December 5, 2017

Filed Online

California Labor & Workforce
Development Agency
455 Golden Gate Avenue, 9th Floor
San Francisco, California 94102

Check Mailed

Department of Industrial Relations
Accounting Unit [Payment of $75.00]
455 Golden Gate Avenue, 10th Floor
San Francisco, CA 94102

Postal Mail Notice

Division of Occupational Safety and Health
Attn: PAGA Administrator
1515 Clay Street, Ste. 801
Oakland, CA 94612

Board of Trustees for the
California State University
Office of General Counsel
Office of the Chancellor
401 Golden Shore, Fourth Floor
Long Beach, CA 90802-4210

Re: PAGA Notice Pursuant to California Labor Code § 2699

Dear Sir or Madam:

Please be advised that I, Joseph Shepler, ("Complainant," "I," "my," "myself," "themselves," "us"), pursuant to the Private Attorneys General Act of 2004 ("PAGA"), Cal. Labor Code § 2698, *et seq*., provide this notice to the Division of Occupational Safety and Health ("DOSH," a.k.a. "Cal/OSHA"), the Labor and Workforce Development Agency ("LWDA"), and my past employer California State University ("CSU"). In addition and as a courtesy, this notice is provided to the campuses mentioned in this notice so they will have immediate notice of the health and safety violations alleged below.

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The purpose of this notice is to comply with the statutory exhaustion requirements of Labor Code section 2699.3 prior to commencing an action pursuant to Labor Code section 2699, *et seq*. alleging violations of, *inter alia*, Labor Code sections 98.6, 1102.5, 6310, 6317, 6400, 6401, 6401.7, 6402, 6403, 6404, 6406, 6407, 6423, 6425, 6426, 6427, 6428, 6429, 6430; California Code of Regulations, Title 8 low voltage safety violations, Sections 2320.1, 2320.2, 2320.4, 2320.5, 2320.6, 2320.7, 2320.10, 2340.1, 2340.2, 2340.5, 2340.8, 2340.9, 2340.10, 2340.11, 2340.12, 2340.13, 2340.14, 2340.16, 2340.17, 2340.18, 2340.21, 2340.22, 2340.24, 2340.26, 2340.27, 2360.3, 2540.2, 2589.1; California Code of Regulations, Title 8 high voltage safety violations, Sections 2705, 2706, 2707, 2709, 2710, 2711, 2712, 2713, 2714, 2805, 2806, 2810, 2811, 2812.1, 2812.2, 2812.3, 2813, 2930, 2931, 2932, 2933, 2940; Article 3, section 2320.10(c), of the California Code of Regulations; California Code of Regulations, Title 8 safety violations, Sections 332.2, 332.3, 1529, 3203, 3204, 3362, 5141, 5142, 5143, 5145, 5155, 5194, and 5208, as well as any additional Labor Code or regulatory violations that are like or reasonably related to these violations and/or which may be uncovered through future discovery and investigation.

This notice is submitted, at a foundation level, on behalf of myself and all other CSU employees, both current and former, impacted by the alleged health and safety violations including, but not limited to: (a) intentional misrepresentation by the CSU of potential and actual danger in a work environment; (b) failure by the CSU to test suspected dangerous work environments; (c) failure by the CSU to provide proper employee training; (d) failure by the CSU to do required employee exposure assessments; (e) failure by the CSU to provide adequate resources to maintain the general safety of faculty, staff, students, and the general campus community. In addition, the CSU: (f) made fraudulent misrepresentations; and (g) retaliated against the employees for complaining. I allege and believe these violations are a standard business practice of the CSU.

I. RETALIATION

My allegations of retaliation include but are not limited to the following:

In June 2016, I interviewed for the Manager of Environment Health and Safety ("EHS") position in the California State University Chancellor's Office ("CO"). The interview was conducted by Robert Eaton and Zachary Gifford. The position would be responsible for managing, advising on, and coordinating the system wide EHS programs for all twenty-three (23) CSU campuses. I was told by Robert Eaton, if selected "put your own stamp on it" with respect to leading and initiating a new culture of safety.

In August 2016, I was notified that I had been selected for the position. On September 12, 2016, I started work at the new position which had not existed for some years. Soon after, I was directed by Mr. Gifford to visit each of the individual CSU campuses and meet with the respective campus EHS Directors. My job was to advise, manage and coordinate safety management programs system wide. Advising necessarily involves highlighting safety

management system deficiencies regarding training, inspections, compliance, identifying hazards and corresponding safe procedures as needed, and correction of workplace hazards. My position required that I be exposed to any potential safety hazards on the CSU campuses I personally visited as part of my job as Manager of Environment Health and Safety.

Late in 2016, I visited twenty-two (22) of twenty-three (23) CSU campuses. Mr. Gifford prohibited me from going to Sonoma State University. I was told the reason for this was due to ongoing litigation concerning an EHS staff member, Thomas Sargent, who was a whistleblower concerning the handling of lead and asbestos on that campus. The EHS Director at Sonoma had caused the termination of his own EHS Specialist for bringing dangerous activities by EHS management to light. It didn't make sense to me that I wasn't allowed to go to Sonoma State. In every other organization I had ever worked for, the first places I would be sent to observe would be the locations having safety problems. Instead, I was told I could not go to Sonoma State University, so I visited the remaining twenty-two (22) campuses. During those visits, I met EHS staff and listened to their concerns and frustration due to the:

a. Lack of support from top leadership and management;
b. Lack of staff and resources in general dedicated to EHS issues; and
c. Inability to get faculty and staff to attend safety training.

In addition, I became aware of high-hazard operations with low levels of safety procedures in the areas of:

a. Lab Safety;
b. Chemical Storage for Labs;
c. Fire and Life Safety;
d. Theater Arts;
e. Asbestos; and
f. Farm Safety at universities with large Agricultural operations.

The EHS Directors also informed me about the serious injuries taking place at the campuses. I was told about:

a. At San Luis Obispo –
    1. One professor getting his skull fractured, and
    2. One student crushed and their arm mangled;
b. At Sacramento State – a chemical spill;
c. Lack of Lock Out/Tag Out ("LO/TO") procedures on some campuses;
d. At Chico State –
    1. Four amputations;

2. More concerning, I was told by the EHS Director that he had been forbidden from observing the farm operations. He was told to "*Stay away from the farm*" by his former Administrative Vice President;
3. In May 2017, a chemical bursting its container resulting in a student being exposed to deadly poisonous vapors, the activation of the County Hazardous Materials team, and the closure of an important lab building for six weeks;

e. At Fresno State –
   1. A student fatality after being crushed by a horse;
   2. In addition, I learned of a hazing incident conducted by a Sheriff's Deputy, who ran a kind of "boot camp" for campus criminology students who wished to obtain summer employment with the Sheriff's Dept. The boot camp was understood to be the Sheriff's Dept screening procedure to select which students would be given summer employment. Three to five students were hospitalized from the senseless physical abuse they suffered at the 2016 "boot camp" screening day. The "boot camp" was conducted with the knowledge of the Fresno State criminology teaching staff and in concert with specific classes at Fresno State.

In my over 30 years as an expert in and Manager of Occupational Health & Safety, I have corrected similar hazardous environments and solved similar safety management system deficiencies. In my work as Safety and Health Director for the Sixth U.S. Army with 40,000 soldiers and offering some safety guidance for an additional 60,000 National Guard, within two years I brought an average of three fatalities per year to zero, an extreme amount of permanently disabling injuries per year to zero, and a reduction of even minor injuries by 50%. Later, as Manager of Health and Safety for the Navy Public Works, within one year of my appointment I eliminated fatalities, and achieved a 76% reduction of lost time injuries. Then, as Manager of Health and Safety for the Navy Engineering Service Center I was assigned to an Engineering Field Division/Activity overseeing safety for vast regional construction work. There I achieved similar results in reducing injuries and even a year where there were no reportable injuries.

On September 19, 2016, Mr. Gifford introduced me to Lorena Penaloza, the CO attorney handling the Sargent case. She explained to me a little about the case and showed me a few related documents. From the information provided to me I concluded that Craig Dawson, the EHS Director at Sonoma, had acted in a manner that violated OSHA standards related to the handling of asbestos and lead, and had violated labor laws by firing Mr. Sargent. I told Mr. Gifford that CSU had fired the wrong person. That is, Sonoma State should have fired Mr. Dawson and retained Mr. Sargent. I stated to both Mr. Gifford and Ms. Penalozo that I would not be able to trust Mr. Dawson as an EHS professional in that he lacked professional integrity and ethics.

Surprisingly, my reaction didn't seem to bother Mr. Gifford or Ms. Penaloza, and I was informed that CSU was fighting Mr. Sargent's claims. While discussing asbestos clearance

sampling done by Sonoma State with Ms. Penaloza at that meeting, I questioned the kind of asbestos sampling done and asked if aggressive air sampling had been done. First, Ms. Penaloza said no aggressive air sampling had been done. When I explained the value of doing aggressive clearance sampling, she changed her answer to yes. This caused me to question the integrity of Ms. Penaloza. So again, I asked if aggressive sampling had been done. I demonstrated what aggressive sampling was by standing up and making sweeping motions around the room as if I had a broom or vacuum to stir up the floor dust. This is a procedure used to do aggressive air sampling for settled asbestos fibers. Later I was told by Mr. Gifford that this was rude on my part, to be demonstrative while explaining aggressive air sampling. Mr. Sargent recently won his case against CSU in court.

From November 2nd through 4th, 2016, the CO hosted a conference in Sacramento called "*Fitting the Pieces Together*." The conference had been planned and organized before I started with the CSU. One of the conference sessions was called "*Root Causes of Worker Compensation Injuries.*" Accident Root Cause Analysis, one of my areas of expertise, looks at the underlying organizational factors that contribute to an accident such as lack of training, lack of enforcement of safety procedures, lack of established safety procedures, inadequate supervision, lack of management safety oversight, lack of management involvement in safety, and systemic causes in organizational leadership, policy, and practices.

The speaker at the Root Cause described an example of an employee injured while not wearing personal protective equipment (PPE). The speaker's idea of Root Cause Analysis was to blame the employee's attitude for not wearing PPE. I listened and waited for the speaker to get around to examining parts of the management structure, unfortunately he did not do so. Because conference speakers had encouraged attendees to speak up in sessions, I questioned whether the management system deficiencies were to be examined as underlying causes regarding why the employee didn't wear PPE. The speaker was dismissive. Again, I tried to explain the idea of underlying management practices resulting in operational errors. The speaker became defensive. I tried a little more to explain and then dropped the subject. Following the conference, Mr. Gifford sent me an angry email accusing me of heckling the speaker. I met with him soon after and he informed me that I was not to ask a speaker such questions. This incident was later exaggerated in my six-month evaluation as a serious offense.

In December 2016, after visiting CSU Monterey Bay, I sent an email about my visit and findings to the Chief of Police at CSU Monterey Bay who is directly responsible for the EHS programs. The EHS department managed by the Chief of Police consists of one EHS specialist who manages the EHS programs on a part time basis. In my email, cc'd to Mr. Gifford, I stated that the campus EHS department was inadequately staffed. Afterwards, Mr. Gifford informed me that I was not to say that a campus is inadequately staffed because it might imply liability. This shocked me because in over thirty (30) years of evaluating organizations, EHS offices, programs, accidents, and writing the corresponding reports, I had never been told that I could not directly

address safety issues in my reports back to an organization visited. Unfortunately this portended heavy censorship and concealment of dangerous conditions to come later.

Also in December 2016, Chancellor White requested information regarding faculty attendance and non-attendance at EHS training on campuses. After meeting Chancellor White in person, and talking to him for a few minutes about my safety concerns, he asked me to brief him and his Council of Vice Chancellors on what key safety items of concern I had found in my visits to the twenty-two (22) campuses.

On January 3, 2017, I briefed Chancellor White and his Council of Vice Chancellors on the key areas of safety concern. (Mr. Gifford was not invited nor was Mr. Eaton.) This included:

a. Unsafe Lab Safety practices;
b. Faculty and staff not attending EHS training;
c. Lack of Fire and Life Safety inspections at campuses; and
d. Unsafe farm operations at universities with large Agricultural colleges.

My part in the meeting lasted about one hour. At the time, I felt changes in the CSU system most certainly would come from the meeting in the form of energized actions from the CO to address unsafe conditions for faculty, students and employees at the campuses. At the meeting, Chancellor White asked me how I would rate CSU overall regarding the state of safety throughout the system, based on a scale of one (1) to ten (10). I told the Chancellor I would rate the CSU a three (3) on a ten (10) point scale, with one (1) being the lowest and ten (10) being highest state of safety.

Together with the Vice Chancellors, we had a discussion on my key safety concerns and how to go about addressing the safety areas I had identified. The Chancellor requested a "big picture view" where the status of key campus safety concerns could be seen as a whole system. Chancellor White and I agreed that I would make a color-coded chart based on campus surveys of these areas of safety concern. The chart would show a red, yellow or green color code to indicate whether a campus was considered to be in high risk (red), in a cautionary state of affairs (yellow), or successfully managing these key safety program areas (green). In addition, Chancellor White wanted a work group ("*CO EHS Work Group*") for making recommendations regarding EHS staffing needs at campuses and regarding system corrections of the key EHS items of concern. The group was to be led by Fram Virjee, Vice Chancellor and General Counsel, based on liability concerns as I understood it, as he might be able to cover some safety communications as attorney-client priviledge. In response to my briefing the Chancellor and his Council, I was praised for my presentation by Vice Chancellor Steven Relyea, Robert Eaton and Mr. Gifford. Mr. Gifford told me that in the nine years he has been in the CO, he had never been asked to brief the Chancellor nor the Council.

In the days soon after the briefing, I met with Robert Eaton, my second level manager, to discuss actions to follow. We were both worried that the *CO EHS Work Group* under the Office of General Counsel (OGC) could be very slow in taking action. On Robert Eaton's advice and coaching, I wrote an email on January 6, 2017 to Mr. Gifford, Robert Eaton and Steven Relyea. The email stated that, "As I expect it will be some months before the working group reports back to the Chancellor for more discussions regarding possible future actions to be taken, I am proceeding to facilitate and enable EHS efforts at the campuses. This is especially important in critical areas of concern such as Fire and Life Safety inspection programs …" I further stated, "Chancellor and Council member involvement is especially important to support our efforts in getting more faculty and middle managers to attend EHS training."

In the following weeks I set about to facilitate the actions as discussed with Chancellor White, while continuing my own EHS program management efforts per Robert Eaton. The General Counsel's office was very slow to start anything with the *CO EHS Work Group* requested by the Chancellor. In February, I finally was able to get an appointment to meet with Andrea Gunn Eaton (Robert Eaton's wife), who was to lead the *CO EHS Work Group* for the General Counsel's office. We made a list of members for our new *CO EHS Work Group*, and I thought we would hold our first meeting soon after. As of August 11, 2017, the *CO EHS Work Group* had yet held its first meeting with its members. Andrea Eaton never called a meeting of the *CO EHS Work Group*.

By mid-January 2017, Michelle Schlack, a CSU internal audit manager, contacted Mr. Gifford and me to ask what safety areas we might want to suggest for the auditors to focus on during the next year. I thought this was a great opportunity to provide input to the auditors regarding the key areas of safety concern including Lab Safety. Because Mr. Gifford was out of town, I responded to Michelle Schlack. I informed her that there were definitely important areas that needed to be addressed when auditing the campuses such as: (a) Lab Safety; (2) Fire Inspections; and (3) faculty & staff attendance at safety training. When Mr. Gifford heard about these communications, he immediately cancelled the meeting with Michelle Schlack concerning these safety issues. Mr. Gifford's rationale was that these subjects should not be brought up due to possible liability in connection with the Sargent case. I was very disappointed that the CSU CO had missed this chance to improve unsafe conditions and unsafe procedures system wide at the campuses supposedly due to ongoing litigation with Mr. Sargent.

In the case of farm operations, I established a work group and scheduled a meeting for January 23rd with faculty and farm managers at Fresno State in order to address the most dangerous farm operations. Based on serious injuries and a fatality at campuses with Agricultural operations, I found the most dangerous farm operations to be large animal handling. A step by step analysis of a work process should be a common tool and practice to ensure safety. It necessitates a kind of examination of the process steps. It is often called a "Job Hazard Analysis" or "Activity Hazard Analysis." It was my intention to teach this technique to EHS staff system wide and then incorporate it into standard supervisory training for CSU.

In the meeting at Fresno, we met for over three hours, focusing our discussions mostly on large animal handling. We discussed measures for controlling them, and the latest procedures in the industry for safely calming them enough for these procedures. There was a lot of discussion about Temple Grandin, famous for her contributions to the agricultural industry in how to calm and control cattle. Although towards the end of our lunch after the meeting there was some levity, the principals are well aware that this was a most serious endeavor. The outside contractor who complained about my remark is not part of our farm safety work group, though he appears to want contracts for such work. If there was any question about my communication around that meeting in January, it should have been specifically addressed immediately by Mr. Gifford. That did not happen.

By early February 2017, CSU Sacramento State had been in the news after a science class project conducted water testing for lead (Pb) content at drinking water outlets on campus. The students found several drinking water outlets which their professor thought to be in excess lead content of drinking water standards. This created concern at multiple campuses about whether to test drinking water outlets, what standards to use if testing was done, and how to handle risk communication with employees and students. After much thrashing around, it was decided in the CO office that Robert Eaton, Andrea Eaton and I would have a conference call with the EHS Directors to discuss the matter. I was to give information to the EHS Directors about the water quality standards. Robert Eaton and I met before the call and discussed in detail what we would say to the EHS Directors. Robert Eaton agreed with me that I should mention the source of the guideline the professor wanted Sacramento State to use. After researching the guideline, I found it to be a Public Health Goal for the State of CA. It was not a requirement, but may be a goal for future design as I understand it. I felt it was necessary for me to at least explain to the EHS Directors where that goal came from. Robert Eaton agreed that I should mention it to the EHS Directors in the call.

During the call, one EHS Director began to disparage the Sacramento State professor about the standard the professor was using to draw conclusions regarding the drinking water at Sacramento State. I used the EHS Director's remarks as a way to introduce and explain where the number the professor was using came from. I was interrupted and stopped by Bradley Wells, Associate Vice Chancellor for Business and Finance, who was in the room during the conference call. After the call Bradley Wells expressed anger about the call. I asked what was wrong. He shouted, "You!" at me. It took me a few more questions to figure out that he was upset because I had informed the EHS Directors where the guideline came from that the professor at Sacramento State was using. Though I explained that Robert Eaton and I had agreed beforehand that I would mention it, Bradley Wells still seethed with anger at me. Shortly after, I left the room. It was clear to me that Bradley Wells had intended to keep the campus EHS Directors in the dark as much as possible regarding safe drinking water quality standards and guidelines. In my six-month evaluation by Mr. Gifford, the above exchange between Bradley Wells and me was twisted and blown up as a major offense.

After the conference call in February, I received a few calls from campus EHS Directors who were confused by the "disconnect" in conversation during the call. One call I received was from Donna Placzek, EHS Director at CSU East Bay. Without any comments on my part, Donna asked me if that was Bradley Wells in the room during the conference call. I said yes. She had recognized his voice, as he used to work at East Bay and was her manager while he was there. Donna went on to tell me that Bradley Wells "hates EHS" and that he was the most "demoralizing" manager she had ever worked under. She seemed to feel lucky that she was able to keep EHS her job while he was at East Bay.

