

# ISP Preparation: Preparing for your On-Site Evaluation

## 1. Overview

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<b>Department EHS Team Contact:</b>	See EHS Webpage - <a href="#">ISP Certified Programs - EHS Team Contacts</a>
<b>ISP EHS Notifications/Records</b>	Judah Young, Senior Occupational Health Professional
<b>ISP Certification Due Date:</b>	See EHS Webpage - <a href="#">ISP Certified Programs - Due Dates</a>

## 2. Integrated Safety Plan (ISP)

- 2.1 This is a department’s safety and health management system to meet compliance per Purdue Policy (IV.A.4) and to reduce risk of harm to all Purdue faculty, staff, students, and contractors. Certification of a department’s ISP means they meet Purdue’s safety standards as established per the overall ISP program.

## 3. ISP Guiding Principles

- 3.1 Safety Excellence. ISP Certification applicants and current participants demonstrate, in development and ongoing implementation of their ISP, a level of excellence commensurate with standards and performance requirements. ISP Certified participants serve as models of safety excellence.
- 3.2 Cooperative Relationship. EHS and participants are expected to work cooperatively and proactively, both in resolution of safety and health problems and in developing an effective ISP.
- 3.3 Compliance with EHS Programs. All applicants and participants shall comply with Purdue EHS programs and standard operating procedures outlined in the Self-Audit Checklist. Any deficiencies uncovered through the on-site review, self-inspections, employee reports, incident investigations, and annual self-audits, or any other means must be correctly promptly.
- 3.4 Continuous Improvement. ISP participants need to demonstrate continuous improvement in their operation and impact of their ISP. Annual self-audits and EHS Advisor help participants to measure success, identify areas needing improvement, determine needed changes, and track the implementation of these changes. Department reviews verify this improvement.
- 3.5 Recognition. When EHS approves certification, Purdue recognizes that the participant is providing, at a minimum, the basic elements of ongoing systematic

protection of workers in accordance of ISP criteria. EHS provides recognition through the following:

3.5.1 A letter of certification and EHS support towards any department seeking accreditations that require a safety element

3.5.2 Invitations, and financial coverage, to annual campus safety events such as Safe & Sound, Annual Safety Chair Conference, etc.

3.5.3 Financial support, up to 50%, towards improvements for safety

## **4. Purpose of On-Site Evaluation**

- 4.1 Purpose of the department on-site evaluation is to ensure the department meets the ISP criteria at the level of excellence required. This includes the department cooperating with their EHS Advisor on conducting internal reviews by the department and an external review by EHS.

## **5. ISP Review Responsibilities**

### **5.1 Department ISP Team Leader(s) for Department ISP**

5.1.1 Ensure On-Site Evaluation is scheduled with EHS Advisor prior to end of month re-certification is due

5.1.2 Ensure Self-Audit Checklists are completed and submitted to their EHS Advisor at least 3 weeks prior to the scheduled visit

5.1.3 Track and complete all deficiencies found in department's Self-Audit Checklists

5.1.4 Complete, or have approved plan in place for correction on, deficiencies discovered during scheduled visit with EHS Advisor

5.1.5 Have documentation prepared for EHS Advisor to evaluated during scheduled visit

### **5.2 Department Safety Committee**

5.2.1 Support Department ISP Team Leader(s) in ISP Certification Process

5.2.1.1 Help conducted Self-Audit Checklists

5.2.1.2 Understand department's ISP

5.2.1.3 Support scheduled visit with EHS Advisor

### **5.3 EHS Advisor**

5.3.1 Review department's Self-Audit Checklists

5.3.2 Work with Department ISP Team Leader(s) to schedule visit

5.3.3 Provide feedback, which includes deficiencies and goals to the department within 24 hours after the scheduled visit

5.3.4 Provide support to Department ISP Team Leader(s) and Department Safety Committee in ensuring deficiencies and goals are met

## 6. On-Site Evaluation Preparation

### 6.1 Scheduling Visit

- 6.1.1 It is important that a department schedules their on-site visit with their EHS Advisor with enough time for them to address any discovered deficiencies. This prevents losing their certification.
- 6.1.2 *It is a requirement of ISP certification to have any deficiency abated, or in process of being abated, to obtain certification or recertification*
- 6.1.3 *Safety Goals provided during a department review are not required to be completed until the next review.*
- 6.1.4 For **Re-certification** - departments will receive a notification at 60 days, and 30 days, prior to when their resubmission is due.
- 6.1.5 For **Initial Certification** - contact EHS to be assigned an EHS Advisor and work with them on determining an appropriate goal date for certification.

