Environmental Health & Safety
3801 W. Temple Ave. Pomona, CA 91768
(909) 869-4697 | ehs@cpp.edu

This Shop Safety Plan documents the information and procedures necessary to implement the Cal Poly Pomona Shop Safety Program within an individual shop.

The plan identifies responsible personnel, shop-specific requirements, applicable hazard assessments and safety programs, equipment and Standard Operating Procedures, training and authorization practices, access restrictions, emergency information, and locations of supporting safety records.

This plan shall be maintained by the department, made readily accessible to affected shop users, and reviewed at least annually and whenever significant changes occur to shop equipment, operations, processes, personnel, hazards, or applicable safety requirements.

Shop Information

Shop Name:	
Building & Room Number:	
Department:	
Shop Supervisor:	
Phone & Email:	

Department Approval

By signing below, the department acknowledges responsibility for implementing and maintaining this Shop Safety Plan in accordance with the Cal Poly Pomona Shop Safety Program.

Shop Supervisor Name:			
Shop Supervisor Signature:		Date:	
Department Chair/Director Name:			
Department Chair/Director Signature:		Date:	

Shop Type (select all that apply)

☐ Machine shop ☐ Electronics shop ☐ Makerspace
☐ Wood shop ☐ Art or theater shop ☐ Hot-work area
☐ Fabrication shop ☐ Maintenance or trade shop ☐ Other: _____

Primary Use (select all that apply)

☐ Teaching or instruction ☐ Maintenance or repair ☐ Student projects
☐ Research ☐ Fabrication ☐ Other: _____

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Shop-Specific Rules and Requirements

Shop users shall comply with the Cal Poly Pomona Shop Safety Program, applicable Standard Operating Procedures, posted shop rules, manufacturer instructions, and other applicable University safety requirements.

Shop Rules

Location of posted or accessible shop rules:_____

Additional shop-specific rules or operating requirements:_____

_____

_____

_____

Required Clothing and Footwear (select all that apply)

☐ Closed-toe shoes
☐ Long pants
☐ Long hair secured
☐ Loose clothing and jewelry removed or secured
☐ Other: _____

Food and Beverages

☐ Prohibited within the shop
☐ Permitted only in designated areas
☐ Other restrictions: _____

Personal Electronic Devices

(*Examples include mobile phones, tablets, earbuds/headphones, and similar personal devices. Use should be restricted when it may create a distraction or other safety hazard.)*

☐ Prohibited while operating equipment
☐ Permitted only in designated areas
☐ Other restrictions: _____

Other Requirements

Identify any equipment reservation procedures, sign-in requirements, material-handling restrictions, required work briefings, designated hot-work areas, or other requirements unique to the shop.

_____

_____

_____

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Hazard Assessment and Applicable Safety Requirements

The Risk and Safety Solutions (RSS) Lab Hazard Assessment is the University's primary process for identifying and evaluating hazards associated with this shop. The RSS assessment shall be maintained and recertified in accordance with University requirements.

The information below documents the applicable RSS assessment and does not replace or duplicate the assessment maintained in RSS.

RSS Information	Response
RSS Shop/Lab Name	
RSS Owner of the Space	
Date of Most Recent RSS Certification	
Next Certification Due	
RSS Assessment Accessible to Shop Users	☐ Yes ☐ No

Significant Shop-Specific Requirements

List only significant requirements resulting from the RSS assessment that shop users need to readily understand, such as specialized PPE, restricted activities, required supervision, ventilation controls, or special storage requirements.

_____

_____

_____

Location of posted or accessible PPE requirements:

_____

Applicable University Programs and Procedures (Check all that apply)

☐ Lockout/Tagout
☐ Hazard Communication
☐ Respiratory Protection
☐ Hearing Conservation
☐ Hot Work
☐ Chemical Hygiene
☐ Hazardous Materials/Hazardous Waste
☐ Electrical Safety
☐ Fall Protection
☐ Powered Industrial Trucks
☐ Cranes, Hoists, and Rigging
☐ Lithium-Ion Battery Safety
☐ Other:
_____
_____
_____

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Equipment and Standard Operating Procedures

Each shop shall maintain a current inventory of equipment and machinery requiring equipment-specific training or authorization, an SOP, a LOTO procedure, scheduled inspection or maintenance, or other specific safety controls. Common hand tools and common portable power tools may be listed as grouped categories (e.g., "Common Hand Tools" and "Common Power Tools") when their hazards and safe-use requirements are adequately addressed by the applicable general SOP. Additional equipment inventory pages may be added as necessary.