Later, I learned that the professor at Sacramento State had raised the issue of lead (Pb) content in drinking water the year before. He was ignored at that time. It is my opinion that if Sacramento State officials had taken him more seriously the year before, it would not have been the public relations problem it was for them in 2017.

In February 2017, I finished designing the survey Chancellor White and I had discussed in the January 3rd meeting. The survey was designed to assess the critical programs discussed with Chancellor White by focusing on key safety items of concern and EHS resources necessary to bring these EHS program areas up to a level of compliance and satisfaction. The survey was to serve as my foundation data supporting the color-coded overview of safety in the CSU system as discussed with Chancellor White months back. The survey was edited and passed back and forth between Andrea Eaton, representing the General Counsel's office, and myself several times. Finally, Andrea Eaton thought it was ready to be shown to Fram Virjee, Vice Chancellor and General Counsel. Hearing nothing back for a couple of weeks, I asked about it. Andrea Eaton told me that Fram Virjee thought it was not what Chancellor White wanted. So it was put on hold. In the months following my briefing with Chancellor White, I faced road block after road block from Andrea Eaton and Zachary Gifford when trying to comply with the Chancellor's requests.

It was my understanding that Fram Virjee suggested we hire a consultant to guide the *CO EHS Work Group*. Robert Eaton called me into his office to broach the idea of a consultant and suggested a consultant could "give me cover." I understood this to mean that if CO leaders were to hear EHS recommendations from an expensive outside consultant, they might more readily agree to the *CO EHS Work Group* getting a report back to Chancellor White and his Council regarding the key safety items of concern.

Also in February of 2017, I learned details of the chemical spill at Sacramento State in 2016. It was a serious incident which the UC Lab Safety Center of Excellence was asked to investigate. There were chemical burns to students, chemical exposures, and lawsuits have been initiated regarding miscarriages of people involved. UC responded to a request regarding the incident with a team of experts. The investigation team produced a most valuable report complete with detailed recommendations to achieve lab safety that would apply system wide. Although the report is an extremely valuable tool that EHS Directors need at all the CSU

campuses, it has been kept concealed by the Chancellor's Office. It addition to notifying employees of the serious dangers in the labs, CA Penal Code 387 also requires the employer to notify Cal OSHA of serious dangers in the workplace. Violating this code may be a felony.

Although it is my understanding that President Nelsen at Sacramento State wanted to release the report for transparency, I believe he was swayed by the CO Office of General Counsel (OGC) not to do so. After losing debates on releasing UC's investigation report to the professional EHS Director's in the CSU system, I was told that the legal office at Sacramento State would work up a redacted version for release as a lessons learned type document. Although skeptical of its value when specifics were to be omitted, I waited for the redacted version to help campus EHS Directors do their job. I asked repeatedly about the status of the redacted report, and most recently I was told by Andrea Eaton that OGC now opposed even releasing a redacted version of the UC report.

On March 15, 2017, the jury verdict in the Sargent case came back in favor of Mr. Sargent for retaliation by CSU. In addition, the jury found Sonoma State University was responsible for seven Cal OSHA health and safety violations under a PAGA cause of action. I became aware of this on March 24th, 2017.

On March 17, 2017, I received a copy of the UC investigation team investigation draft report of the chemical spill and related safety problems at Sacramento State. The UC team had written an excellent detailed report of the causes and made recommendations for Sacramento State as well as stated the same problems likely existed at other campuses throughout the CSU system. I told Mr. Gifford and Andrea Eaton of the CO Office of General Counsel (OGC) that the investigation report information needed to be sent to the EHS Directors at the campuses so they could take appropriate corrective action at their campuses to prevent more lab incidents and serious injuries. I was told by Andrea Eaton and Mr. Gifford that the specifics could not be told to the campuses as it might create liability.

I pleaded that the EHS Directors needed the specific information from the UC investigation report in order to correct similar unsafe procedures and serious unsafe conditions in the labs at other CSU campuses. I was refused on this matter. Andrea Eaton later told me that the OGC would make the redacted version available for the campuses. Although I disagreed with redacting important specific safety information in the report, I waited for the redacted version in the hopes that I could give the campus EHS Directors something to work with. In the following months from April to August, I continued to ask the status of the redacted report. Each time I asked Andrea Eaton, she seemed irritated by my asking. Then each time I was assured by Andrea Eaton that the redacted report would be finished "in the next couple weeks."

During the months from March to May, Andrea Eaton and I met a few more times at my regular urging. We continued to discuss the *CO EHS Work Group*, the consultant, and the Sac

State lab safety report. We didn't agree on the goals of the *CO EHS Work Group*, nor what Chancellor White had asked for during my briefing. I was the only one of the three, Andrea Eaton and Mr. Gifford and me, who was present in January 2017 when I briefed the Chancellor. The OGC office seemed to be changing the goals of the *CO EHS Work Group* and changing what the Chancellor had asked me.

On May 23, 2017, in a meeting with Andrea Eaton, Ms. Eaton seemed to be under the impression that the EHS survey had already been done. After more discussion, it was then my understanding from this meeting that in order to get things moving I was to at last distribute the EHS resource needs survey so that we could report the results to the Chancellor.

On May 24, 2017, I emailed the EHS survey to the EHS Directors at the twenty-three (23) campuses. The following day, May 25th, Mr. Gifford sent an email stating "Suffice to say OGC was is not at all pleased with the distribution. It has Fram's attention," and "We don't want to create liability in our efforts to mitigate risk and develop good practices." As I remember the meeting with Andrea Eaton the day before, she had said OK. Then I asked her to be sure, "Distribute the survey?" And she answered "Yes". If I wasn't to distribute the survey then it was definitely an innocent mistake on my part, certainly not intentionally going against the wishes of Andrea Eaton. As I saw it, there was an over-riding misunderstanding of what the Chancellor's wants, as well as my role regarding EHS issues that I raised with the Chancellor.

In an email on May 25th I wrote to Robert Eaton requesting a meeting with him to clarify the tasks of the *CO EHS Work Group* and what he wanted me to do. I wrote, "One possible way forward is for me to request a very brief consultation again with the Chancellor in order to cast light on and clarify his intentions for the *CO EHS Work Group* on the key EHS issues I presented to him." Further I wrote, "As it stands now I don't see that the *CO EHS Work Group*, OGC, nor myself, can know the *CO EHS Work Group*'s purpose, direction and goals." In a second email to Robert Eaton on May 25th I stated, "Somewhere along the way since then (Robert's and my January meeting and email), I believe we've gone off the rails regarding your and my intentions for EHS."

Also on May 25th, I received my six-month performance evaluation two (2) months late and just three (3) months before the dismissal evaluation was written. Although my six-month evaluation rated me as successfully meeting expectations, it also had vague and malicious criticisms based on gossip and hearsay. These items were not discussed with me at the time Mr. Gifford heard of them, but were instead used to support their effort to create a paper trail in anticipation of my eventual termination three (3) months later. When I questioned some of the gossip that had written in my evaluation, Mr. Gifford became very emotional and left the room. There was no discussion.

A few days later I met with Robert Eaton. Again I thought we had a fruitful discussion. We agreed that the *CO EHS Work Group* should confine its work to the items the Chancellor

asked for, not expand its role to include everything EHS. Robert Eaton gave me an example of his own frustration when he was appointed to a committee of people to deal with managing money who did not have his expertise in managing money, and that it was difficult for him to be in such a situation. He seemed to agree with me that if OGC and I did not agree on the direction of the *CO EHS Work Group*, that my suggestion to go back and consult with the Chancellor may be the way to go.

In June 2017, the survey responses began to come in. Both Andrea Eaton and Mr. Gifford seemed eager to know the results. The results will be illustrated as graphs further below. CSU Pomona and CSU San Jose did not participate in the safety survey.

Also in June 2017, the CA State legislature had an Assembly Bill, AB 746, which was to require massive water testing of outlets at all CSU campus facilities for lead (Pb) content. The bills' authors were confusing guidelines for preschools and elementary schools with their ideas for universities. In addition, they were confusing EPA standards for public utility water suppliers and universities as consumers of water. And they were confusing EPA & various other standards for testing water. The result was language in AB 746 that could have cost CSU tens of millions of dollars if not hundreds of millions of dollars in new piping and plumbing for the over 2000 CSU buildings. Robert Eaton wisely instructed Mr. Gifford and me to take the lead, not OGC, in dealing directly with the CSU legislature liaison office in Sacramento. Robert Eaton expected me to be the direct point of contact with the CSU legislative office, not OGC. Over the next couple weeks, I worked via emails and by phone with the CSU legislative office, explaining the pitfalls in AB 746, the expense it would require, and the very doubtful benefit. They in turn relayed the information to the bills' authors. Questions came back which I answered. After a couple of weeks of communication, the bills' authors yielded and they struck all reference to CSU and UC from AB 746. I had just saved CSU, and the UC system perhaps hundreds of millions of dollars in expense and folly. Mr. Gifford did not so much as mention it or acknowledge my success in any way.

In an August 3rd meeting, Andrea Eaton appeared exasperated and talked at length about the fact the EHS was not her expertise and that she felt over burdened by being appointed to lead the *CO EHS Work Group.* EHS was a subject she knows nothing about according to her. I listened carefully and then responded to her that she shouldn't have to carry the whole thing on her shoulders and that the *CO EHS Work Group* should have been assigned to another part of the CO organization. On this item I feel much empathy for Andrea Eaton. I knew from the beginning that the *CO EHS Work Group* shouldn't be under the OGC as it is not their area of expertise. In the August 3 meeting, I was told that even a redacted version of the UC investigation report concerning Lab Safety would not be given to the campuses.

It was also at this meeting when we discussed a new imminent CA State audit of health and safety conditions in the CSU system. I mentioned that I had been "frozen out of any CO communication about the audit." When the meeting was over and I entered the elevator with Mr.

Gifford, he turned to me and said, "It's because of a lack of confidence. That's why" in response to my saying that I had been frozen out of anything to do with the auditors. Regarding what information should be told the auditors, I said that I would not lie and that I would "not go to jail for CSU." It was after this conversation that Mr. Gifford became much colder in tone and manner with me. Our next verbal communication was my dismissal on August 11, 2017.

On August 4th, Mr. Gifford sent me a sternly worded email that I was to inform the campus EHS Directors at my upcoming EHS conference from August 9th to 10th, of the correct protocol and responses concerning the state auditors work with lab technicians. It seemed to be very out of character for Mr. Gifford and I immediately assumed it was his way of covering his tracks from the conversation we had the day before when I told him I would not go to jail for CSU.

In spite of all of the above, I was able to initiate new momentum, new enthusiasm, new hope, and new unity among EHS Directors and EHS professionals system wide. Most recently on August 9th to 10th, I held the first CSU EHS professionals conference at CSU Fullerton. EHS professionals from across the CSU system attended. Most all of the CSU professionals seemed onboard with my new spirit and my supportive efforts for their praiseworthy and dedicated work. Breathing this new life and some esprit de corps into CSU system wide EHS is quite an amazing accomplishment in the short time I was in my position.

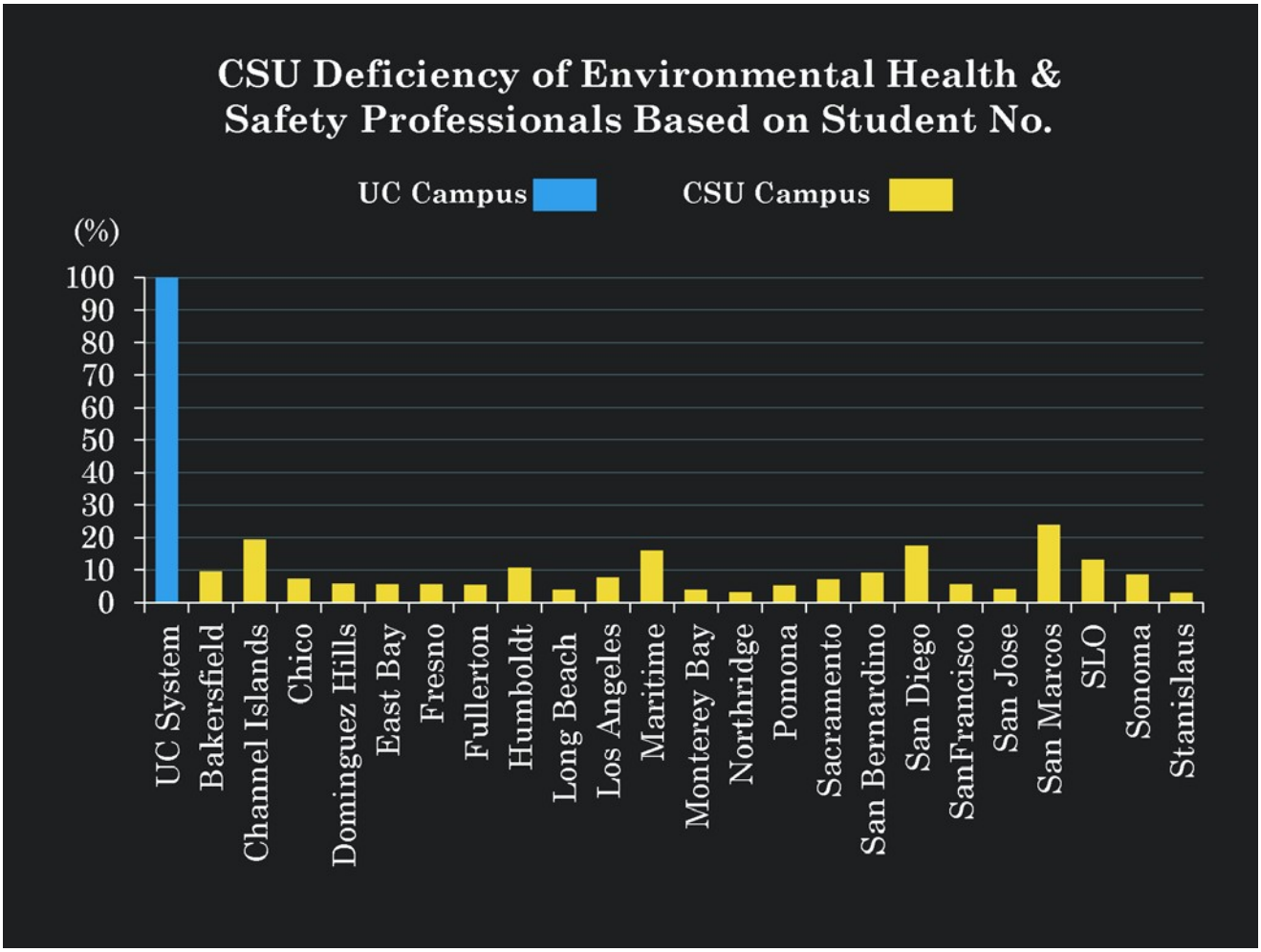
One of the people I invited to speak at the August EHS conference was Tim Ridley, EHS Director at CSU Bakersfield. During his presentation, he stated that after he had started in his position at CSU Bakersfield, he was told he "can't inspect the labs." The labs there had been a no-go area for safety monitoring. In my experience, this is something unheard of in other organizations both in the public sector as well as the private sector. It is one more example of the difficult, stressful and even impossible atmosphere and lack of support from CSU leadership that many EHS professionals face within the CSU system.

II. CSU CAMPUSES HAVE FAILED TO PROVIDE ADEQUATE EHS STAFFING TO ENSURE A HEALTHY AND SAFE WORKPLACE

The UC system has roughly (500) EHS professionals for about (238,700) students and (198,300) faculty and staff. The CSU system has around (92) EH&S FTE's for approximately (465,490) students and (69,938) faculty and staff. What is significant is that CSU San Diego, marked in green to represent Low Risk in the chart below, is very close in alignment with the UC EHS staffing averages. Based on the chart below, the CSU cannot argue that the requirements of the UC system are different than the CSU system.

This breaks down to one EHS professional for every (477) UC students. The chart below shows how the CSU campuses compare to the UC system in this area based on percentage. The CSU's numbers are as low as 2.86% for CSU Stanislaus to a high of 23.87% for CSU San Marcos.

When compared to EHS professionals for every staff/faculty, the CSU does a little better—but is far from acceptable. The UC system has an EHS professional for an average of (397) staff/faculty. The average for the CSU system is (817) staff/faculty for every EHS professional. The chart below shows CSU San Diego and CSU San Marcos, marked in green to represent Low Risk, are very close in alignment with the UC averages. CSU Bakersfield, CSU Channel Islands, CSU Humboldt, and CSU Los Angeles are below the UC averages but not as severely as the other remaining campuses. Those campuses marked in Red are considered High Risk in one part due to insufficient EHS staffing. This lack of resourcing EHS by CSU has contributed to the following EHS staff problems and concerns at the CSU Campuses.



