

FLORIDA	OFFICIAL
POLYTECHNIC	UNIVERSITY
UNIVERSITY	POLICY

Subject/Title: Campus Environmental Health & Safety
FPU Policy Number: FPU-9.0042P
<input checked="" type="checkbox"/> New Policy <input type="checkbox"/> Major Revision of Policy <input type="checkbox"/> Minor Technical Revision of Policy
Date First Adopted: June 17, 2016
Date Revised:
Responsible Division/Department: Environmental Health & Safety
Initiating Authority: Elhami Nasr, Interim Provost and Vice President, Academic Affairs

A. APPLICABILITY/ACCOUNTABILITY:

This policy applies to all members of the University Community.

B. POLICY STATEMENT:

It is the University’s policy to provide a safe and healthful campus that is free from recognizable occupational safety, health and environmental hazards. Every member of the University Community is responsible for observing applicable requirements for safety and health. The University’s designated Safety Coordinator, who performs the duties of loss prevention, is the Director of EH&S.

1. Employees’ Responsibilities.

- a. Employees are responsible for conducting their job duties in a manner that adheres to applicable requirements for safety and health and minimizes the potential for illness or injury to themselves or the University Community.
- b. Employees are expected to report any unsafe acts or conditions to their supervisors and to complete and submit the Safety Concern Form.
- c. An employee should not perform tasks which involve unsafe acts or conditions that have been identified or reported until the employee receives clearance from his/her supervisor.

2. Supervisors’ duties. Supervisors should consult with EH&S regarding unsafe acts or conditions and proper procedures. Supervisors have an elevated responsibility to ensure all employees under their direction have the necessary knowledge, skills, tools/equipment and training to perform or participate in assigned University employment-related activities.

3. EH&S’s Duties.

- a. EH&S is responsible for drafting and proposing written policies and procedures related to safety and health; for providing safety program oversight; for providing periodic safety training; for conducting investigations and keeping records; and for helping to ensure Florida Polytechnic University is in compliance with University, local, state and federal safety and health codes and regulations.
- b. EH&S will perform periodic inspections to monitor the University’s compliance with applicable requirements for safety and health. EH&S will document identified deficiencies, provide recommendations, and report the deficiencies to and work with the appropriate University Official(s) over the area in which the deficiencies occur to develop the corrective action plan.
- c. EH&S will assist in the timely correction of such deficiencies to mitigate risks to the University and the University Community.

- d. In instances of immediate threat to the health and safety of the University or the University Community, EH&S has the authority to require operations within the affected area to cease until issues are resolved and the area is deemed safe through inspection and/or appropriate approval from federal, state, or local authorities.
4. Corrective Action. University Officials receiving notifications of identified or reported deficiencies must take corrective action in a timely manner; a University Official's failure to do so may result in disciplinary action, as appropriate.
5. No Retaliation. No one shall take retaliatory action against a person for, in good faith, reporting any unsafe act or unsafe condition pursuant to this policy.

C. DEFINITIONS:

Applicable requirements for safety and health - Requirements from government agencies, including but not limited to Occupational Safety and Health Administration, Environmental Protection Agency, Department of Transportation, National Fire Protection Association, Department of Homeland Security, Florida Department of Health, and Florida Department of Environmental Protection, or provided in Florida Polytechnic University safety and health policies or procedures.

Minor Non-Compliance Deficiency - The occurrence of an unsafe activity or operation which does **not** pose an immediate life-threatening danger to the University Community; however, such activity or operation is not in compliance with applicable requirements for safety and health.

Major Non-Compliance Deficiency - The occurrence of an unsafe activity or operation that poses an immediate life-threatening danger to the University Community or violates license or permit requirements and that is not in accordance with all applicable requirements for safety and health.

University Community - Includes all visitors on University property, all University students and employees, and all vendors and contractors on University property and/or acting under the direction of University employees.

University Officials- This term would include University employees such as faculty, principal investigators, administrators, and employees serving in a supervisory capacity.

D. PROCEDURES:

The following section describes appropriate inspection and notification steps after a Minor Non-Compliance or a Major Non-Compliance deficiency is identified or reported pursuant to this policy.

1. MINOR NON-COMPLIANCE DEFICIENCY

If a Minor Non-Compliance Deficiency is identified or reported, the following procedure will be used.

- a. **Notification of Deficiency**. Within seven (7) calendar days of the day the deficiency is identified or reported, EH&S will send an email communication to the appropriate University Official notifying the official(s) of the deficiencies and providing recommendations for corrective actions.
- a. **Corrective Actions**. The University Official will ensure that the recommendations for corrective actions are implemented.