### 6.2 Document Preparation

- 6.2.1 Review of documentation is required to determine if the department's ISP effectively manages all required safety functions and meets ISP criteria. The EHS Advisor will only need to see a representative sample of the documentation.
- 6.2.2 Below is a list of documents to have prepared for review.
  - 6.2.2.1 **Safety Committee Activity**
    - Meeting Minutes or other documentation showing topics discussed
  - 6.2.2.2 **Department Emergency Plan**
    - Records showing employees understand their building emergency plans
    - Procedures for departmental specific emergencies
      - *For Example:* Addressing lithium battery fire in lab
  - 6.2.2.3 **Hazard Communication (if applicable)**
    - Hazard Communication Program Implementation Form
    - Hazard Communication Training Records
    - Safety Data Sheets (SDS)
    - Chemical Inventory Forms
  - 6.2.2.4 **Chemical Hygiene Plan (if applicable)**
    - Department's Chemical Hygiene Plan
    - Lab Standard Operating Procedures
    - Lab door postings
  - 6.2.2.5 **Hazard Assessments**
    - This is the supervisor's/PI's review of the hazards of the task, location, or individual's job responsibilities
    - Training Records

#### 6.2.2.6 Documentation for Applicable Compliance Programs

- Applicable compliance program(s) that correspond with Self-Audit Checklist responses
  - *For Examples:*
    - If department has blood borne pathogens then the Exposure Control Plan is an applicable compliance program
    - If department has fall hazards than the Fall Protection Program is an applicable compliance program
- Sample of training records for employees on all applicable compliance program (physical copy or viewed in HSI/Success Factors/Brightspace)
- Available standard operating procedures
- Available forms and sample of completed forms
  - *For Example:* If department has a forklift they would provide their daily inspection form
- The EHS Advisor may request to see additional documentation if needed.

### 6.3 On-Site Review Expectations

- 6.3.1 During the on-site visit expect your EHS Advisor and at least one other EHS member to be present. The department can decided to include anyone from their department to participate in the on-site visit. Best practice is to have at least the department's ISP Team Leader(s) and any additional employee that is knowledgeable on the department's ISP.
- 6.3.2 The on-site visit consists of the following:
  - **Opening Meeting**
  - **On-Site Walk-thru**
  - **Closing Meeting**

### 6.4 Opening Meeting

- 6.4.1 For the opening meeting it is advised to meet in a conference room, or any room, large enough to fit all participants for the on-site visit. The purpose of the opening meeting is to perform introductions, start reviewing documentation, review applicable building inspection findings, determine scope of on-site walk-thru, and discuss the following:
- 6.4.2 **Safety Committee Activity**
  - Meeting frequency
  - Member Representation
  - Discussions and activities – *What are they working on?*
- 6.4.3 **Safety Communication**
  - How the department communicates
    - Safety Committee Activity
    - Safety incidents and concerns

- Trainings and other announcements

6.4.4 **Handling of Safety Incidents**

- How are incidents reported?
- How are incidents investigated?
- How are action items tracked?
- Who is notified of an incident?

6.4.5 **Leadership Support**

- How does the department's upper admin show support towards safety?

6.4.6 **Any Problem Areas**

- Are there areas that need EHS support?

6.4.7 **Any Improvements, Initiatives, and Positive Results**

- This is the department's time to inform EHS of their safety culture and positive impacts they are making

6.4.8 Have documentation available during the Opening Meeting that supports the above discussions and will not be able to be viewed during the On-Site Walk-Thru

## 6.5 On-Site Walk-Thru

6.5.1 During the walk-thru the EHS team will want to review spaces determined during the opening meeting. Selection is based on:

- Areas with highest level of risk
- Past issues (i.e. findings during building inspections, incidents)
- Department to point on significant safety improvements
- Department to point out where they need EHS assistance

6.5.2 EHS will evaluate the department's safety culture and effectiveness of their ISP through:

- Observing if employees are complying with the department's ISP
- Interviewing employees to see if they understand the department's ISP
- How hazards are addressed in their workspaces
- Is the department complying with their applicable compliance program and SOPs

## 6.6 Closing Meeting

6.6.1 EHS team will review any deficiencies discovered with the department's team. All deficiencies shall be completed, or have plan approved by EHS, before department can be certified or recertified by their due date. Compliance with all environmental, health, & safety regulations and University Policies is a requirement per Purdue Policy.

6.6.2 Safety goals will also be set with the department's team. These are continual improvement goals agreed upon by EHS, and the department, that will help strengthen the department's safety culture and ISP. Goals should have established actions, measurable results, and completed by next on-site visit.