Equipment Inventory

Equipment or Machine	Manufacturer/Model	Location	SOP Required	LOTO Procedure Required
			☐ Yes ☐ No	☐ Yes ☐ No
			☐ Yes ☐ No	☐ Yes ☐ No
			☐ Yes ☐ No	☐ Yes ☐ No
			☐ Yes ☐ No	☐ Yes ☐ No
			☐ Yes ☐ No	☐ Yes ☐ No
			☐ Yes ☐ No	☐ Yes ☐ No
			☐ Yes ☐ No	☐ Yes ☐ No
			☐ Yes ☐ No	☐ Yes ☐ No
			☐ Yes ☐ No	☐ Yes ☐ No

Standard Operating Procedures

Written SOPs shall be maintained for hazardous equipment, processes, and activities as required by the Shop Safety Program.

Primary location of shop SOPs

☐ Shop Safety Binder
☐ Posted at or near equipment
☐ QR code or digital access
☐ Department electronic repository
☐ Other: _____
_____

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Training and Authorization

Shop users shall complete required training and receive appropriate authorization before independently operating hazardous equipment or performing designated hazardous activities.

Required Training (Check all that apply)

☐ Asbestos Awareness
☐ Aerial Lift Safety
☐ Back Safety
☐ Chain Saw Safety
☐ Compressed Gas Safety
☐ Confined Space Awareness
☐ Confined Space Operations
☐ CSU Shop Safety
☐ Electrical Safety: NFPA 70E
☐ Fall Protection Awareness
☐ Fire Prevention / Protection
☐ Forklift Operator Safety
☐ First Aide Awareness
☐ Hand & Power Tool Safety
☐ Hazard Communication
☐ Hazardous Waste Generator
☐ Hearing Conservation
☐ Heat Illness Prevention
☐ Hot Work
☐ Ladder Safety
☐ Laser Safety
☐ Lead Awareness
☐ Lithium-Ion Battery Safety
☐ Lockout / Tagout
☐ Machine Guarding
☐ Personal Protective Equipment (PPE)
☐ Powered Cart Safety
☐ Respiratory Protection
☐ Safety Data Sheets
☐ Shop-Specific Orientation
☐ Silicia in Constuction
☐ Silicia in General Industry
☐ Storm Water Pollution
☐ Welding, Cutting Brazing
☐ Other: _____

Training and Authorization Records

Departments shall maintain applicable equipment training, authorization, and competency records. Authorization may be documented through a roster, matrix, equipment sign-off, or other approved departmental record and may identify individual equipment or defined equipment types or groups, as applicable.

Location of departmental training and authorization records:

☐ Shop Safety Binder
☐ Department electronic repository
☐ Other: _____

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Access, Supervision, and Working Alone

Shop Access

Primary method of access:

☐ Key ☐ Supervised access ☐ Other: _____
☐ Card or badge ☐ Locked restricted area _____

Person or position responsible for authorizing access:

_____

Restricted Access

Does this shop contain restricted areas? ☐ Yes ☐ No

If yes, identify the area, reason for restriction, and access requirements.

Restricted Area or Location	Reason for Restriction	Access Requirements

Visitors

Are visitors permitted? ☐ Yes ☐ No

If yes, check all that apply:

☐ Escort required ☐ Department approval required
☐ Required PPE ☐ Other: _____
☐ Restricted to designated areas

Supervision

Is supervision required for designated activities? ☐ Yes ☐ No ☐ For certain activities only

Activities requiring supervision: _____

_____

_____

Working Alone

Is working alone permitted? ☐ Yes ☐ No ☐ Yes, with restrictions

Activities that may not be performed alone: _____

_____

_____

Required communication, check-in, or emergency arrangements: _____

_____

_____

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Inspections and Equipment Maintenance

Departmental Shop Inspections

Inspection Information	Response
Departmental Shop/Technical Area Inspection Frequency	At least annually
Person Responsible	
Date of Most Recent Inspection	
Inspection Records Location	
Corrective-Action Records Location	

Equipment Inspection and Maintenance

Person responsible for coordinating equipment maintenance: _____

Primary location of equipment inspection and maintenance records:

☐ Shop Safety Binder
☐ Manufacturer or service records
☐ Department electronic repository
☐ Other: _____

Equipment that is damaged, malfunctioning, improperly guarded, or otherwise unsafe shall be removed from service, clearly identified, and protected against unauthorized use.