- b. **Development of Corrective Action Plan.** If necessary, EH&S will work with the University Official to develop a reasonable corrective action plan and timeline which ensures the safety of the University Community and satisfies all applicable requirements for safety and health.
 - c. **Follow-Up Inspection.** Within thirty (30) calendar days of the date EH&S's email communication was sent to the University Official, EH&S will conduct a follow-up inspection to ensure that the corrective actions were implemented. (The amount of days is program-specific.)
 - i. If the outcome of the follow-up inspection is that the deficiencies were addressed, EH&S will email the University Official informing him/her of the outcome of the follow-up inspection.
 - ii. If the outcome of the follow-up inspection is that the deficiencies were not addressed, EH&S will send an email to the University Official's direct supervisor with a copy to the University Official providing a copy of the corrective action plan and informing them that the plan was not timely implemented and must be completed within seven (7) days of the date of EH&S's email to the University Official's direct supervisor.
 - d. **Second Follow-Up Inspection.** Seven (7) or more days after the communication informing the Director of Unit of the failure to timely address the deficiencies, EH&S will conduct a second follow-up inspection to ensure corrective actions were implemented.
 - i. If the outcome of the second follow-up inspection is that the deficiencies were addressed, EH&S will send an email communication to the Director of the Unit informing them of the outcome of the inspection.
 - ii. If the outcome of the second follow-up inspection is that the deficiencies were not addressed, EH&S will send an email to the Vice President of the area in which the deficiency is present, with a copy to the Director of the Unit, informing them of the failure to timely address the deficiencies and requesting the expected completion date so that EH&S can conduct a third follow-up inspection.
 - e. **Third Follow-Up Inspection.** EH&S will conduct a third follow-up inspection within seven calendar days of the expected completion date to ensure corrective actions were implemented.
 - i. If the outcome of the third follow-up inspection is that the deficiencies were addressed, EH&S will send an email communication to the vice president, informing them of the outcome of the inspection.
 - ii. If the outcome of the third follow-up inspection is that the deficiencies were not addressed, EH&S will refer the non-compliance findings and corrective action plan to the Provost and the Safety Committee, as appropriate, for additional action.
 - f. **Retraining.** If necessary, the Director of the Unit will coordinate with EH&S to provide re-training on the safety and health procedures.
2. **MAJOR NON-COMPLIANCE DEFICIENCY**
 If a Major Non-Compliance Deficiency is identified or reported, the following procedures will be used.
- a. **Terminate Unsafe Operation.** EH&S will direct individuals in the area to stop the unsafe operation immediately.
 - b. **Notice of Deficiency.** EH&S staff will notify the appropriate Manager or Supervisor of area and the Director of EH&S of the unsafe conditions. The Director of EH&S will notify the appropriate administrators of the risk to the University Community.

- c. **Corrective Actions.** Within 24 hours of the time the deficiency is identified or reported, EH&S will send an email to the Director of Unit communicating the non-compliance findings and requesting immediate corrective action be taken. The Director of Unit will ensure that all corrective actions recommended by EH&S are implemented as quickly as possible.
- d. **Corrective Action Plan.** If necessary, EH&S will work with the Director of Unit to develop a reasonable corrective action plan and timeline that ensures the safety of the University Community and satisfies all applicable requirements for safety and health.
- e. **Follow-Up Inspection.** EH&S will conduct a follow-up inspection before the operation resumes to verify corrective actions were implemented and will inform the Director of Unit , in writing, of the outcome of the inspection.
- f. **Referral to Provost or Safety Committee.** If corrective action not implemented within 24 hours of the time EH&S sent the email to the Vice President, EH&S will refer the matter to the Provost and Safety Committee, as appropriate, for further action.
- g. **Retraining.** The Director of Unit will coordinate with EH&S to arrange for the employee re-training on safety and health procedures before sending employees back to the area that was found to be unsafe.
- h. **Fines.** EH&S will coordinate payment of fines incurred from regulatory agencies, when applicable.

POLICY APPROVAL	
Policy No.: FPU-9.0042P	
Initiating Authority	Date
Policies & Procedures Review Committee Chair	Date
President/Designee	Date
Approved by FPU BOT, if required	Date
<p>EXECUTED SIGNATURE PAGES ARE AVAILABLE IN THE OFFICE OF THE GENERAL COUNSEL</p>	