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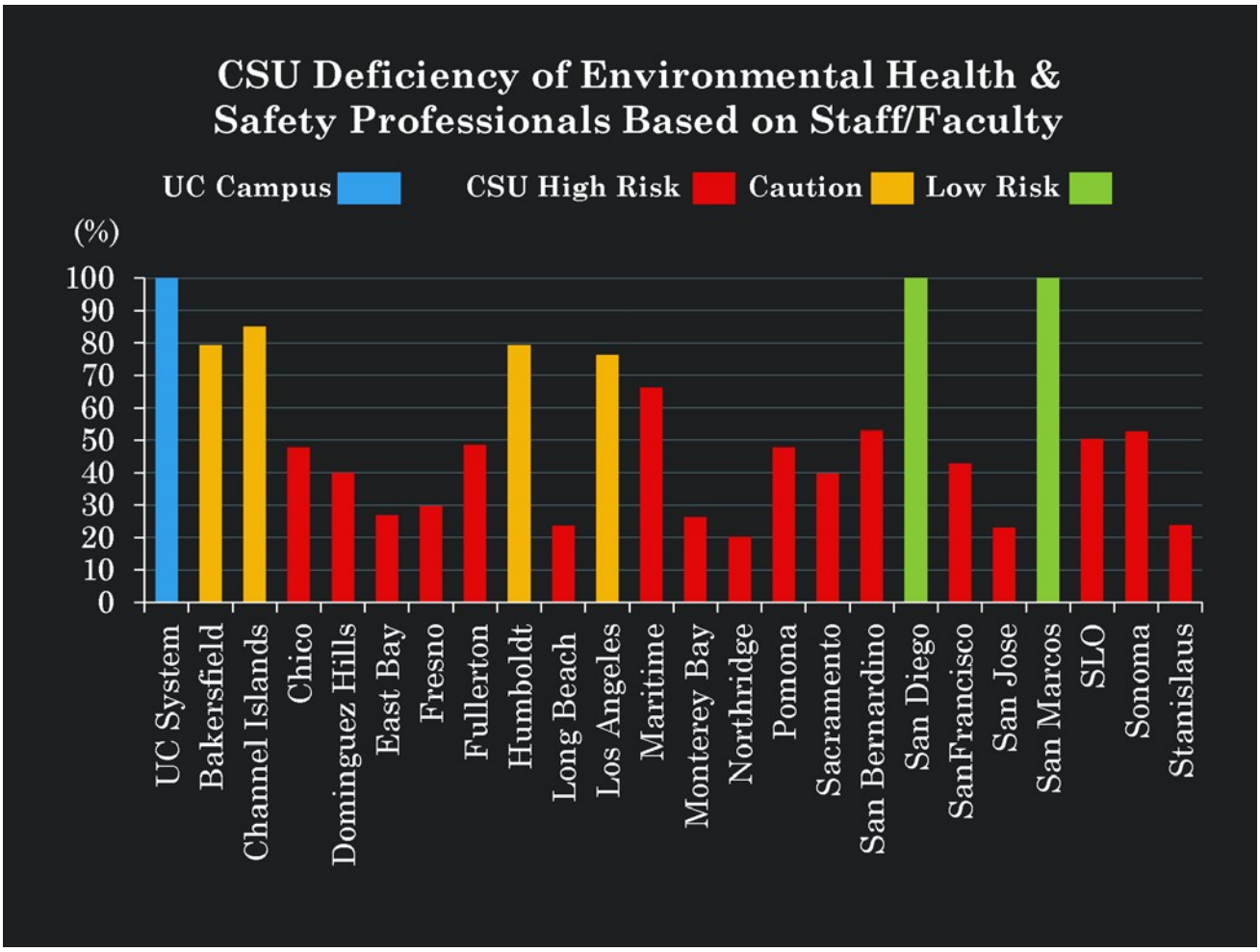


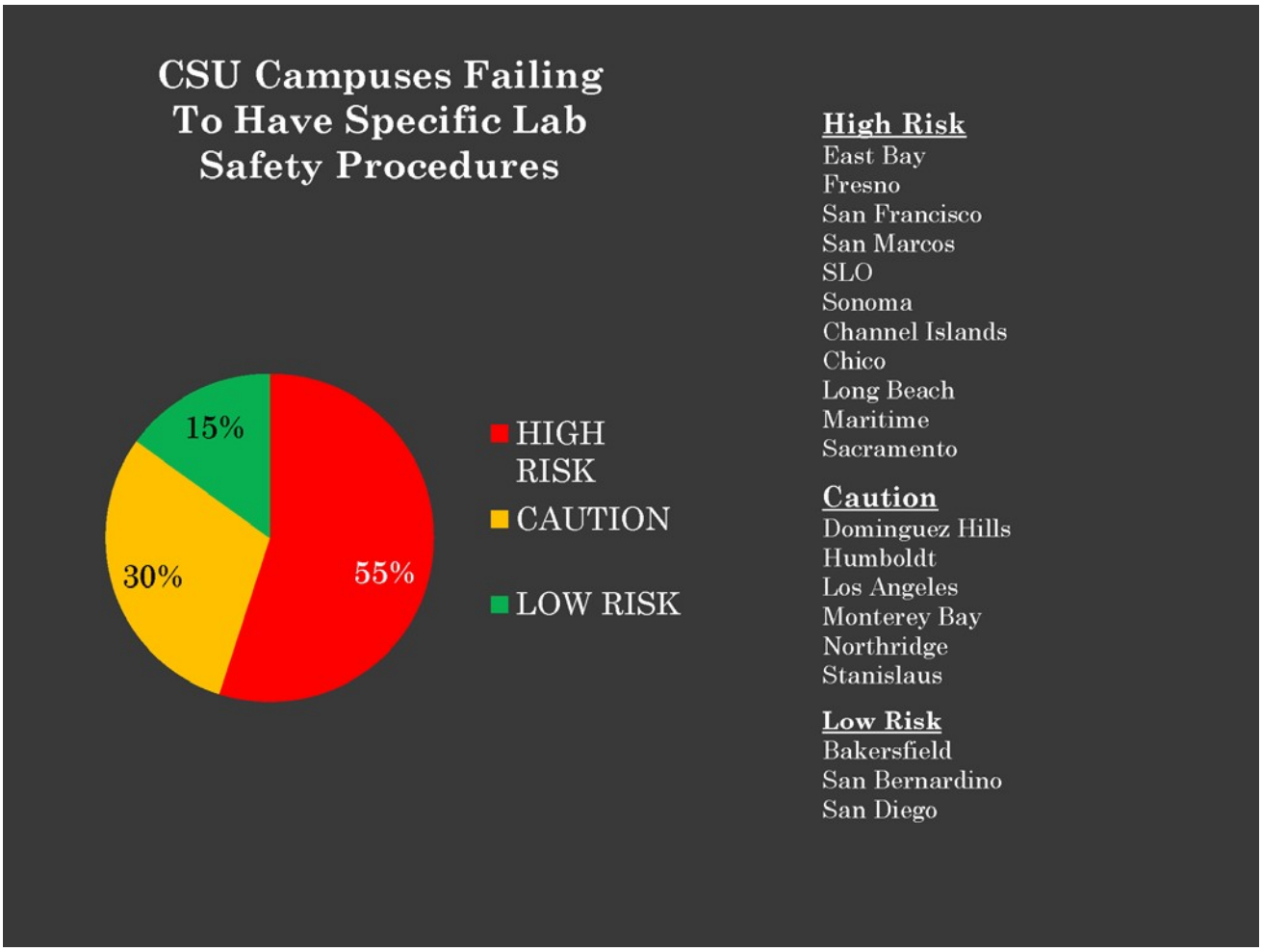
a. CSU Campuses Fail To Have Specific Lab Safety Procedures

East Bay EHS Staff Comments – "We do not have staffing to be proactive. We are currently in firefighting mode."

Fresno EHS Staff Comments – "Having tech solution (UC LHAT/Assess or Procedures) would facilitate academic doing themselves."

Humboldt EHS Staff Comments – "There are many departments with labs that have inadequate or inconsistent formal procedures. As for EH&S' time, it is on a case-by-case basis, usually at the request of a department or faculty but it is assumed everyone has their IIPP and CHP developed."

Maritime EHS Staff Comments – "Cal Maritime currently has 1-chemistry lab, 1 physics lab and the variety of machine, welding, and other lab/shops tailors toward Maritime Industry."



San Marcos EHS Staff Comments – "The person would create laboratory specific chemical hygiene plans that would be inclusive of SOP's for hazardous materials and operations. If the department was able to utilize a staff members time specifically for laboratory specific work it could take a person a year to get all research labs fitted with laboratory specific Chemical Hygiene Plans. An additional year could be devoted to do the same with instructional (teaching) labs."

Sonoma EHS Staff Comments – "SSU Pays one unit of release time to Chemistry faculty who are responsible for day to day Chemical Hygiene."

Stanislaus EHS Staff Comments – "Lab safety is decentralized out to the 11ab tech per department (Chemistry, Biological Sciences, Art Dept., etc.); the lab techs and faculty are primarily responsible for lab safety, and the Safety & Risk Management. EH&S provide consultation and investigation when needed."

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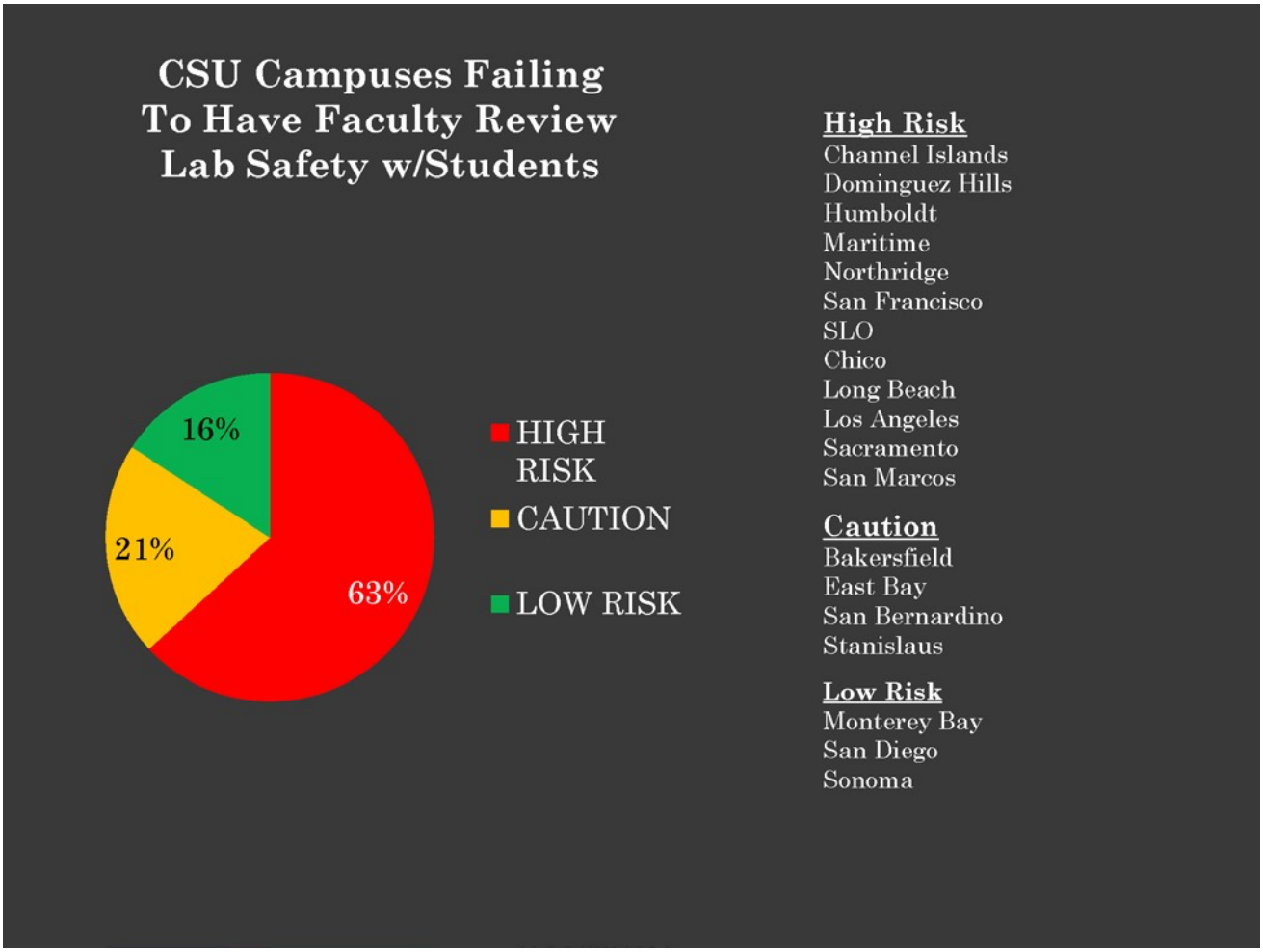
b. CSU Campuses Fail To Have Faculty Review Lab Safety w/Students



Bakersfield EHS Staff Comments – "Principal Investigator/Faculty ("PI") follow-up inconsistent."

Channel Islands EHS Staff Comments – "Can't see how faculty can assume responsibility."

Fresno EHS Staff Comments – "To answer need audit tool for faculty to report back. We are notified when accident."

Humboldt EHS Staff Comments – "EH&S reviews incidents and provides follow-up where student safety is impacted, because it is after an incident has occurred, buy-in in action is usually 100%. EH&S assists in IIPP and CHP, and even SOP development but it is up to faculty to modify them lab by lab, which is not happening and EH&S does not have the time to do it for them nor is that even appropriate, so unless it is done as a large push from upper administration to require it, we end up herding cats and no one takes ownership. Many departments with labs

have stockroom folks who act as informal "safety liaisons" and require faculty to take varying degrees of responsibility."

Los Angeles EHS Staff Comments – "Note there is a difference between instructional and research labs. More work required for instructional labs who do not have a dedicated faculty member."

Northridge EHS Staff Comments – "Interns do most of safety training with students."

San Bernardino EHS Staff Comments – "Some faculty delegate to lab techs, challenge to stay in compliance."

San Marcos EHS Staff Comments – "The additional EHS work years would be used to address training faculty in their responsibilities, then providing them the guidance that they will need to continue the review of the Lab Specific Chemical Hygiene Plans and related SOP's needed for their specific instructional or research related activities from a safety and hazardous operations perspective. The goal would be to assist the faculty in understanding their roles and responsibilities. This should be represented in their job description or else it could become someone else's job (i.e. EHS, graduate student, lab manager or Instructional Support Technician). This would ideally be a system wide effort that is delivered through Faculty HR or the Provost level. As an FYI, The Safety Training Consortium will be providing an asset that will address Principal Investigator/Faculty responsibilities through a web based training. This is scheduled to be released in FY17/18 and should address this need."

SLO EHS Staff Comments – "Technical staff in these areas support a large amount of this activity."

Stanislaus EHS Staff Comments – "EHS are not providing annual training. This is provided by dept. Faculty and lab techs are 90% responsible for lab safety issues; Safety & Risk (EH&Sl staff provide oversight and consultation on incidents, accidents, investigations and training."

c. CSU Campuses Fail To Inventory Lab Chemicals

Bakersfield EHS Staff Comments – "Converting to online SDS program in 2017."

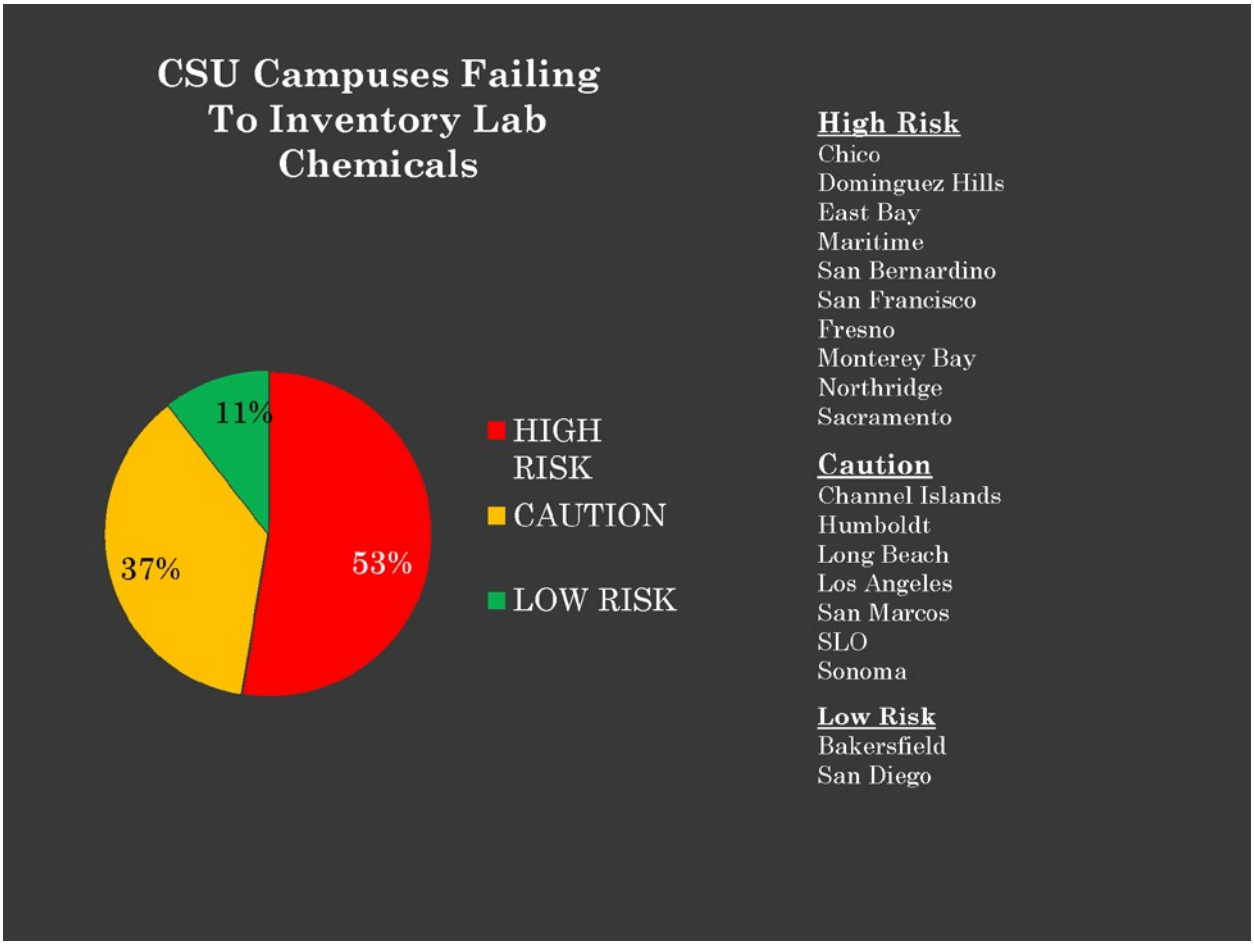
Dominguez Hills EHS Staff Comments – "No resources for this."

East Bay EHS Staff Comments – "This was one task I requested additional assistance for in lab as well as remainder of campus. Student assistants have not worked out. Struggle to keep CER's inventory updated."

Fresno EHS Staff Comments – "Annual effort for EHS only for HMBP threshold chemicals. Implementing UC Chemicals tool (inventory)."

Humboldt EHS Staff Comments – "The stockroom managers are responsible for their inventories, however faculty inventories are inconsistently monitored. EH&S is in the middle of a chemical inventory project which will have one central inventory of all campus chemicals, including those held by faculty. It has been a multi-year process and will not be completed until

at least fall of 2018. It has been executed by one EH&S staff member and student assistants and is very time consuming and cannot be done full time."



Northridge EHS Staff Comments – "Tracking findings labor intensive."

Sacramento EHS Staff Comments – "Chemical owners are responsible for inventories, 60% compliance. ISTs perform stockroom inventories, research space is the responsibility of faculty and compliance is spotty. UC inventory tool purchased."

San Bernardino EHS Staff Comments – "Labs should keep their own inventory current; however, that hasn't been an easy sell."

San Diego EHS Staff Comments – "Challenge to maintain real time inventory. 200 labs on campus."

San Francisco EHS Staff Comments – "Nine student assistants will do this summer."

San Marcos EHS Staff Comments – "It took us approximately two years to implement and effectively manage a chemical inventory system. The cost was approximately $10,000 for

implementation and $10,000 a year to maintain. It is a web based program, which allows for use from any computer, tablet or smart phone. We use CHIMERA, which is a chemical inventory system that was developed by UNLV. EHS conducts an inventory scan each year that takes approximately two months to manage. Maintenance of the inventory is paramount and that work takes approximately a week a month or .24 years (12 weeks). We have an estimated 90% confidence rate in regards to our chemical inventory accuracy for the campus at the end of each inventory cycle, but this decreases the more time goes by in between inventory cycles. If EHS were allotted additional resources to manage the inventory system, the campus would be able to conduct additional inventories and allow for a greater confidence in the accuracy of the data."

d. CSU Campuses Fail To Conduct Annual Lab Safety Inspections

Dominguez Hills EHS Staff Comments – "Follow-up needs time."

Fresno EHS Staff Comments – "Finalizing online in-house tracking of inspections."

Humboldt EHS Staff Comments – "Usually, EH&S inspects all labs each semester. However, due to the inventory project this has not occurred as consistently as planned. EH&S uses iAuditor to conduct and track inspections and follow-up."

San Diego EHS Staff Comments – "Inspect up to 4 times per year depending on program."

San Francisco EHS Staff Comments – "Marc did research lab. E.g. 9 gal of Methylene Chloride sitting on the floor and open to the air."

