Step stools or ladders provided where necessary.	No items stored <18" from the sprinkler heads. Heavier items stored low; step stool is sturdy and in good working order.					
11. No excessive combustible materials in any area.	No large stacks of paper, files, magazines, card board boxes, etc.					
12. Flammable or combustible materials are not stored near sources of ignition.	Flammables or combustibles are stored away from sources of heat or ignition, i.e. welders, heaters, grinders, other sparks.					
<i>Continued on next page</i>						

Section 1: All Areas, continued

<i>Standard</i>	<i>Criteria</i>	<i>A</i>	<i>B</i>	<i>C</i>	<i>NA</i>	<i>Comment</i>
13. Personnel are familiar with emergency evacuation routes and procedures.	Employees know two exit pathways and emergency codes for notification.					
14. Emergency phone numbers are readily available.	Verify numbers are posted on or near the phone.					
15. EXIT signs are unobstructed, well lit, easily visible, and lead to an actual exit.	At least one "EXIT" sign is visible from any point in the egress corridor.					
16. Fire doors are not blocked open. (A fire-resistive door can provide fire protection when closed. These are fitted with an automatic closing mechanism, in the event of fire.)	No doorstops are installed or wedges used. Use of the facility's magnetic hold-open device is acceptable.					
17. No candles, oil lamps or other sources of open flame in use.	May be decorative only.					
18. Fire extinguishers are easily visible, not obstructed, and have appropriate inspection tags.	Annual inspection tag is current (within one year of last inspection). Extinguisher should have a tag verifying monthly visual inspection.					
19. Fire alarm pull stations are easily visible / not obstructed.	Ask employees where the nearest pull station is located.					
20. Sufficient electrical outlets exist and extension cords are used for temporary purposes only.	Multi-outlet power strips or surge protectors are acceptable, but are not to be ganged together.					
21. No materials stored within 3 feet of breaker panel. Panels are easy accessible in the event of an emergency.	Electrical breaker panels are not obstructed, taped or wired in "on position" and easily accessible.					
22. Electrical cords are in good condition.	No splices, deterioration, taping, damage, or being sharply bent or pinched.					
23. Outlets have appropriate non-damaged cover plates and are equipped with 3-prong sockets.	No evidence of arcing (burned) or broken sockets or covers.					
24. Hazardous parts of electrical machines and equipment are effectively guarded.	All guards are in place, secure, and no evidence of makeshift alterations.					
25. Waste disposal appropriate for the location.	Appropriate container for types of waste not overloaded and not obstructing pathways.					
Average for Section 1: All Areas		<i>A</i>	<i>B</i>	<i>C</i>	<i>NA</i>	Circle average grade & transfer results to page 1 summary upon completion.

Section 2: Administrative / Office Areas

Standard	Criteria	A	B	C	NA	Comment
1. Adequate work surfaces available for job functions.	Appropriate space for equipment and materials required for tasks.					
2. Sufficient space under work surface for legs, feet and thighs.	No clutter, equipment or tangle of cords under work surface.					
3. Work areas are organized and frequently used items are within easy reach.	Located within arm's length.					
4. Office arrangement allows easy egress under emergency conditions.	Furniture does not block occupant access to the exit door.					
5. Chairs are in good condition. Rolling chairs have casters that move freely. Floor materials are in good condition and do not interfere with operation of chair.	No missing or damaged parts, backs are not loose, and adjusted to the tasks performed. If a plastic floor mat is used, is it of adequate size so that the employee does not have to move off the mat to reach work areas.					
6. Desks and computer stations meet ergonomic standards.	Keyboards at height to allow a right-angle at the elbow and a straight line at the wrist.					
7. Appropriate use of computer monitors.	Top of screens at eye-level, glare minimized; document holders in use.					
8. Mechanical aids are used when appropriate to reduce health risks.	Document holders, foot rests, wrist rests, anti-glare screens, etc.					
9. Frequent telephone users are provided with receiver shoulder rests or headsets or earpieces.	Should be adjustable, light weight, and comfortable for user.					
10. Filing cabinets are positioned and used safely.	Drawers don't open into walkway, storage on top is limited, lateral file cabinets not stacked, and loaded from bottom so as not to topple when drawers are opened.					
11. Phone lines, electrical cords, etc. secured under desk or along baseboards.	Cords should not interfere with knee space under desk. Cords running across walkways should be covered by runners or cord protectors to prevent trip hazards.					
12. Food storage areas are kept clean.	Refrigerators and microwave ovens are clean.					
Average for Section 2: Administrative/Office Areas		A	B	C	NA	Circle average grade & transfer results to page 1 summary upon completion.