Out-of-Service tags or devices available: ☐ Yes ☐ No

Location: _____

Emergency Information

Emergency Contacts

Contact	Telephone Number
University Police Department (Police, Fire, or Medical Emergency)	911 from a campus landline; (909) 869-3070 when using a cell phone.
Environmental Health & Safety	(909) 869-4697
Shop Manager / Supervisor	
Department Emergency Contact	
Other	

Emergency Equipment and Locations

Emergency or Safety Equipment	**Location**	**N/A**
Fire Extinguisher(s)		☐
First Aid Kit		☐
Eyewash Station		☐
Emergency Shower		☐
Spill Kit		☐
Automated External Defibrillator (AED)		☐
Emergency Equipment Shutoff		☐
Electrical Disconnect		☐
Gas Shutoff		☐
Other:		☐

Evacuation Information

Information	Location
Primary Emergency Exit	
Secondary Emergency Exit	
Emergency Assembly Area	
Building Evacuation Map	

Shop-Specific Emergency Procedures

Identify or attach any emergency shutdown, spill response, battery emergency, fire response, or other procedures specific to the shop.

_____

_____

Floor Plan or Site Map

Attach a floor plan or site map when appropriate. The plan should identify applicable:

- Major equipment locations
- Restricted areas
- Emergency exits
- Emergency equipment
- Electrical disconnects and utility shutoffs
- Chemical or hazardous-material storage areas
- Designated hot-work areas

Floor plan or site map attached: ☐ Yes ☐ No ☐ N/A

Records and Supporting Documents

Shop safety records may be maintained in physical or approved electronic systems. Records maintained electronically do not need to be duplicated in hard copy, provided they remain readily accessible. For applicable records, identify the location or access method; mark N/A where not applicable

Document or Record	**Location or Access Method**
Current Shop Safety Plan	
RSS Lab Hazard Assessment	
Equipment Inventory	
Standard Operating Procedures	
Training Records	
Equipment Authorization Records	
Inspection and Corrective-Action Records	
Equipment Maintenance Records	
Chemical Inventory and Safety Data Sheets	
Emergency Procedures	
Other:	

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Annual Review and Certification

This Shop Safety Plan shall be reviewed at least annually and whenever significant changes occur to shop equipment, operations, processes, personnel, hazards, or applicable safety requirements.

Annual Review Checklist

Verify the following:
☐ Shop information and responsible personnel are current.
☐ The equipment inventory is accurate.
☐ The RSS Lab Hazard Assessment is current.
☐ Shop-specific rules remain appropriate.
☐ Access, supervision, and working-alone requirements remain appropriate.
☐ Required SOPs are current and accessible.
☐ Required training and authorizations are current.
☐ Inspection findings and corrective actions have been reviewed.
☐ Equipment inspection and maintenance records are current.
☐ Emergency information is current.
☐ Required documents and records remain accessible.

Annual Review Certification

The Shop Manager/Supervisor shall review the Shop Safety Plan at least annually and document completion of the review below in the Annual Review Log.

If revisions are needed, the Shop Safety Plan shall be updated and the changes documented in the **Revision History**. Following revision, the updated plan shall be approved again by the **Shop Manager/Supervisor** and **Department Chair/Director** in the Department Approval section.

Annual Review Log

Reviewer	Name	Revisions Required?	Signature	Date
Shop Manager/Supervisor		☐ **Yes** ☐ **No**		
Shop Manager/Supervisor		☐ **Yes** ☐ **No**		
Shop Manager/Supervisor		☐ **Yes** ☐ **No**		
Shop Manager/Supervisor		☐ **Yes** ☐ **No**		

Shop Manager/Supervisor		☐ **Yes** ☐ **No**		
Shop Manager/Supervisor		☐ **Yes** ☐ **No**		
Shop Manager/Supervisor		☐ **Yes** ☐ **No**		
Shop Manager/Supervisor		☐ **Yes** ☐ **No**		
Shop Manager/Supervisor		☐ **Yes** ☐ **No**		
Shop Manager/Supervisor		☐ **Yes** ☐ **No**		

Revision History

Significant changes shall be incorporated into the Shop Safety Plan when they occur rather than waiting for the annual review. Revisions identified during the annual review or at any other time shall be documented below. **When revisions are made, the updated Shop Safety Plan shall be reviewed and reapproved by the Shop Manager/Supervisor and Department Chair/Director in the Department Approval section**.

Revision Date	Section Revised	Summary of Changes	Updated By

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