San Marcos EHS Staff Comments – "At this time our process is very consultative and meant to be educational. We use a checklist and provide a memo (word document) format, inclusive of pictures, to provide reports to the responsible party. They answer back on the same memo to address findings. This is a very labor-intensive process for both parties, as inspectors have different styles and address compliance items per their expertise. Our office is working on implementing the University of California system developed INSPECT program next fiscal year. This is a web based program that will provide us a streamlined operating system to do these inspections electronically, timely, and provide a consistent report to the responsible party. Additionally, the report will allow the responsible party to close their findings electronically. A key component that is provided is a dashboard admin system to manage these inspections and findings. Metrics for benchmarking and measuring of success are also provided. We will also be able to use this system to manage State Fire Marshall inspections. A constraint is that we are relegated to a maximum of 100 Pl's/Groups due to the fiscal licensing issues. While this could minimize the use of the system for SFM findings, we will attempt to use the system as much as possible to minimize the time spent by our office in managing these inspections."
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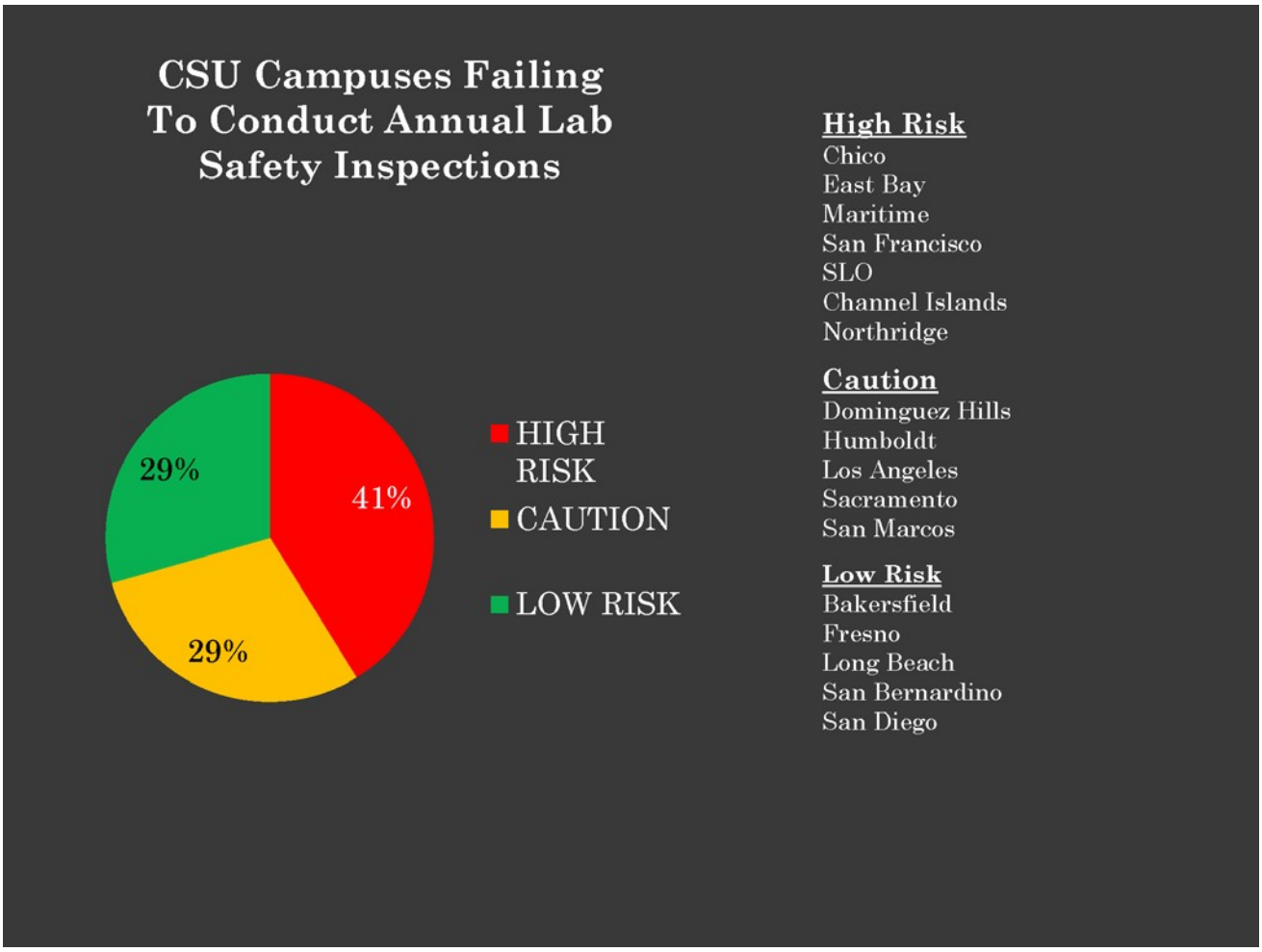


e. CSU Campuses Fail To Require Faculty Attendance At Safety Training

Bakersfield EHS Staff Comments – "Trying to develop program with NSME group."

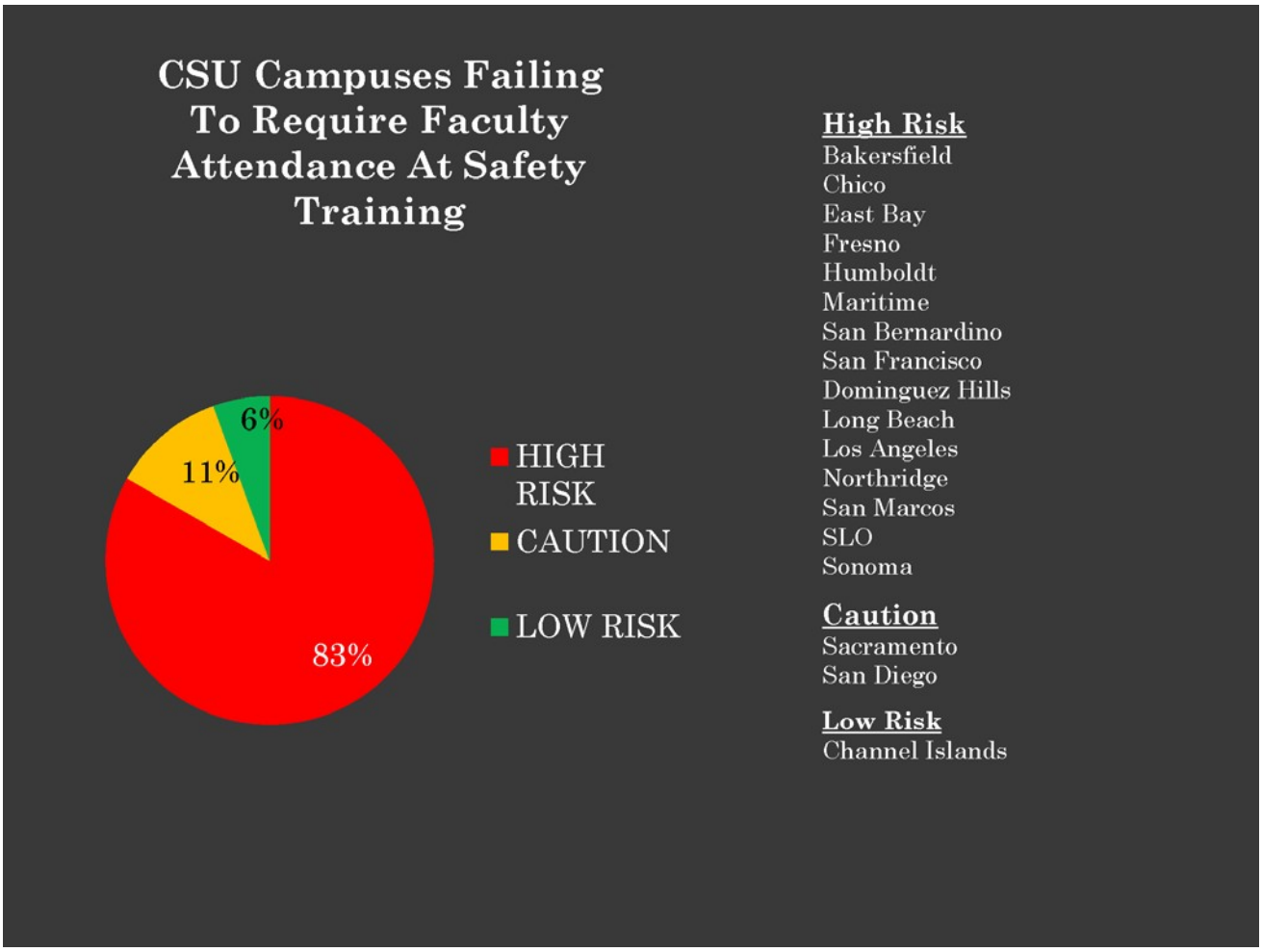
Channel Islands EHS Staff Comments – "Mostly online. CHP done in person."

Dominguez Hills EHS Staff Comments – "Faculty do not attend; only staff & students."

East Bay EHS Staff Comments – "Only training EHS does is hazwaste/environ protect & lab safety for faculty & TA's. Hazwaste online for refresher."

Fresno EHS Staff Comments – "EHS responsible. Faculty attendance needs to improve."

Humboldt EHS Staff Comments – "EH&S provides general lab training at the beginning of every semester that faculty, staff and grad students are invited to attend (independent undergrad and grad student researchers are required to attend once per year}. Staff attend more often than faculty, who usually attend only once if at all; faculty are the least compliant with training requirements."



Sacramento EHS Staff Comments – "Additional time assumes all instructor-led. Use of web-based training will decrease the total hours."

San Bernardino EHS Staff Comments – "Department often conduct their own training without EHS, so this question is somewhat convoluted. Faculty are subject are experts and should conduct the training for their technicians and Gas with EHS support."

San Diego EHS Staff Comments – "Attendance is not treated as mandatory by faculty. Eng and Art are low."

San Francisco EHS Staff Comments – "All training has not been quantified yet."

San Marcos EHS Staff Comments – "Our office provides the faculty teaching instructional labs with a safety training delivered through PowerPoint that can be shown at the beginning of the first lab. This is a 12-minute awareness video and does not fully teach the student lab safety, just provide a very basic introduction to the types of hazards that they may encounter in the lab. We have devised that we can create a web based training that has further content and this would take approximately two months to be specific to the course and the hazardous operations involved

with the course. This could then be a 30-min safety review for the instructional course provided for faculty. Research lab and pedagogical instruction would then be managed by a 1.5-hour instructor led training (hazard communications, lab safety, hazardous waste, etc.) or through a lab safety web based asset. This training does not satisfy the "hands on" safety instruction that should be provided by the PI or faculty member. Faculty are not typically inclined to attend safety training. Particularly, the adjunct faculty do not attend unless they are compensated for this time. This is an HR/contract issue that should be managed systemwide. Hence, the few meet and confers that have occurred in relation to just IIPP and EAP training. Now add the training that is required as an employee and as an instructor from a risk management point of view."

Sonoma EHS Staff Comments – "Completed online through Skillport and other training."

Stanislaus EHS Staff Comments – "EHS staff are not providing annual training; this is conducted by the departments."

f. CSU Campuses Fail To Conduct Safety Training For Non-Lab Staff

Bakersfield EHS Staff Comments – "Looking to create program to include academics & students."

Dominguez Hills EHS Staff Comments – "Facilities & housing."

East Bay EHS Staff Comments – "Focus is on facilities staff & classroom training. Tech issues-emp can't log onto training."

Humboldt EHS Staff Comments – "EH&S provides training to groups on campus that request it or are identified by EH&S as requiring it. Primarily, this is for very specific classifications who engage is clearly defined activities which trigger OSHA or EPA requirements for training such as Bloodborne Pathogens, First responder, Fire extinguisher, Storm Water, and SSO. The rest of campus, i.e. office workers are not typically provided in person training by EH&S- but we provide consultation to departments on what trainings are applicable to employees."

Sacramento EHS Staff Comments – "Impact on hours depends on whether staff take training on-line or instructor-led. Assuming all courses were instructor-led, the time spent would be approximately double."

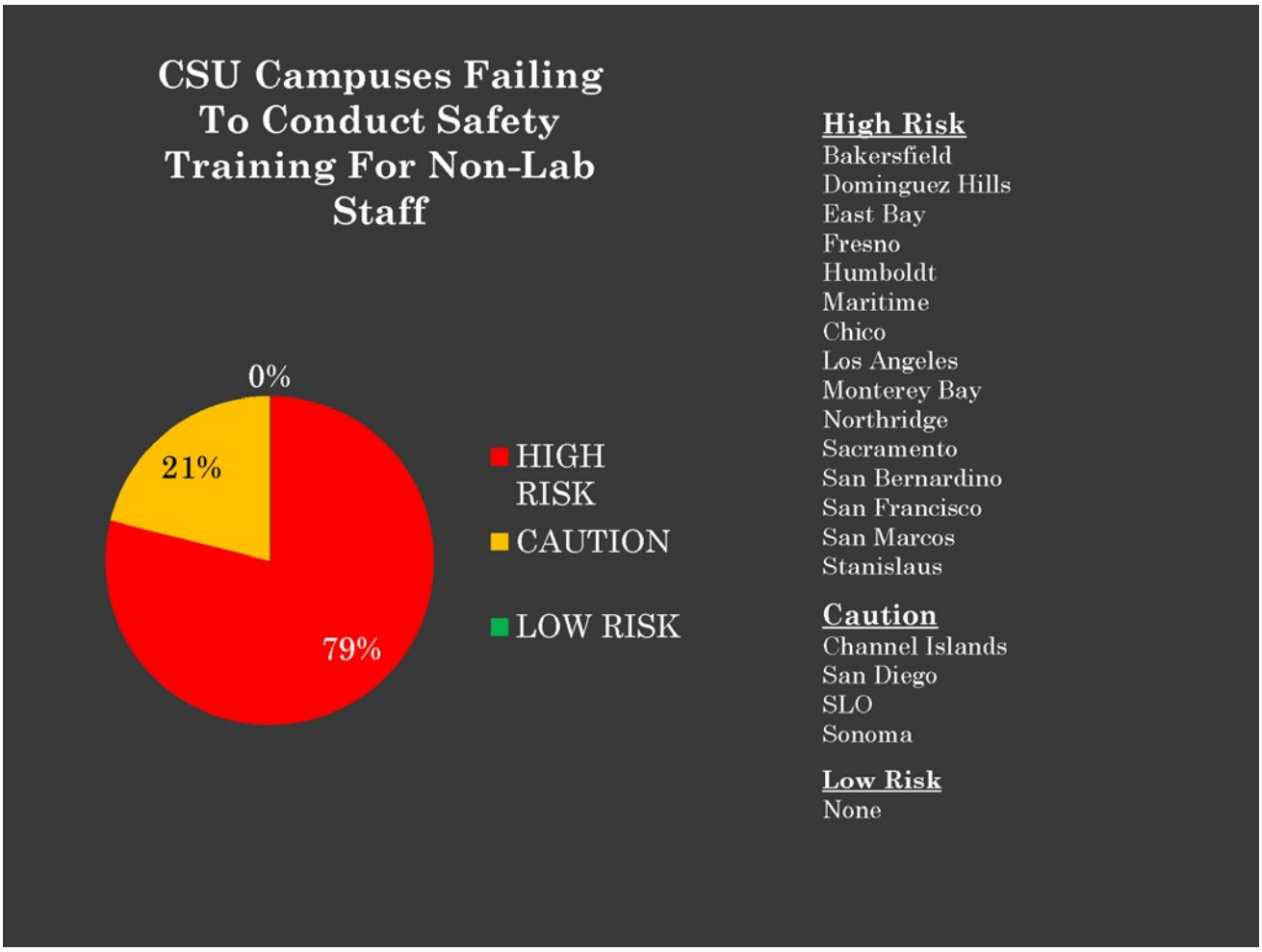
San Diego EHS Staff Comments – "Behavior and supervision issues."

San Marcos EHS Staff Comments – "This is best managed by an LMS system that can provide a training needs assessment for the supervisor to determine the regulatory required training for the non-lab personnel. The EHS office can create a training matrix for the positions, but many positions are unique and may crossover to other areas that may require alternative safety training."

SLO EHS Staff Comments – "Answers are in regard to Skillsoft online training."

Stanislaus EHS Staff Comments – "The EHS staff at Stanislaus State consists of 1 FTE Manager and 1 FTE staff person (who is completely new to the EHS field). We rely on online

training primarily, and that the supervisors in each area (or lab techs) provide the in-person training as needed. EHS supplements with training as needed to meet some minimum standards. It has not always been this way, but over the last 6 months there have been significant staff changes in the EHS office with a loss of a person with years of experience and the addition of a person with no experience."



g. CSU Campuses Fail To Conduct Adequate Fire Inspections

Bakersfield EHS Staff Comments – "Staff do everything but Dorms. Fire Marshal does Dorms."

Channel Islands EHS Staff Comments – "EH&S does not do. Can't est."

Chico EHS Staff Comments – "Only residence halls annually."

Dominguez Hills EHS Staff Comments – "Facilities handling but not doing well."

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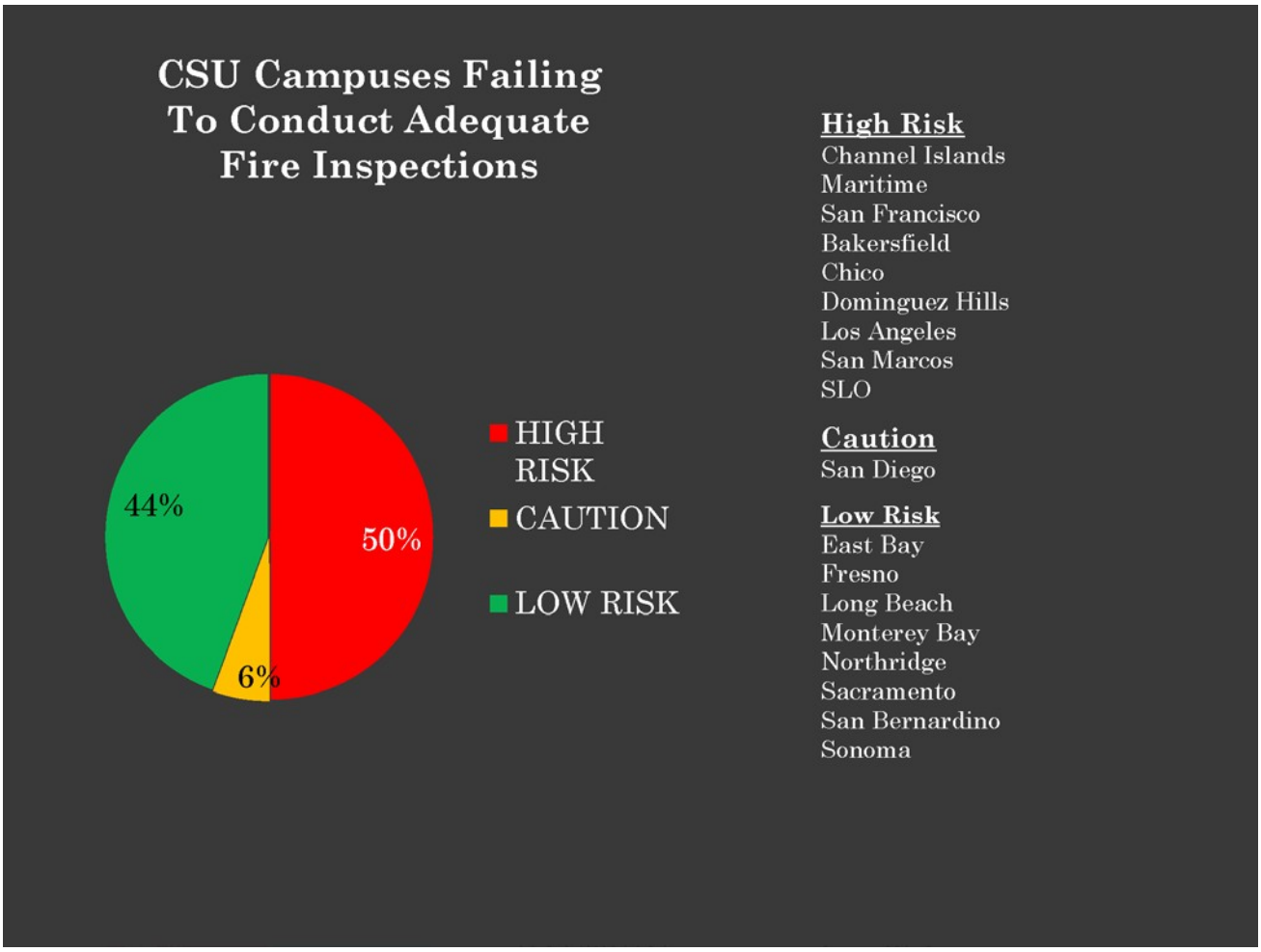


Humboldt EHS Staff Comments – "In a typical year, Fire and Life safety is inspected at approximately the same frequency as Lab inspections by EH&S- however, EH&S does not always get to every location on campus. The Fire Marshall inspection is not coordinated through EH&S and we do not know this data."