Section 3: Clinical / Patient Care Areas (If there are no Clinical or Patient Areas indicate "NA" on the Grade Sheet on page 1.)

Standard	Criteria	A	B	C	NA	Comment
1. Sharps containers are available in each exam room and other areas where sharps are used.	Sharps containers within clinics shall be mounted below eye level. In non-clinical areas containers may be place on a countertop where tampering is not expected.					
2. Sharps containers are secured and tamper proof.	Sharps container brackets are equipped with locks or breakaway locks.					
3. Sharps containers are less than three quarters full.	No overfilled sharps containers shall be in service.					
4. Biohazard waste disposal is available when blood or blood products are disposed of.	Red disposal bags and containers should be available when required.					
5. If there are any child-sized furniture in patient waiting areas are safe and clean. Toys are not recommended because of sanitation issues.	No sharp edges, flaking paint or parts which can be detached and swallowed.					
6. Children's toys or furniture are positioned away from electrical outlets.	Outlet covers or inserts are recommended, but not required.					
7. Appropriate personal protective clothing and equipment is available.	Include gloves, face and eye protection, lab coats, N-95 respirators, etc.					
8. Refrigerators labeled properly and contents not mixed.	Examples: "For Food Only" or "For Specimens Only"					
9. Patient equipment is clean and in good working order.	No evidence of physical or electrical damage, including frayed or damaged cords.					
10. Waiting room furniture is not placed near handrails where children can climb on them.	Keep all chairs, benches and tables away from the handrails in the event children accidentally fall over a handrail.					
11. Restrooms areas are clean, sanitary and safe for patient use.	Review items such as loose or damaged toilet seats, loose stall doors, non-operational door locks and damaged water valves (running water).					
12. Patient emergency notification devices are functional.	Emergency pull cords are not wrapped around the handicap handrails in restrooms. Other emergency notification devices are operational.					
Average for Section 3: Clinical/Patient Care Areas		A	B	C	NA	Circle average grade & transfer results to page 1 summary upon completion.

Section 4: Laboratories (If there are no Laboratories indicate "NA" on the Grade Sheet on page 1.)

Standard	Criteria	A	B	C	NA	Comment
1. Laboratories have a Laboratory Compliance Manual.	Location of this manual shall be available to employees.					
2. "Notice to Employees" signs are posted.	If hazardous chemicals and/or radiation materials are present look for a posting of the Texas Hazard Communication Act and/or Radiation "Notice to Employees".					
3. MSDS's readily available for chemicals used in work area.	Employees must know how to obtain an MSDS. MSDS's of frequently used and highly hazardous chemical should be printed and available in the event of an emergency.					
4. Chemical inventory or list of hazardous chemicals is available.	A written chemical list or on-line chemical inventory should be accessible.					
5. All chemical containers are labeled.	Manufactured chemicals should have original labels affixed. Labels must include identity of the chemical(s) and appropriate hazard warnings. No expired chemicals should be present.					
6. Radioactive wastes in labeled containers.	Label should be readily evident.					
7. Biohazard wastes in labeled containers.	Label should be readily evident.					
8. Sharps and physically hazardous objects are in labeled sharps container or broken glass box.	No sharps or glass should be discarded in regular trash, even if it is intact. Any container with sharp materials should not be overflowing.					
9. Suitable absorbent materials available for cleaning chemical spills.	Spill clean-up materials or kits shall be available within the department.					
10. Chemical storage is properly segregated.	Acids and not stored adjacent to bases or oxidizers. Glacial Acidic Acid, if present, is stored with Flammables and not in the acids storage cabinet. Acids not stored under sink.					
11. Excessive flammable liquids (>10 gallons) not stored outside of a flammable liquid storage cabinet	When possible all flammable and corrosive chemicals should be properly stored in a cabinet when not in use.					
12. Fume hood(s) is operational.	Visually check to see if the hood is operational, i.e. caution tape indicator, flow meter.					
13. Fume hoods work surfaces are not being used for chemical storage.	When chemical containers are not in use, the lid must also be secured to prevent evaporation.					
14. No flammable liquid storage beneath the fume hood.	The exception for this if the hood is specifically designed for flammable liquid storage.					

Section 4: Laboratories, continued

<i>Standard</i>	<i>Criteria</i>	<i>A</i>	<i>B</i>	<i>C</i>	<i>NA</i>	<i>Comment</i>
15. Laboratories have a Laboratory Compliance Manual.	Location of this manual shall be available to employees.					
16. Fume hood not used as storage for other equipment.	Note any equipment being stored in fume hoods due to lack of storage space elsewhere.					
17. Biological safety cabinets tagged with a current inspection sticker.	Within the last year.					
18. No food or drinks in lab areas.	No human consumable items within the laboratory, laboratory refrigerators or freezers.					
19. Refrigerators are labeled "No Food or Drink"	No food for human consumption should be stored in a laboratory refrigerator.					
20. Eyewash & safety shower can be reached by employees within 10 seconds.	Should be near high hazard areas and no obstructions that may delay or prevent use.					
21. Fire extinguisher is accessible and employees have received training on how to use equipment.	Verify that a fire extinguisher is available in the lab area. If employees are expected to use the extinguisher, training is required.					
22. Appropriate personal protective equipment and clothing is available.	Include gloves, face and eye protection, lab coats, etc.					
23. Lab coats being worn by employees	Note if employees are wearing their lab coats while working. Lab coats should not be taken home at night.					
24. Personnel clothing is appropriate for the laboratory environment.	No open-toed shoes. Apparel should cover as much skin as possible.					
25. Compressed gas cylinders are legibly marked to clearly identify the gas contained.	Verify labels are present, legible and in English. Separate storage of flammable gases from oxidizers.					
26. Compressed gas cylinders are properly secured by chain or other restraining device	Valve caps are in place and screwed down when not in use. Cylinders should also be stored away from heat sources.					
27. Extension cords are not being used as permanent wiring.	Use of extension cords is permitted, but not as a substitute for proper electrical wiring of equipment.					
28. Laboratory secured when unattended	Lab door not propped open. Lab locked when no personnel are working in the area.					
Average for Section 4: Laboratories		<i>A</i>	<i>B</i>	<i>C</i>	<i>NA</i>	Circle average grade & transfer results to page 1 summary upon completion.

Section 5: Maintenance / Shop Areas (If there are no Maintenance or Shop Areas indicate "NA" on the Grade Sheet on page 1.)

Standard	Criteria	A	B	C	NA	Comment
1. Materials and tools are cleaned up and put away after use.	Walking and working surfaces are not cluttered.					
2. Workroom floors are maintained clean and, so far as possible, dry.	Floors are kept clean.					
3. Spills are cleaned up immediately.	Clean up materials are readily available.					
4. Aisles and passageways are marked and clear of obstructions.	Aisles kept clear.					
5. Boxes, containers, etc., stored in tiers are stacked, blocked, interlocked, and limited in height for stable and secure storage.	Materials are properly stored so that they are secure.					
6. Mezzanine areas used for storage are posted with the allowable floor loading.	Load limit placed on overhead storage areas.					
7. Appropriate ladders are available and well-maintained.	Non-slip safety feet present and in good condition.					
8. Hand tools are in good condition and stored appropriately.	No broken or cracked handles, sprung jaws, or mushroomed heads.					
9. Portable power tools are properly stored when not in use.	In good condition without power cord damage, grounded or double insulated.					
10. Power tools are equipped with appropriate safety guards.	Secure and properly functioning.					
11. Portable electrical powered tools are appropriately grounded.	Grounding conductor in good condition or double insulated.					
12. Guards are firmly secured, are not easily removed, are constructed of appropriate materials, and do not present additional hazards.	Guards are in good condition and secure to the equipment.					
13. Work rests on abrasive wheels are in place and kept adjusted close to the wheel (1/8 inch max).	Verify work rest is properly adjusted.					
14. Dusty work areas are vacuumed regularly.	Vacuuming is preferred to sweeping or blowing.					
15. Compressed air is not used for cleaning purposes except where reduced to less than 30 psi.	Verify pressure is less than 30 psi.					
16. Combustible scrap, debris and waste materials (oily rags, etc.) are stored in covered metal receptacles & removed promptly.	Housekeeping is maintained and fire load is kept minimal by lack of accumulation of combustibles.					
17. Personal protective equipment is properly used and maintained.	Regularly cleaned and repaired, and properly stored.					