Northridge EHS Staff Comments – "Switched to CalFire from LA City Fire."

Sacramento EHS Staff Comments – "Currently have an aggressive fire marshal who completes all of his inspections as required."

San Bernardino EHS Staff Comments – "The Fire Marshall is too expensive- we, as safety professionals, should be allowed to conduct our own fire life safety inspections just as we do for other safety needs."

San Diego EHS Staff Comments – "'FM been distant too busy.' Current inspect based on priority."

San Francisco EHS Staff Comments – "Just got new FM for reason. Four (4) weeks ago said he would be back next month. Present: four (4) days in two (2) years. Students inspecting fire extinguishers."

San Marcos EHS Staff Comments – "These inspections typically take over a year to manage, as the time taken to inspect every building on campus is long. Once the inspections are completed, the EN-11 reports are submitted to the EHS office. Our office then disseminates the reports to the supervising authority on campus (typically VP's, Deans or MPP level) for correction. The EN-11's are submitted with an additional picture report that is developed by EHS to provide clarification to each finding. Once all the corrections are submitted back to EHS, the signed EN-11's are submitted back to the SFM."

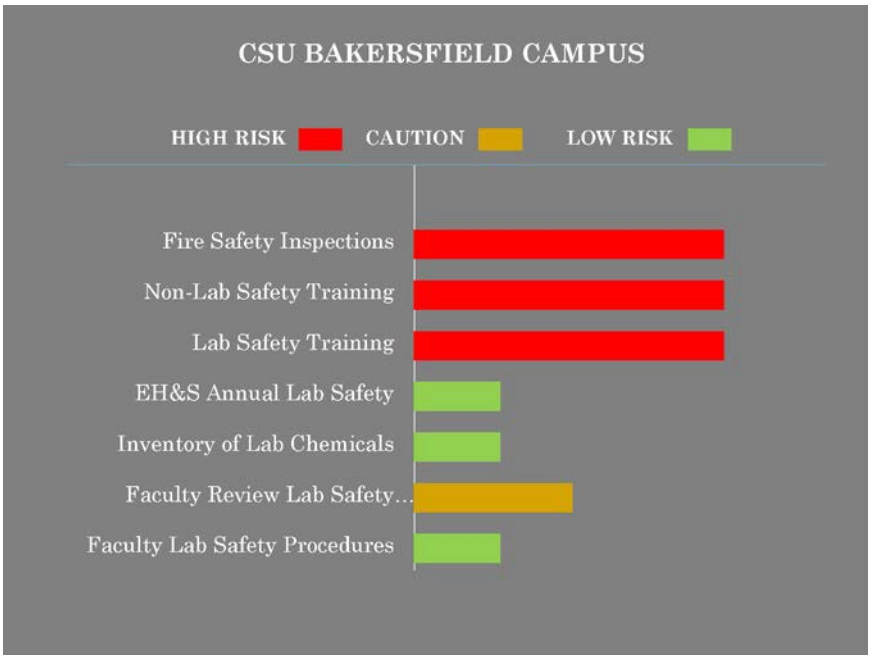
Sonoma EHS Staff Comments – "Fire Marshal inspections are infrequent for academic buildings."

Stanislaus EHS Staff Comments – "The State Fire Marshall has not inspected campus buildings since 2015. The only space annually inspected is the Housing/dorms. When/if the State Fire Marshall comes to campus, then EH&S staff oversee all compliance with life/safety findings."

Specifically, By Campus:

1) CSU BAKERSFIELD CAMPUS

At our August 10, 2017 CSU EHS Conference, Bakersfield EHS Director told conference attendees that when he started as Bakersfield EHS Director recently, he was told he cannot inspect the labs. Below you will find a chart illustrating how the CSU Bakersfield campus rated in the survey concerning EHS health and safety concerns.



2) CSU CHANNEL ISLANDS CAMPUS

The most recent incident at the California State University Channel Islands ("CSUCI") was from March 18th through March 25th of 2017 when, during a remodel at Arroyo Hall, it came to light that CSUCI trades personnel may have been exposed to Asbestos Containing Materials ("ACM"). Work was stopped only after all demolition had been completed and new installations had taken place. In response to the Arroyo Hall demolition health and safety violations, an employee complaint was filed with Cal/OSHA. On June 8, 2017, Cal/OSHA notified the CSUCI that they had received a complaint alleging maintenance/construction employees removed wall board that contained asbestos without any personal protective equipment and training (1529(k)) while working in Arroyo Hall.

Because the allegations of safety violations were of a serious nature, the CSUCI was required to investigate the alleged hazards(s) and notify Cal/OSHA in writing whether the alleged hazards(s) exist. If so, CSUCI was required to specify the corrective action(s) CSUCI was taking and the estimated date when the corrections would be completed. CSUCI provided a fraudulent response to this demand around July 15, 2017. In addition, CSUCI management retaliated against the employees by telling them if they wanted pretesting to determine hazards, there would be no money for overtime work.

This Arroyo Hall incident also led the CSUCI skilled trades workers to finally stop and reflect upon the years they had been working in areas that may contain hazardous substances. Complainant believes they have been exposed to ACM's, lead and other hazardous materials due to Management and the department of Environmental Health & Safety not following work practices, policies, rules and/or laws, resulting in employee health and safety violations for decades. This notice concerns not only areas of construction but also areas of general maintenance and everyday general work.

(a) Intentional Misrepresentation of Potential and Actual Danger in a Work Environment.

- Historically, Employees have been told the work environment was safe when in actuality it was not. The following is a non-exhaustive list of examples of such fraudulent misrepresentations:

    - After a CSUCI employee informed their management that the Safety Coordinator told them of potential lead exposure on a worksite, CSUCI employees have been told not to take their Safety Coordinator with them onto jobs.

    - In Arroyo Hall, since 2008, there have been several remodels. During all of this work, the drywall was never mentioned or believed by the skilled trade persons to contain ACM. Only after the adhesive holding the ceiling tiles was questioned during this year's remodel was it brought to light that the drywall contains ACM.

Only after all demolition was finished and new installations had begun, were employees told it was contaminated with ACM. CSUCI managers shut the project down and abated only portions of the drywall. Employees were told by managers that all samples were below the maximum exposure and that they were not in danger of over exposure.

- Engineers were called to the old power house to repair a steam line that had blown. The steam had sprayed all working on the line with ACM's. They had to be decontaminated/decon and sent to US Healthworks for testing. Their clothes were bagged and they were told they would not get their clothes back because of contamination. Employees later found the bag of clothes stored in a black unmarked bag in their Hazmat building. Their managers said they had been sent away for testing and that the clothes would be destroyed.

- The Placer Hall area was said to be abated when in fact it was not. While the crawlspace had been abated the mechanical chases had not been. This resulted in employees being exposed to ACM's. During a portion of the work some employees were covered with the white debris containing ACM's. No reports were filled and no one was examined by a health provider. Later abatement was done to these areas.

- During lighting upgrade to the buildings used to house the kids working for the California Conservation Corps and Basement 51 upgrades, employees recently became aware that ACM's or other hazardous materials are present in this area. They spent weeks demolishing and installing new systems to this area. No assessment was done and personnel were never informed of hazardous material that may be present. It was the employees' understanding that this area was safe to work in.

- During a switchgear upgrade project, working in old basements dating from 1930's, the employees demolished an old electrical apparatus and installed new equipment. Employees had to remove walls and old duct work along with other demo to make room for new equipment. This work went on for over a year. Employees did not see a Hazardous Material Assessment. They believe some of these areas may contain ACM's and or hazardous materials.

- There are many other areas employees (including but not limited to skilled trades persons) that have worked in they believe may have exposed them to ACM's or other hazardous materials.

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(b) Failure by the CSU to Pre-Test Suspected Dangerous Work Environment.

- CSUCI failed to pre-test suspected hazardous material before directing CSUCI employees to demolish certain areas of the Arroyo Hall in 2017.

- Generally and historically:

    - CSUCI does not do the required pre-testing to determine whether a material contains hazardous substances.
    - CSUCI Managers and the EH&S department do not follow their own Injury and Illness Prevention Program ("IIPP"), safety policies, rules, or laws so they can save money and meet construction schedules.

(c) Failure by the CSU to Provide Proper Employee Training.

- CSUCI failed to properly train CSUCI employees who worked on the Arroyo Hall demolition in 2017.

- Generally and historically:

    - CSUCI does not do the required employee training.
    - CSUCI Managers and the EH&S department do not follow their own IIPP, safety policies, rules, or laws so they can save money and meet construction schedules.

(d) Failure by the CSU to do Required Employee Exposure Assessments.

- CSUCI failed to do the required employee exposure assessments before beginning the demolition activities in Arroyo Hall demolition in 2017.

- Generally and historically:

    - CSUCI does not do the required employee exposure assessments before beginning Class II and Class III work.
    - CSUCI Managers and the EH&S department do not follow their own IIPP, safety policies, rules, or laws so they can save money and meet construction schedules.

(e) Fraudulent Misrepresentations by the CSU in Response to Cal OSHA Demand for Information Concerning an Employee Complaint.

- CSUCI provided Cal/OSHA with a fraudulent response to the employee complaint concerning the demolition activities in Arroyo Hall in 2017. The most shocking untrue statement in the response to the Cal/OSHA complaint by the CSUCI was:

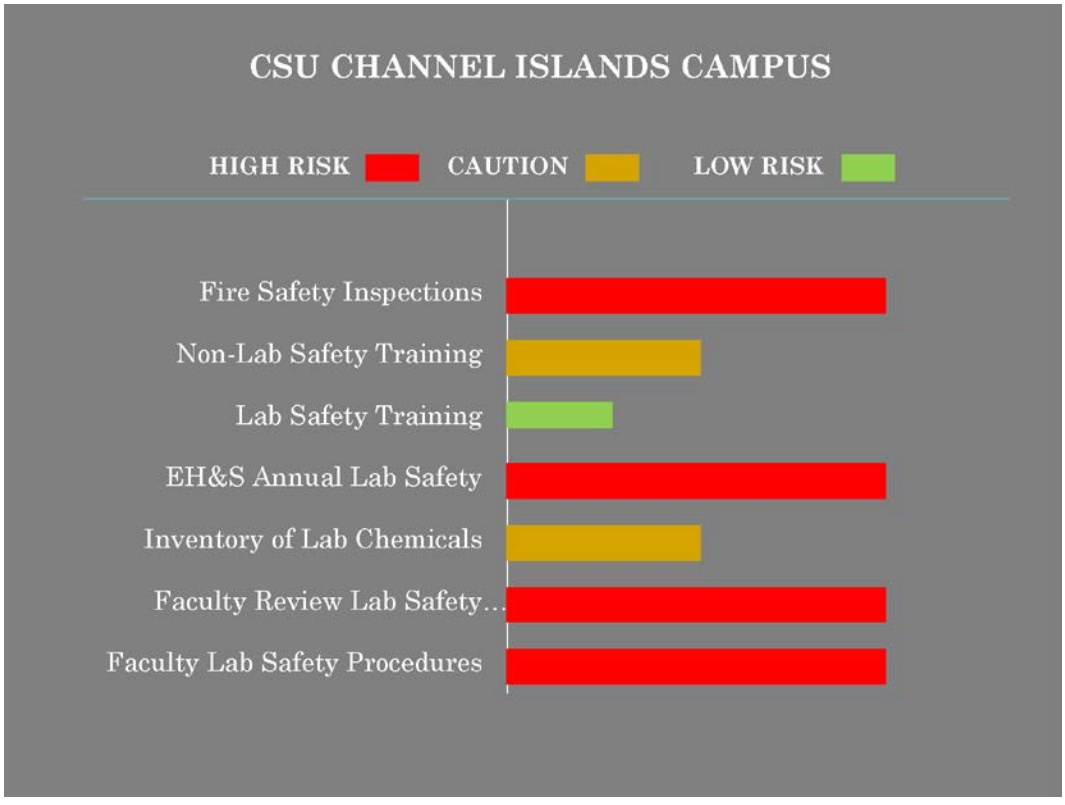
- "*Demolition of the three walls was performed during the University spring break and first floor employees were relocated to another building during the construction period (March 20 through March 25, 2017).*
  - In truth, the demolition was performed while employees occupied the first floor of Arroyo Hall at CSU Channel Island. (See Exhibit A, Witness Declaration in Reference to the Demolition of Arroyo Hall at the California State University Channel Island Campus on March 20, 2017.)

(f) Retaliation by CSUCI Management.

- CSUCI management, in a meeting with employees concerning the Arroyo Hall incident, told employees if they wanted pre-testing to determine hazardous materials there would be no money for overtime.

- CSUCI management is outsourcing work employees were doing before they complained of health and safety violations rather than provide the necessary training and safety precautions.

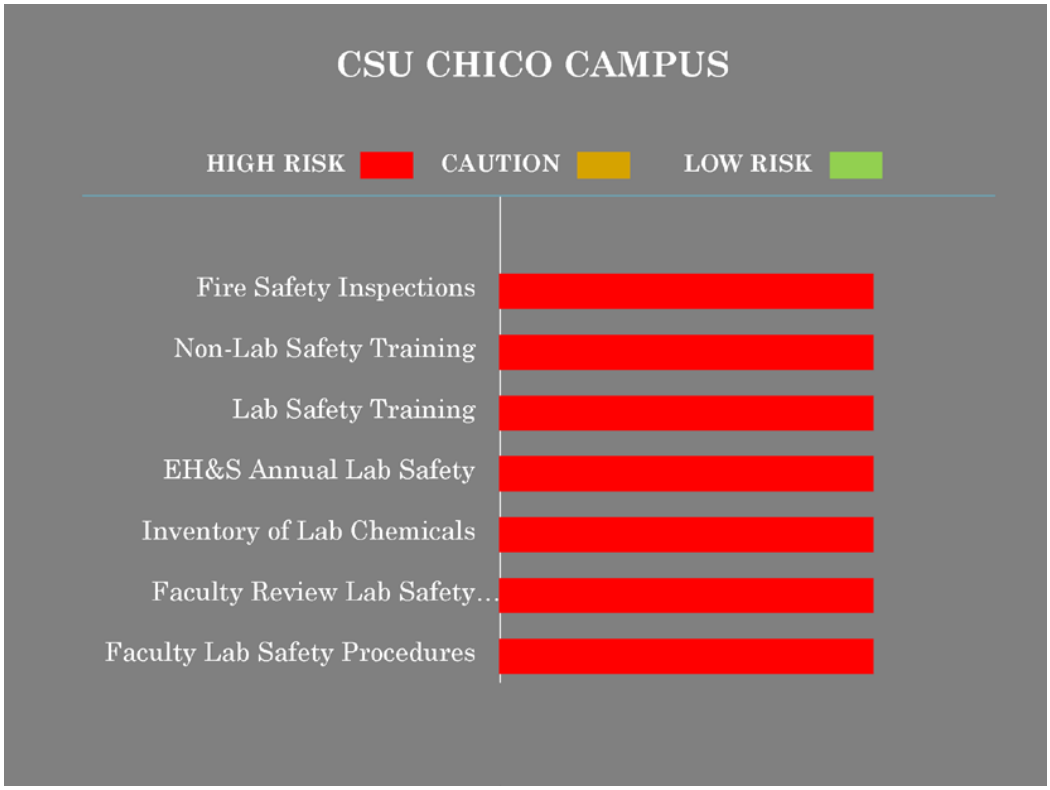
In addition to the above concerns, Channel Islands survey results below show problems in the areas of fire safety inspections and various lab safety issues.



3) CSU CHICO CAMPUS

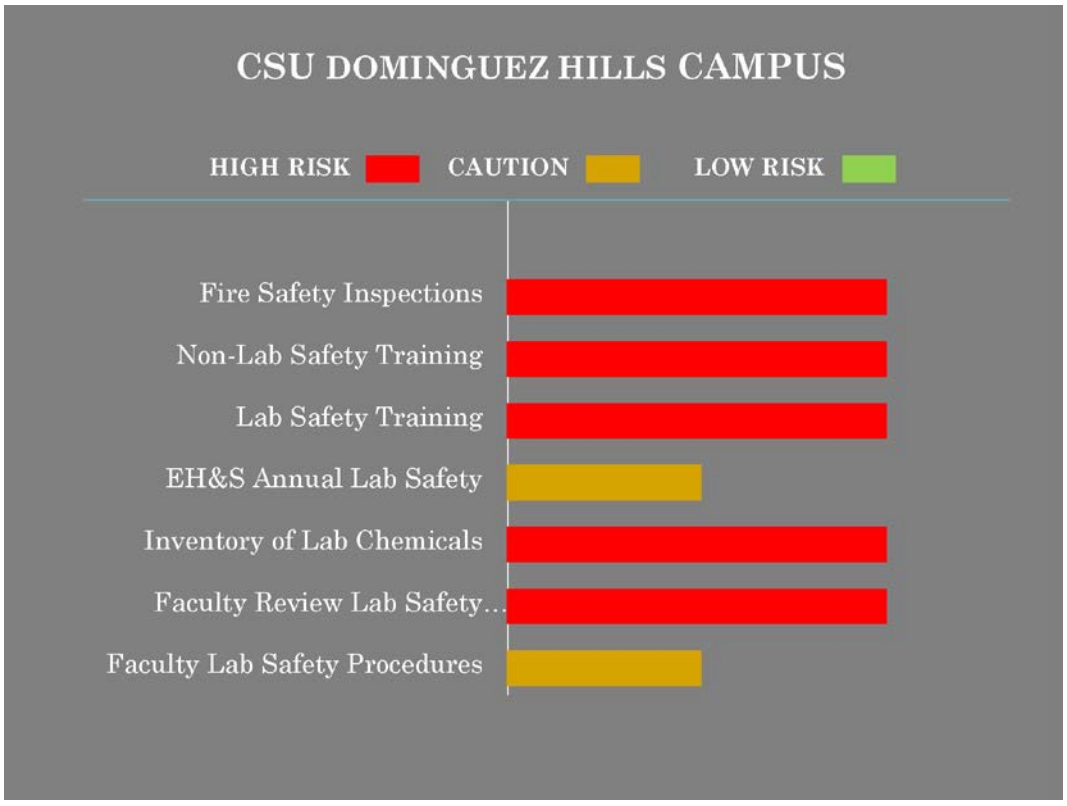
In addition to the Safety survey concerns illustrated in the chart on the following page, the CSU Chico Campus has the following concerns:

- EHS Director needs more resources.
- The old VP which EHS Director reported to told EHS Director, "Don't go to the farm." And the VP cut 1.5 FTEs from EHS. Faculty conduct projects on farm including those using students labor.
- There have been four amputations in recent years involving farm operations.
- There was a recent, serious fire in a pig barn.
- Chico EHS office has been cut two positions in last seven years and has little to no travel budget (for attending training, conferences, certifications, etc.).
- There are no staffing guidelines for EHS offices in the CSU system.
- There is a lack of compliance with Cal OSHA's requirement for an Injury and illness Prevention Plan (IIPP). This is a CSU system issue. Just 50-60% of faculty and staff attend/complete IIPP training put on by EHS staff at Chico.
- Although CSU risk pool money recently returned a dividend of $500,000 to CSU Chico, zero funds went to EHS according to the EHS Director.