Continued on next page

Section 5: Maintenance / Shop Areas, continued

<i>Standard</i>	<i>Criteria</i>	<i>A</i>	<i>B</i>	<i>C</i>	<i>NA</i>	<i>Comment</i>
18. Safe operating procedures are documented, displayed and carried out.	No horseplay is to be permitted.					
19. Compressed gas cylinders are legibly marked with gas content.	Verify labels are in good condition, legible and in English					
20. Cylinder storage inside buildings is well protected, well ventilated, dry, and at least 20 feet from highly combustible materials.	Verify correct cylinder storage. Valve Protection caps in place when not in use. No storage of flammables adjacent to oxidizers without fire protection.					
21. Each electrical disconnect is marked to indicate its purpose.	Review disconnects to assure marking.					
22. Electrical equipment is marked with the manufacturer's name and applicable ratings (e.g., voltage, wattage).	Review electrical equipment to assure proper marking.					
23. Pull boxes, junction boxes, and fittings are provided with appropriate covers.	No missing covers or missing knock-outs.					
24. Forklift vehicles are inspected prior to each use to identify adverse conditions (e.g., fluid leaks, malfunctioning or missing horns, lights, & motion warning devices, etc.).	Verify inspections are completed by requesting documentation of inspection.					
25. Each forklift operator has successfully completed the training prior to operating a forklift truck.	Assure each forklift operator has received training.					
26. Employees working in elevated work areas and/or platforms wear a full body harness and a properly anchored lifelines	If employees work in elevated work areas, look for properly maintained fall protection equipment.					
27. Slings are inspected for damage or defects each day prior to use.	Review sampling of slings for proper maintenance. All damaged or frayed slings should be marked – do not use and be taken out of service.					
Average for Section 5: Maintenance/Shop Areas		<i>A</i>	<i>B</i>	<i>C</i>	<i>NA</i>	

USO Admin Controls

1. Login to Web site : <http://elPaso.ttuhs.edu/elPaso/safety/>

2. Click on Admin Controls button



on far right of page.

http://elPaso.ttuhs.edu/elpsafetyservices/uso_admin_controls/login.aspx

3. Click on eRaider Sign In button
eRaider username and password.



to sign in with your

4. Utilize the 3 links at the top to manage and track employee compliance with Safety Training.

Department Tools My (USO) Documents Contact Safety Services

5. Click on the Department Tools link.

Department Tools

Then Click on the Unit Management link.

Instantly see compliance average for NESOP
Level 1, Level 2, & Refresher Safety Training.

Unit Management
Everything you need to manage your Unit's
safety training status.

Unit Compliance: NESOP: 97.83% NESOP II: 100% Refresher: 51.76%

Name (Last, First)	NESOP					NESOP 2	Refresher				
	AP	EP	IDEP	RTK	SP		AP	EP	IDEP	RTK	SP
Alaman, Jennife...	11/1/2007	11/1/2007	11/1/2007	11/1/2007	11/1/2007	7/11/2008		11/8/2010	1/4/2011		
Bartley, Willia...	9/3/2002	9/3/2002						11/2/2010	12/23/2010	12/23/2010	11/10/2010
		6/4/2002						11/2/2010	12/29/2010		10/28/2010
	8	8/27/1998						9/29/2010	9/3/2010	9/3/2010	11/23/2010
		3/11/2010	10/31/2008	3/12/2009		10/26/2008		9/29/2010	1/6/2011		12/10/2010
	7	11/7/2007	11/7/2007	11/7/2007	11/7/2007	12/6/2007					
	0	4/12/2010	4/12/2010	4/12/2010	4/13/2010	4/2/2010					
		9/24/1999	9/24/1999	9/24/1999	9/24/1999	9/1/2009					
Kenne...	1/3/2008		1/3/2008	1/3/2008	1/3/2008	1/1/2008					
Kennon, Michael						9/28/2010		11/8/2010			10/14/2010
Ledgerwood, Kip						10/3/2010		10/22/2010			
Means, Victor						10/3/2010					10/28/2010
Parr, Pamela						10/3/2010		9/29/2010	1/13/2011		
Reyna, Paul						10/10/2010		11/9/2010	1/6/2011		10/28/2010
Rodriguez, Rich...						10/10/2010		1/3/2011	9/2/2010	9/2/2010	10/20/2010
Smith, Arnold						10/10/2010		11/10/2010			
Witherspoon, Re...	12/22/2008	12/22/2008	12/23/2008	12/22/2008	12/23/2008	3/9/2009		9/29/2010	1/4/2011		

Click on employee's name
to bring up 2 options.

Set Training Requirements

Red color in any cell
indicates missing training.

View Transcript

By clicking this option, you will be
able to view all Safety Training
an employee has completed.

Click on any red cell to bring up
option to send employee an email
reminder to complete training.

NESOP is New Employee Safety Orientation
Program consisting of 5 online short courses &
Level 2 form all new employees must complete.

Current employees complete safety
Refresher Training in all required
categories: AP, EP, IDEP, RTK, &

6. The My USO Documents link [My \(USO\) Documents](#) pulls up 2 options.

USO Document Repository View/Upload/Print USO documents (fire escape routes, severe weather plan, continuity of operations plan, etc.).	Signature Sheets Print training signature sheets for your unit.
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7. The [USO Document Repository](#) link allows you to upload & save 4 files.

Severe Weather Plan	Emergency Call List	Evacuation Routes	Continuity of Operations Plan
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Saving these types of files is optional. Once saved, with one click you can send the document to all employees in your department to keep them updated and current.

8. The [Signature Sheets](#) link allows you to print extra signature sheets for pamphlet training, fire drills, approved presentation/lecture, etc. Please remember that these signature sheets will print only the names of employees who have not completed that particular training.
Select department(s) and then select the signature sheet type you want.

9. The Contact Safety Services El Paso link [Contact Safety Services](#) has several options.

Most options are links to either Safety service requests or reporting for TTUHSC EL PASO as described under each option.

Contact USO Coordinator Send message to Safety Services USO	Fire Event Report Submit a fire event report.	Hazard Report Submit an occupational safety hazard
Indoor Air Quality Report Submit an environmental safety indoor air quality report.	Pest Control Submit a pest control request.	Ergonomic Consultation Submit an ergonomic consultation request.

NOTE: Click on [Contact USO Coordinator](#) to submit questions/concerns without having to go outside of Admin Controls system to Microsoft Outlook or any other email program.

10. For questions, for more information, and/or to schedule Admin Controls training, call Safety Services El Paso at 915-215-4820. We can schedule classroom training or over-the-phone training.



TEXAS TECH UNIVERSITY
HEALTH SCIENCES CENTER,
EL PASO
Department of Safety Services

El Paso







915-215-4820

Safety Services Divisions – Frequently Asked Questions

The Department of Safety Services El Paso offers many services to departments throughout the Texas Tech Health Sciences Centers. To see an overview of the responsibilities of each Safety division, log on to the Safety Services El Paso web site at:



<http://elPaso.ttuhs.edu/safety/overview.aspx> . After clicking on **Department** on the left navigation bar, click on **Overview** or click on a division name. Listed below are the issues that different divisions most often respond to as quickly as possible.

Who Do I Call If ...	Responding Division
I need to check out a video for safety training I need customized safety training for my department I need a safety exam reset	Education and Training 
I need to dispose of chemicals I have biohazardous waste to be picked up I smell an unusual odor Something spilled and I am not sure what it is I have pest problems occur (online form available)	Environmental Division 
I have questions about our emergency response plan I have questions about the building evacuation process	Fire and Life Division 
I need to order hazardous chemicals (online form available) I have a fume hood, safety shower, or eye-wash station to be inspected I need a lab test reset	Laboratory Division 
I need to report an accident involving a patient, student, visitor, or vendor I need to report a hazard (online form available). Examples include <i>missing fire extinguisher, torn carpeting, exposed wiring, unlit exit sign, missing ceiling tile</i> I want my workstation evaluated for ergonomic standards (online form available) I need to be fit-tested for a TB mask	Occupational Division 
I need to order radioactive materials (online form available) I have questions about radioactive material waste disposal	Radiation Division 

Do not hesitate to call the Safety Services El Paso department if you need assistance in a safety-related matter. Or email us at: safetyserviceselp@ttuhsc.edu .

El Paso: 915-215-4820