- Since my 2016 visit to CSU Chico, in 2017 the campus incurred another finger amputation and a serious chemical incident in one of its labs which shut down part/all of the building. Chemical was Acrolein. A bottle of Acrolein burst, filling the lab with an extremely poisonous level of vapors, immediately dangerous to life and health. Fortunately, lab personnel were out to lunch at the time. Still, one student was exposed when returning to the lab and thankfully she was quick to flee the lab. The Butte County HAZMAT team had to be called to the scene to assist. The building was closed for six weeks.

4) CSU DOMINGUEZ HILLS CAMPUS

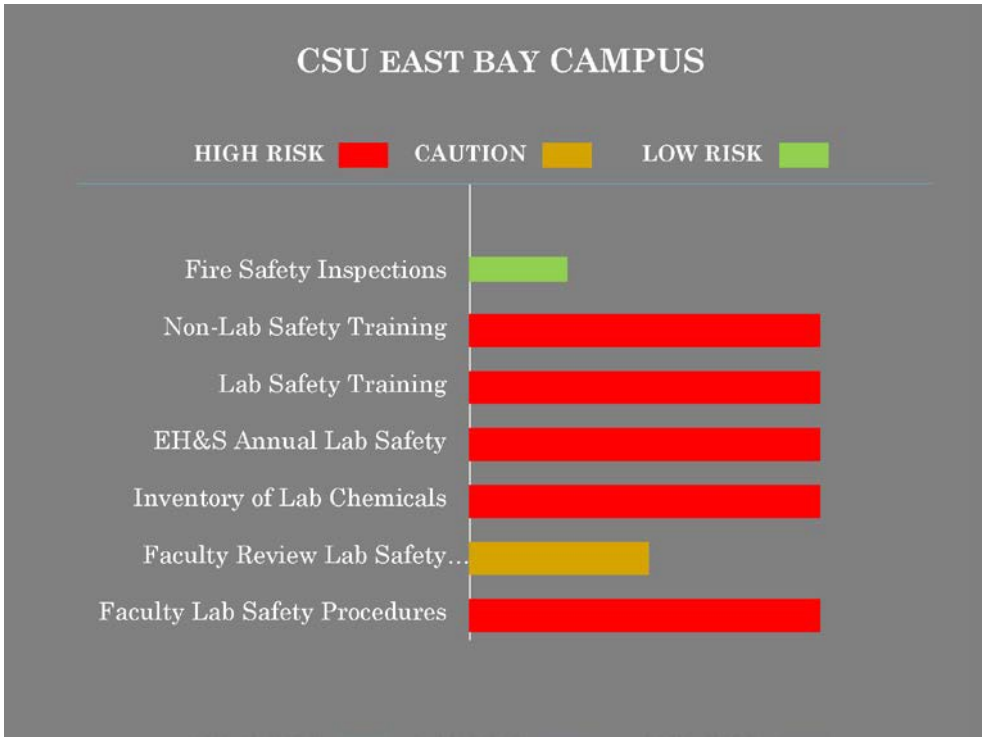


- Faculty do not attend lab safety training; only staff & students.
- Facilities handling fire inspections but not doing it well.
- No resources for inventorying the labs.

5) CSU EAST BAY CAMPUS

In addition to the Safety survey concerns illustrated in the chart on the following page, the CSU East Bay Campus has the following concerns:

- Campus has desperate need for proper chemical storage.
- Workers Compensation personnel do not share needed injury information with EHS office.



6) CSU FRESNO CAMPUS

- Fresno had one fatality on the Farm when a student was crushed by horse. 130 student assistants work on the Farm. 100s of Ag students do projects on the Farm.
- (400) students were exposed to excess UV (Ultra violet) source in lab. Some had burnt corneas according to the Minutes of the Oct 12, 2016 campus Safety Committee Meeting.
- A "Boot Camp" for criminology students resulted in students being sent to hospital with Rhabdomyolysis which is a breakdown of the muscles due to dehydration. The Boot Camp is conducted by a sheriff's Deputy and is used to "screen" students for summer employment. (I consider it hazing by the Sheriff's Department.)

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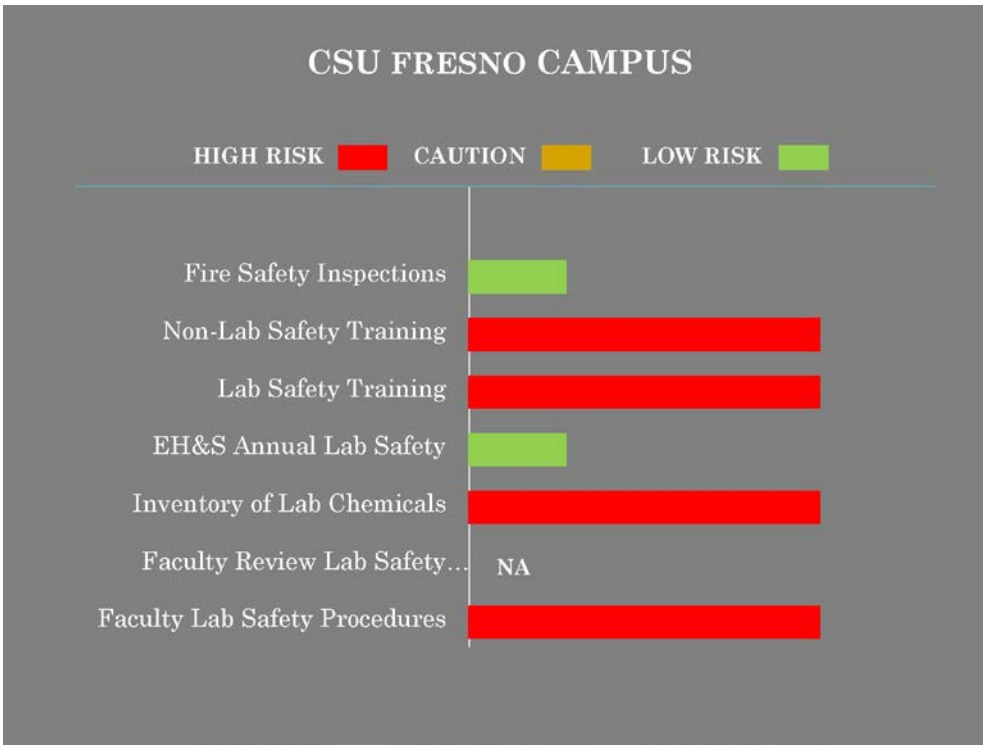
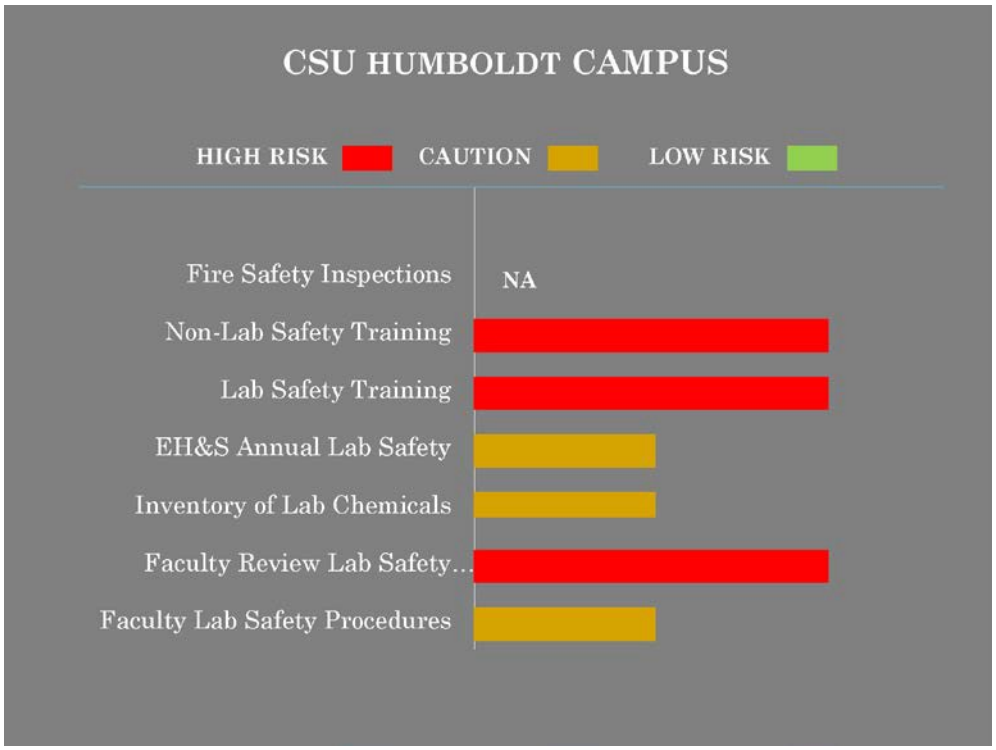
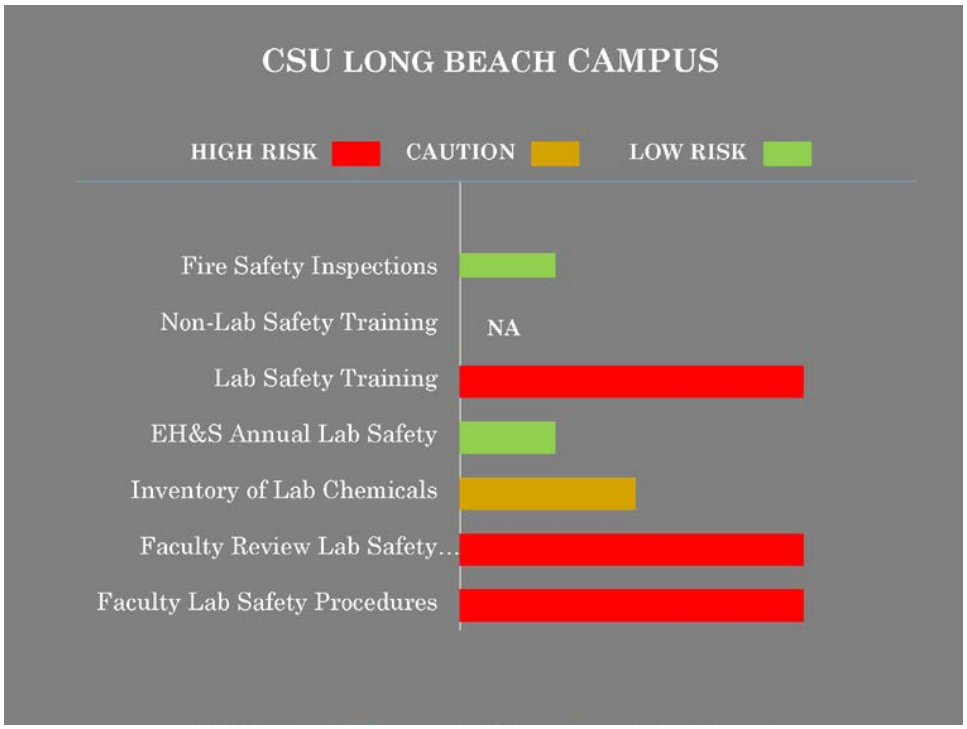


7) CSU HUMBOLDT CAMPUS



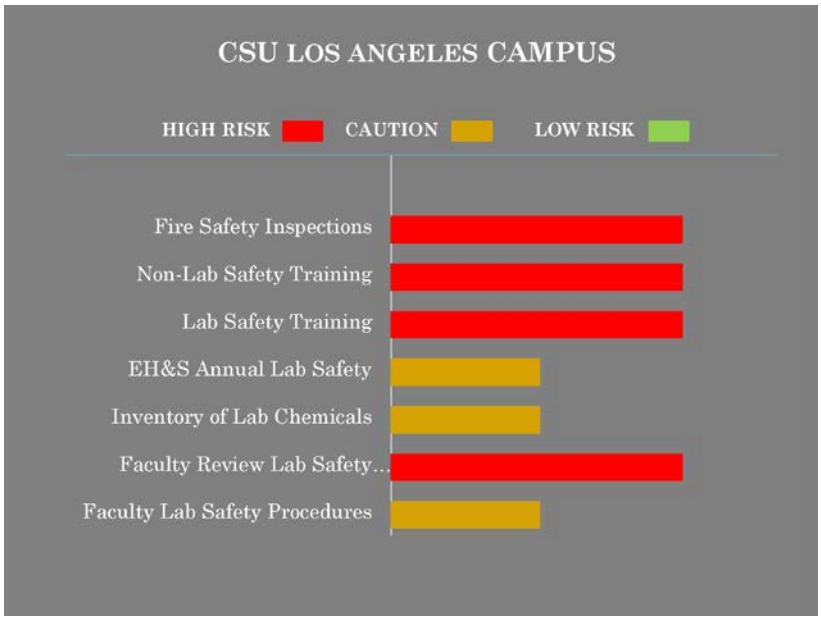
- There is a lack of involvement and motivation of middle management regarding EHS at the campus.
- There is no enforcement of safety procedures.
- There is a problem of untimely reporting of injuries to the EHS office by HR Workers Compensation personnel.
- EHS has minimal involvement regarding Asbestos work. Facilities management is supposed to monitor. Facilities management used to use 3rd party oversight on contractor abatement work but now Facilities Management wants to save money by eliminating third party oversight. The facilities management person responsible does not have Asbestos Abatement Certification as required.
- Facilities Management is also responsible for the EHS Programs of Confined Space Entry and Fall Protection. The EHS office does not have the staff to monitor the programs.
- EHS developed a generic Chemical Hygiene Plan to be used as a guide for lab specific safety plans. Faculty were responsible for developing specific lab safe plans from the guide but they have not done so except for chemistry orientations.
- Department have responsibility to maintain their own IIPP. But the results are "not good". IIPPs are lacking in Academic Affairs.

8) CSU LONG BEACH CAMPUS



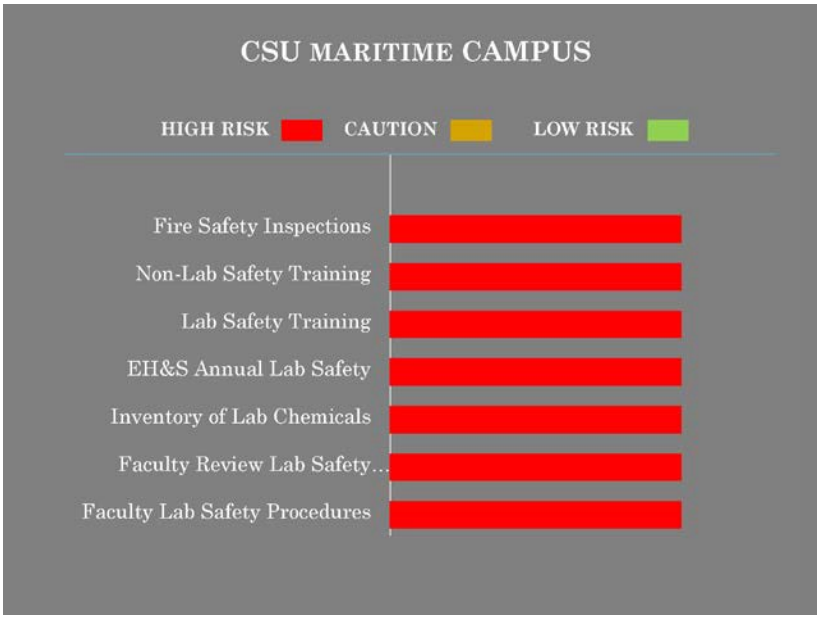
- HR Workers Compensation personnel were not reporting all injuries to EHS.

9) CSU LOS ANGELES CAMPUS



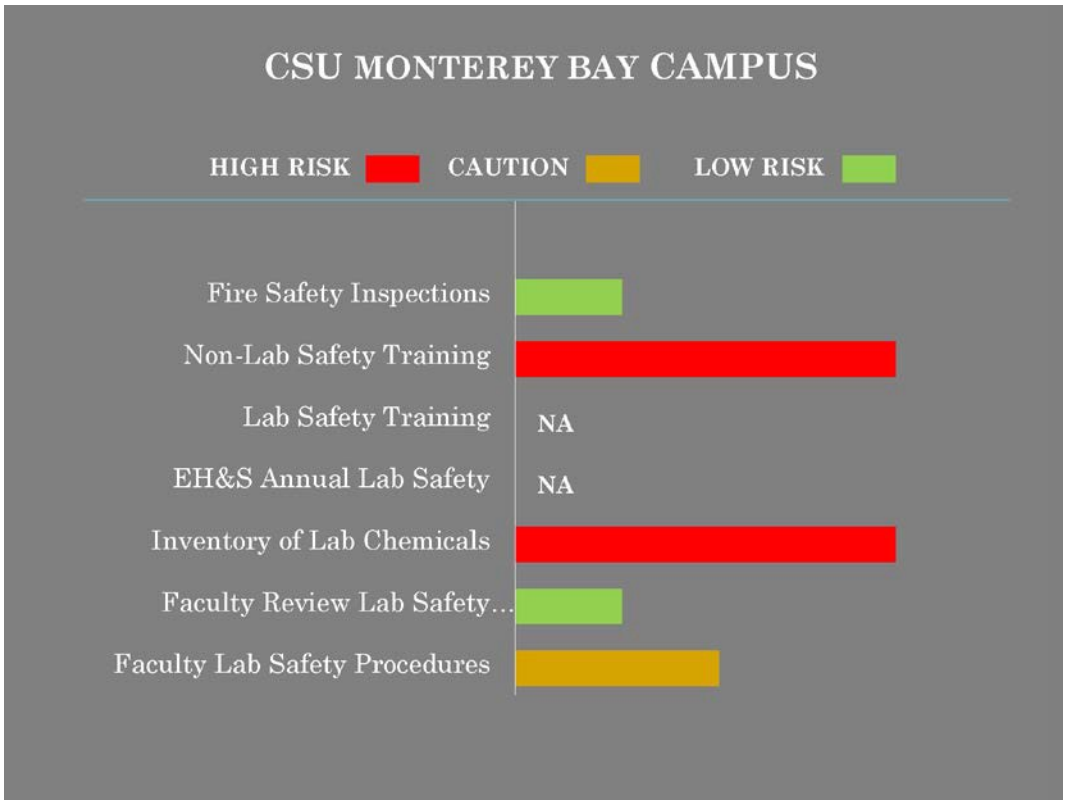
- Note there is a difference between instructional and research labs. More work required for instructional labs who do not have a dedicated faculty member.

10) CSU MARITIME CAMPUS



- Asbestos program needed. Many environmental and Hazardous waste issues arose with Solano County.
- History of high injury rates.

11) CSU MONTEREY BAY CAMPUS



- EHS created training for managers on IIPP but compliance is "sketchy".
- Regarding Fire and Life Safety inspections, CA State "Fire Marshall has been absent". Recently, EHS managed to get help from local community with Fire and Life Safety inspections.
- CSU system wide problems discussed include:
    - There is no EHS organization model for campuses.
    - There are no staffing guidelines for campuses.
    - Regarding fall protection, EHS office needs help.

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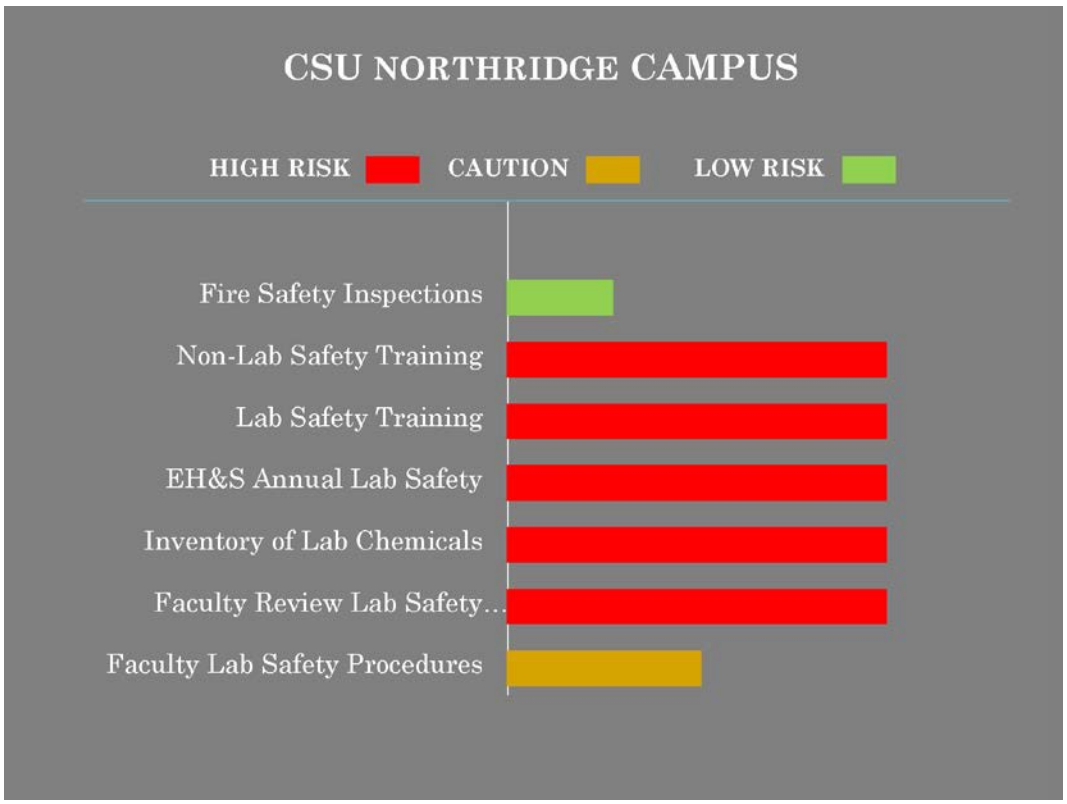
12) CSU NORTHRIDGE CAMPUS



- Academic side of Lab Safety is an "objective to be accomplished".

13) CSU SACRAMENTO CAMPUS

In addition to the Safety survey concerns illustrated in the chart on the following page, the CSU Sacramento Campus has the following concerns:

- Had recent serious chemical spill and injuries in lab.
- No safety coordination from science depts.
- Need a chemical inventory.
- State Fire Marshal doing fire inspections gets taken away for work at forest fires. Periodic building inspections are low priority for CA State Fire Marshal office.
- Regarding IIPP, "Faculty dragging their feet; refuse to do it".

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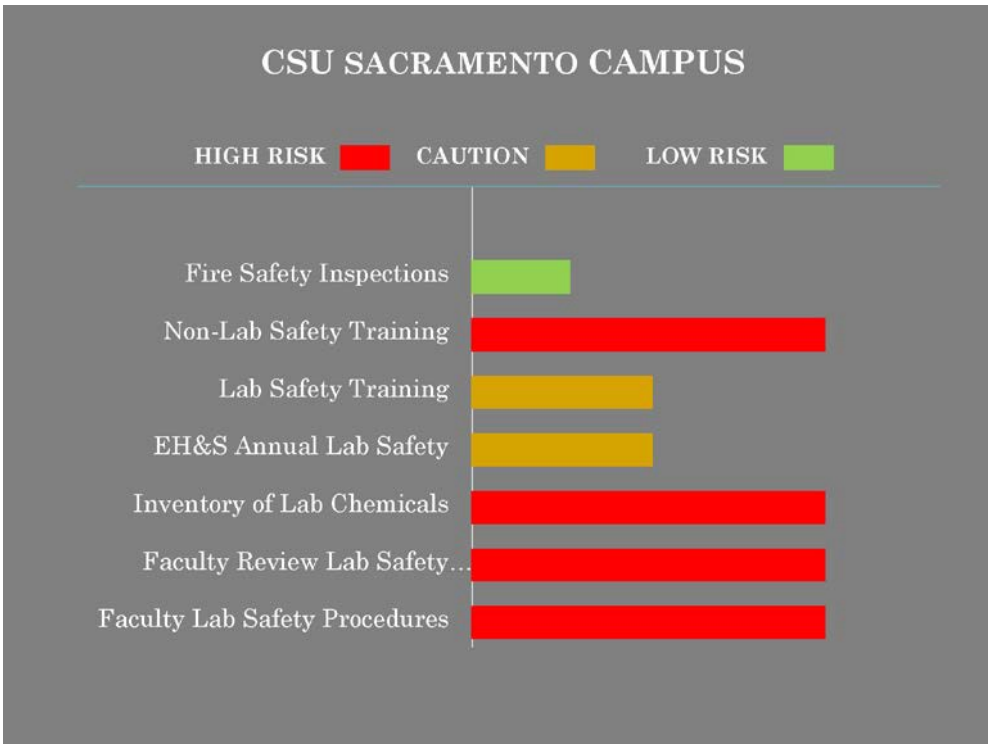
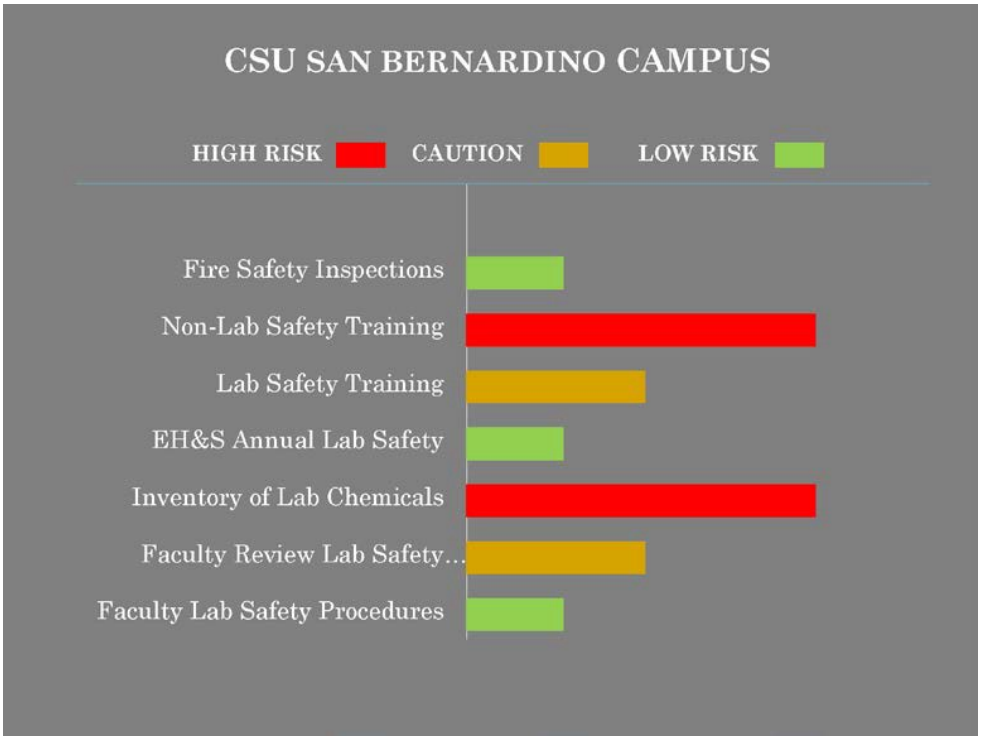
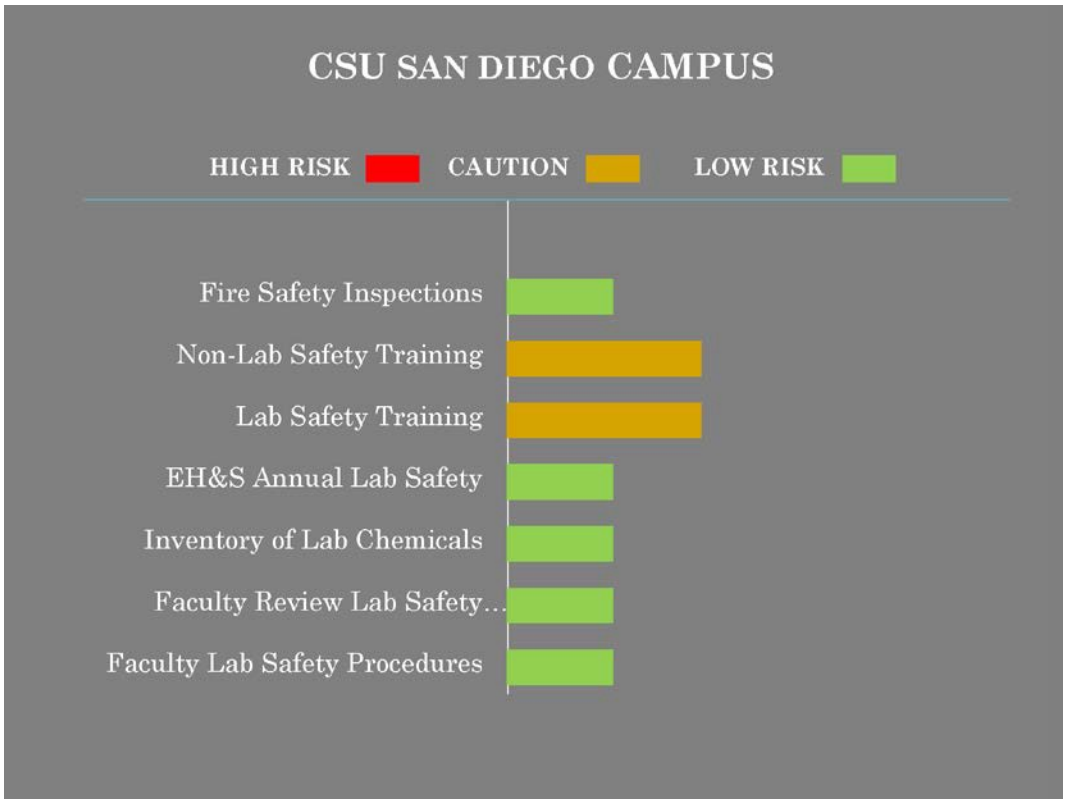


14) CSU SAN BERNARDINO CAMPUS



- Campus needs personnel certified for monitoring Lead (Pb) abatement. Couple years before, contractor was grinding lead (Pb) paint off handrails at the Commons. The whole area had to be decontaminated.

15) CSU SAN DIEGO CAMPUS

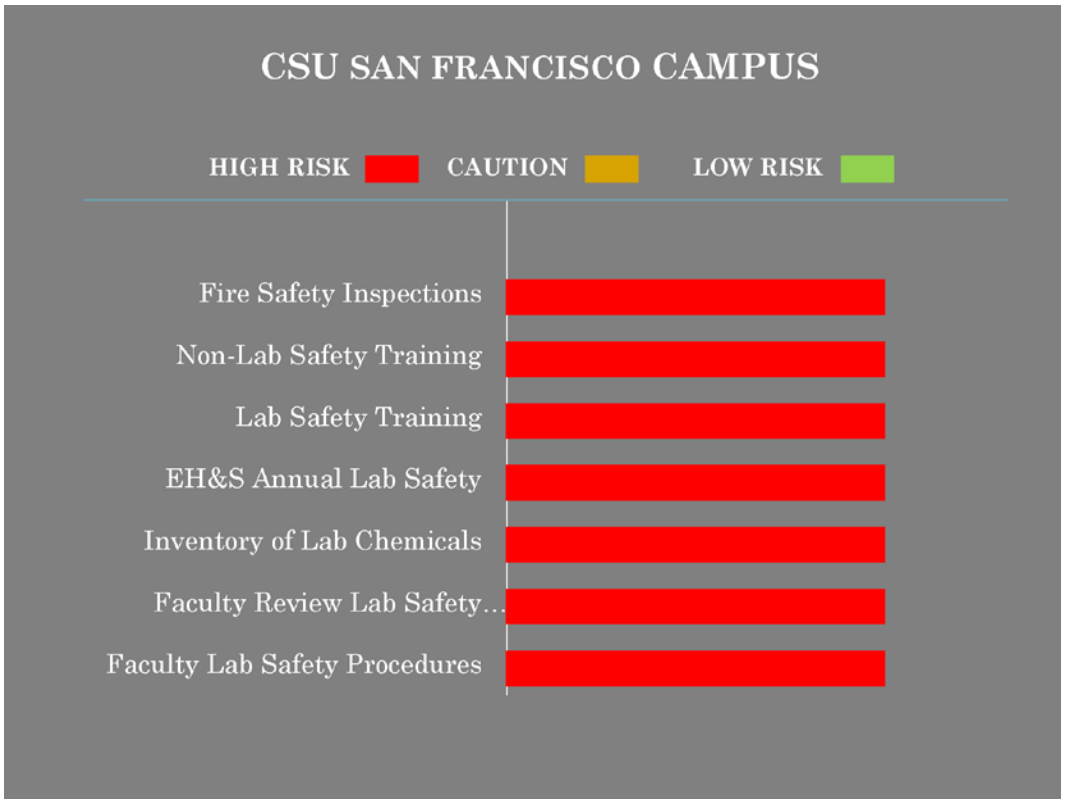


- "FM been distant too busy." Current inspections based on priority.
- Behavior and supervision issues.
- Attendance is not treated as mandatory by faculty. Art are low.
- Challenge to maintain real time inventory. 200 labs on campus.

16) CSU SAN FRANCISCO CAMPUS

In addition to the Safety survey concerns illustrated in the chart on the following page, the CSU San Francisco Campus has the following concerns:

- CSU San Francisco has no system in place for hot work permits.
- “Still building” an IIPP training program, “have not tried to force it.”
- “Facility managers are getting virtually no safety training”.



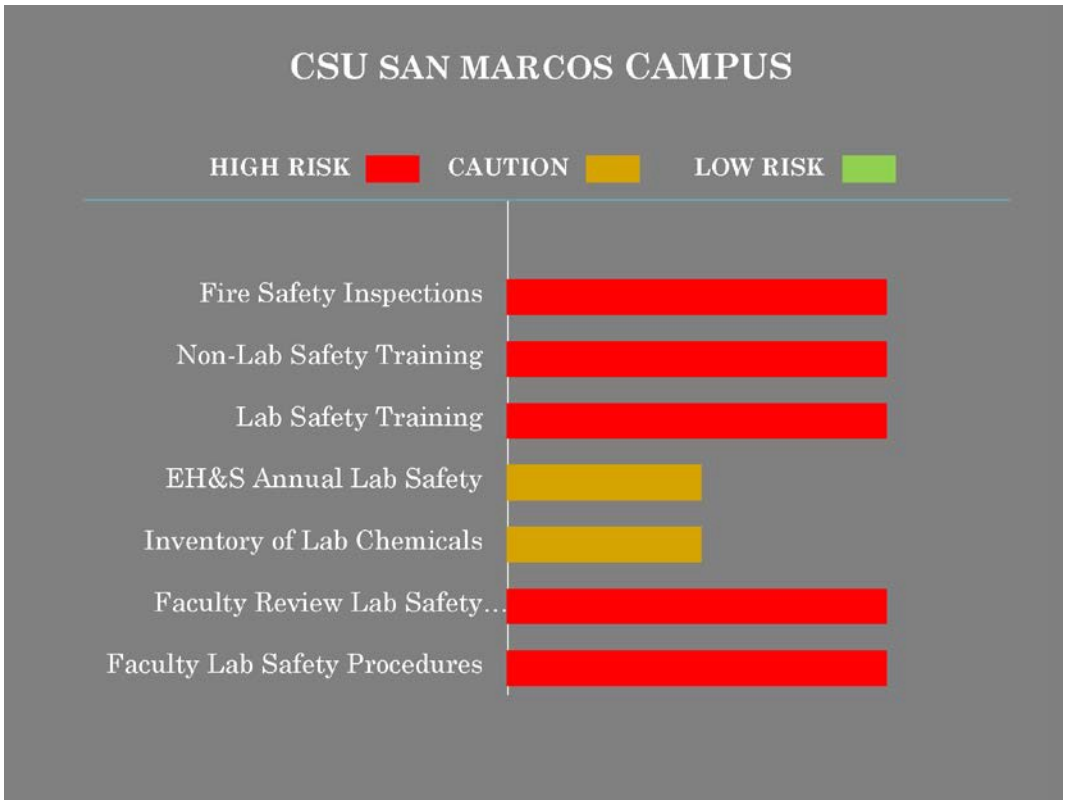
17) CSU SAN JOSE CAMPUS

- There is a lack of involvement in safety matters at the top and middle of the campus organization. Too much has to be pushed up from the bottom.
- EHS is working with colleges to develop their own IIPP training but it is from the "bottom up" again.
- Campuses have been kept in the dark on asbestos issues at Sonoma. They need coherent policy guidelines on Asbestos to know what standards to meet.

18) CSU SAN MARCOS CAMPUS

- Fire safety inspections typically take over a year to manage, as the time taken to inspect every building on campus is long.
- Our office provides the faculty teaching instructional labs with a safety training delivered through PowerPoint that can be shown at the beginning of the first lab. This is a 12 minute awareness video and does not fully teach the student lab safety, just provide a very basic introduction to the types of hazards that they may encounter in the lab. We have devised that we can create a web based training that has further content and this would take approximately two months to be specific to the course and the hazardous

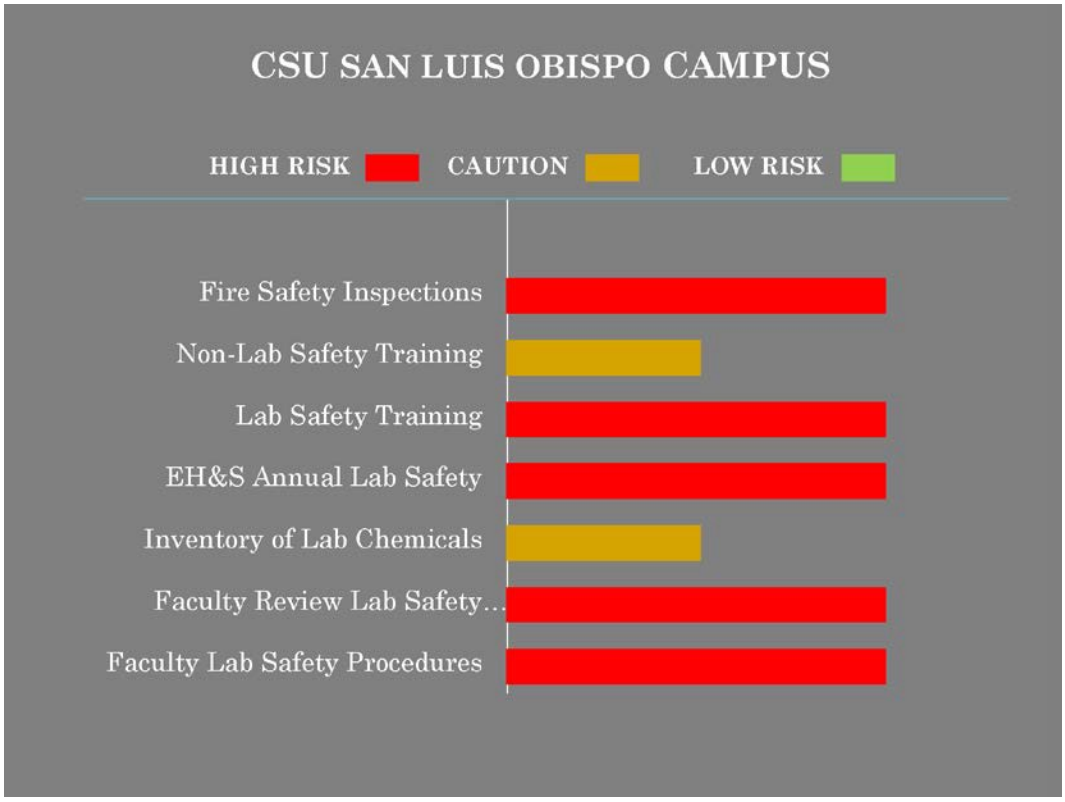
operations involved with the course. This could then be a 30-min safety review for the instructional course provided for faculty. Research lab and pedagogical instruction would then be managed by a 1.5-hour instructor led training (hazard communications, lab safety, hazardous waste, etc.) or through a lab safety web based asset. This training does not satisfy the "hands on" safety instruction that should be provided by the PI or faculty member. Faculty are not typically inclined to attend safety training. Particularly, the adjunct faculty do not attend unless they are compensated for this time. This is an HR/contract issue that should be managed system wide. Hence, the few meet and confers that have occurred in relation to just IIPP and EAP training. Now add the training that is required as an employee and as an instructor from a risk management point of view.



- It took us approximately two years to implement and effectively manage a chemical inventory system. The cost was approximately $10,000 for implementation and $10,000 a year to maintain. It is a web based program, which allows for use from any computer, tablet or smart phone. We use CHIMERA, which is a chemical inventory system that was developed by UNLV. EHS conducts an inventory scan each year that takes approximately two months to manage. Maintenance of the inventory is paramount and that work takes approximately a week a month or .24 years (12 weeks). We have an estimated 90% confidence rate in regards to our chemical inventory accuracy for the campus at the end of each inventory cycle, but this decreases the more time goes by in

between inventory cycles. If EHS were allotted additional resources to manage the inventory system, the campus would be able to conduct additional inventories and allow for a greater confidence in the accuracy of the data.

19) CSU SAN LUIS OBISPO CAMPUS

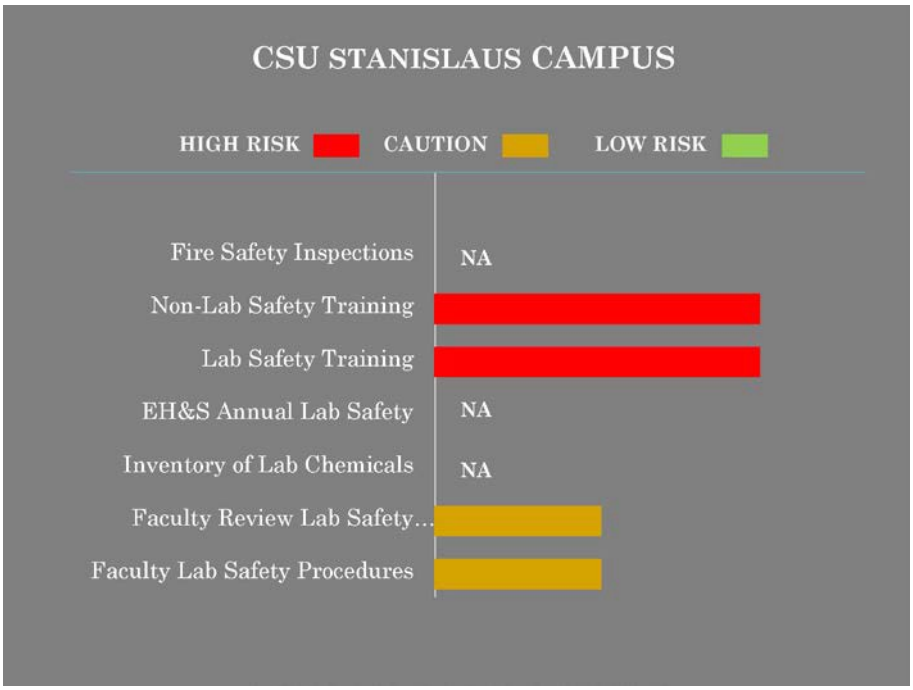


- Farm injures in recent years include a professor getting his skill fractured by a kicking bull and a student's arm being mangled by a cow when she was crushed against a gate. Farm operations need professional EHS guidance.

20) CSU STANISLAUS CAMPUS

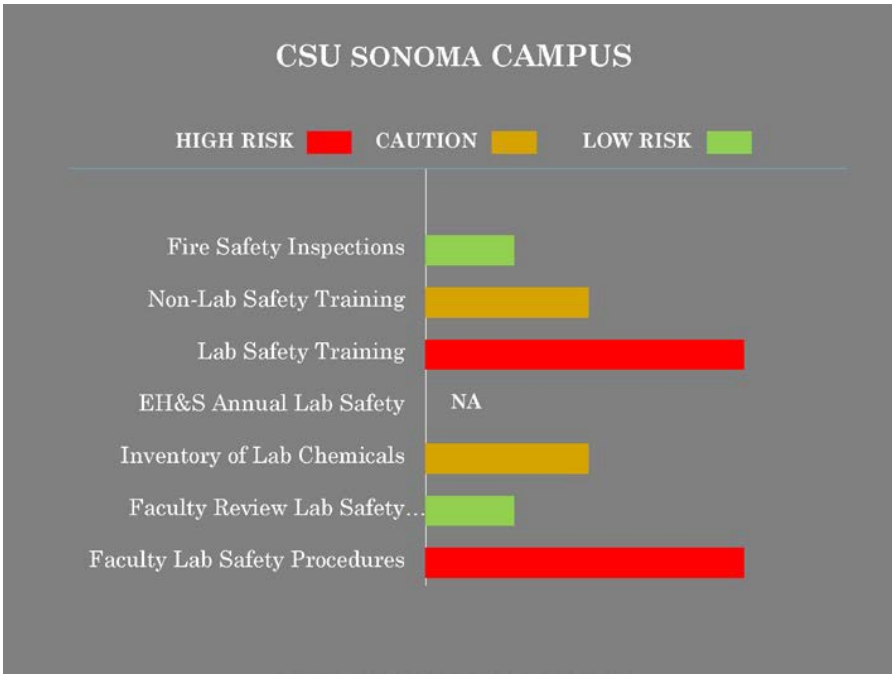
In addition to the Safety survey concerns illustrated in the chart on the following page, the CSU Stanislaus Campus has the following concerns:

- Cal Fire has not been doing Fire Life Safety inspections needed for two years, except for housing. The CA State Fire Marshal's office "does not have time to do fire inspections" and the campus EHS Director also "doesn't have time", except for housing. Ten years ago, a campus building was closed because of fire code violations.



21) CSU SONOMA CAMPUS

Although I was not allowed to go to this campus, Safety survey results show:



In addition, I became aware of the following:

a. General Worker Safety

- Lack of regularly scheduled formal safety meetings with the facilities department employees. No meeting structure or specific safety related topics were ever offered. No sign in or documentation was ever offered or required.

- In response to positive test results for asbestos Mr. Dickerson stated in the July 20, 2015 trades meeting "when going through the academic buildings for repairs before removing any ceiling tiles 'MAKE SURE THEY DO NOT CONTAIN ASBESTOS.'" Employees were never told that asbestos had been identified in the ceiling and ventilation system areas exposed after removing a ceiling tile. Employees often accessed spaces, in the plenum, closets, mechanical rooms, and other buildings and areas with visible dust suspected of containing asbestos. Employees were never warned there could be a hazard, there was never an asbestos exposure assessment, and they were never told to use protective equipment or procedures.

- Several of the electricians were not using the proper lock out tag out (LOTO) procedures while working on energized circuits. There were no records or annual LOTO trainings offered during my tenure.

- In summer 2014, the Art building mechanical room fire water pump control board malfunctioned shutting down the system. The equipment was old and dated back to when the Art building was constructed in the late 60's or early 70's. During the repair process all of the dead fronts on the panel had been removed and the board was live with 480 volts of electricity. There was no arc-flash barrier or limited-approach boundary established, such that most of the individuals in the room were in the "arc-flash" zone without the proper Personal Protective Equipment ("PPE"). No gloves, glasses, flame resistant suit or face and hearing protection as required. Unauthorized personnel were present during the troubleshooting and repair process.

- Custodial cleaning supplies and other items were improperly stored in campus electrical rooms. Electrical panels were not properly labeled for minimum clearances in front of the panels.

- Janet Pearsall (Lead Electrician), prior to her retirement in August 2015, warned all of the CSU Sonoma electricians repeatedly about not letting management put them in a situation that could harm or kill them.

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b. Qualified and Properly-Trained Workers

- One of the biggest electrical safety concerns was discovering that the electricians (inside wireman) at CSU Sonoma were responsible for the 12.5-25 KVA high voltage distribution systems on campus. Working with or around this kind of voltage and distribution requires special training and equipment. CSU Sonoma did not have the proper PPE or training in place to handle an emergency with their primary electrical systems. Much of their equipment was outdated, worn out or in need of repair and not properly maintained. Even more alarming is that they were allowing and expecting inside wireman to perform maintenance and switching of these systems. Inside wireman are trained and authorized to work on electrical systems of 600 volts or less only, not high voltage system.

c. Antiquated and Poorly-Maintained Equipment

- The high-voltage sub stations on campus were poorly maintained and were not properly labeled as accessible to "authorized personnel only." The enclosures were filthy with overgrown landscaping materials, debris and access issues like rusted locks and overgrown landscaping blocking access into the areas. CSU also improperly stored potentially hazardous materials in at least one location inside of the boiler plant substation. The substation and transformer shell by the baseball field at CSU Sonoma was seriously corroded and pitted. The transformer shell was never repaired and is currently compromised. A fence was built around the transformer instead. Many of the electrical panels and switchboards were antiquated and in need of repair. Electrical panel covers in publically accessible areas could not be locked because they were broken or beyond repair. Numerous outdoor 120V receptacles throughout CSU Sonoma were not GFCI protected. The entire 480V street lighting system at CSU Sonoma is compromised and fails every winter during the wet season. This is the result of an annual accumulation of temporary repairs, old crumbling conduits and wiring, antiquated control systems, crossed neutrals, flooded in ground splice boxes and dead shorts to ground.

d. Office In Boiler Plant Main Electrical Room

- The central Boiler Plant Building room that contained high voltage distribution equipment should have been locked and only accessible to qualified personnel. The door was never locked and often times never even closed. At the south end of the room a section of interior wall and a door was removed to accommodate the removal of an old compressor unit that was in the electrical room. The wall and door were never replaced during my tenure and may still be missing presently. Anybody on campus was allowed to walk into that room unchecked at any time.

e. First Aid

- Article 3, section 2320.10(c), of the California Code of Regulations requires that the employer provide First Aid/CPR/AED training on a regular basis to ensure

that qualified personal are properly trained in the event of a medical emergency resulting from hazards associated with working on electrical systems. To my knowledge, this has not been done..

f. Low Voltage Safety Violations

- Low voltage safety violations observed at CSU Sonoma include, but are not limited to, California Code of Regulations, Title 8, Sections 2320.1, 2320.2, 2320.4, 2320.5, 2320.6, 2320.7, 2320.10, 2340.1, 2340.2, 2340.5, 2340.8, 2340.9, 2340.10, 2340.11, 2340.12, 2340.13, 2340.14, 2340.16, 2340.17, 2340.18, 2340.21, 2340.22, 2340.24, 2340.26, 2340.27, 2360.3, 2540.2, and 2589.1.

g. High Voltage Safety Violations

- High voltage safety violations observed at CSU Sonoma include, but are not limited to, California Code of Regulations, Title 8, Sections 2705, 2706, 2707, 2709, 2710, 2711, 2712, 2713, 2714, 2805, 2806, 2810, 2811, 2812.1, 2812.2, 2812.3, 2813, 2930, 2931, 2932, 2933, and 2940.

h. Asbestos

- Concerns from an employee, Thomas Sargent, included but are not limited to:

  - Understaffed housekeeping workforce responsible for cleaning workspaces containing asbestos, lead, organic threats, and other dangerous chemicals and materials ("Hazardous Materials") from the year 1995 to present has resulted in workspaces laden with contaminated dust;

  - Refusal by CSU Sonoma to test work environments employees suspected contained hazardous materials from 2000 to present;

  - Retaliation against employees who dared to speak up concerning the unsafe work environment, including but not limited to discharging, suspending, constructively discharging, demoting, and otherwise taking actions which had a material and substantial adverse impact on the terms, conditions, and privileges of employment (including numerous adverse actions taken against me which ultimately culminated in my constructive discharge from employment);

  - Misrepresentations to the campus community and employees that the workplace was safe when it was not;

  - Permitting employees to labor under conditions and enter work environments that contained hazardous materials, that exposed them to the risk of cancer due to the presence of hazardous materials, and/or were otherwise unsafe and/or unhealthy;

- Failing to establish, inform the campus community of, implement, and maintain an adequate and code-compliant Injury and Illness Prevention Program, including but not limited to, failing to inform other employees;

- Actively concealing unsafe and unhealthy work environments and conditions from employees such as work environments that contained hazardous materials, conditions that allowed those hazardous materials to persist unabated, and work practices that otherwise constitutes a threat to the health and safety of their workers, in violation of various OSHA regulations, statutes, guidelines, guidance documents, technical documents, orders, and/or interpretations of the foregoing;

- Failing to furnish employees with and instruct employees to use devices and safeguards which were reasonably adequate to render such employment and place of employment safe and healthful;

- Failing to adopt and use practices, means, methods, operations, and/or processes which were reasonably adequate to render such employment and place of employment safe and healthful, including but not limited to practices, means, methods, operations, and/or processes that governed the conditions of my own employment and place of employment;

- Failing and/or neglected to do every other thing reasonably necessary to protect the life, health, and safety of its employees;

- Permitting and/or requiring employees to go or be in an employment and/or place of employment which is not safe and healthful;

- Occupying and/or maintaining a place of employment for its employees which was not safe and healthful;

- Interfering with the use of methods and/or processes adopted for the protection of employees.

Additionally, I am informed and believe, and thereupon allege, that CSU and SSU continue to engage in these violations of law to this very day, with no intention of correction or cessation, such that the violations are ongoing and continuous.
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These allegations against SSU concerning asbestos are based in part upon the following facts:

- SSU used construction materials and paint containing hazardous materials in buildings throughout the campus.

- To this day, SSU has failed to remove the construction materials/paint and other materials contaminated by the hazardous materials from the SSU campus, such that it remains in well over a dozen buildings frequented by students, staff, faculty, guests, and the administration itself.

- In 1995 SSU reduced it custodial staff from 45 to approximately 20, rendering them unable to effectively clean and prevent hazardous material contamination and exposure, as discussed below.

- In 2000, the Schulz Library was constructed, adding 215,500 square feet to be cleaned. Only four additional custodians were hired, increasing the total to 25.

- In 2004, the Recreation Center was constructed, adding 226,502 square feet to be cleaned, yet (.5) of a custodian was lost, reducing the total to 24.5 full-time equivalent (FTE) custodial positions.

- In 2014, construction of the academic structure of the Green Music Center was completed, adding 44,883 additional square feet to be cleaned. Construction of the Student Center was also completed, adding 130,065 additional square feet to be cleaned, yet another .5 FTE custodial staff was lost, reducing the total to 24 FTEs.

- Thomas Sargent has complained about the short staffing of custodians since 2000. His concern has been that, if the asbestos contaminated floor tiles present in many of the buildings were not maintained through adequate and regular "cleaning and sealing," the tiles would become abraded. This, in turn, could result in the release of asbestos dust from the floor tile into the work environment, thereby rendering the work environment unsafe and unhealthful for hundreds of employees.

- On January 15, 2013, in a special meeting, Mr. Dawson threatened rescind Mr. Sargent's Certified Asbestos Consultant credential and take away his alternative work schedule because "there is no airborne exposure from worn asbestos floor tiles." Mr. Dawson, who does not possess a Certified Asbestos Consultant credential, had no right to opine about the danger

posed by worn asbestos floor tiles and it was improper for him to ignore the warnings given by a certified expert on the subject. He was also objectively wrong, as demonstrated more fully below.

- On January 29, 2013, in a meeting with Housekeeping managers, Mr. Sargent requested that CSU Sonoma hire a contractor to expedite cleaning and sealing of the asbestos floor tiles because the Housekeeping Department was too understaffed to abate the hazard effectively. Mr. Dawson responded by stating that there was "no money for abatement," "no bond money," "the deans don't have money," and "From my point of view, this is the first time I've heard of it."

- On March 21, 2013, Mr. Sargent oversaw asbestos floor tile cleaning in Stevenson Hall, suite 2026 suite (a.k.a. the "Business and Economics" faculty offices). The "wet scrub and mop method" was utilized by Housekeeping staff while Mr. Sargent conducted air monitoring. During this cleaning, Mr. Sargent collected an asbestos microvac dust sample on an excessively dusty windowsill in Stevenson Hall, suite 2084G, following SKC microvac procedure in accordance with professional standards employed by Certified Asbestos Consultants.

- On March 25, 2013, Mr. Sargent reviewed the test results from the microvac sampling in Stevenson Hall, suite 2084. The test results revealed over 34,000 asbestos structures per square centimeter, demonstrating significant concentrations of asbestos in the sample area. Extrapolating to the dimensions of the windowsill, the sample indicated that there were approximately 34 million asbestos structures on that particular windowsill. The most likely source of the asbestos were the asbestos contaminated floor tiles Mr. Sargent had been warning about for years, as the tile abrasion likely releases asbestos fibers into the air which ultimately floated to and settled as dust on the flat surfaces of faculty offices. Subsequent analysis of the asbestos particle sizes in the sample was conducted by Forensic Analytical. The analysis indicated that the majority of asbestos fibers were most likely from asbestos floor tiles, based on the size of the asbestos structures identified in the sample.

- On March 26, 2013, Mr. Sargent met with Mr. Dawson and Chris Burns of Vista Consulting. In an apparent attempt to avoid liability for exposing employees to asbestos, Mr. Dawson attempted to re-define SSU's "office employees" the same way "construction employees" are defined under OSHA asbestos construction standards. This would make the clearance criteria for the building the less protective 0.1 asbestos fibers per cubic

centimeter (f/cc) rather than the EPA re-occupancy standard that applies to office workers of .01 asbestos fibers per cubic centimeter (f/cc). Mr. Sargent insisted Stevenson employees are office workers and the EPA "TEM air clearance" standard governed the work environment.

- On March 27, 2013, Dr. Melinda Milligan, Faculty Chair of Sociology, requested a status update regarding the asbestos in faculty offices. Mr. Sargent began explaining the problem to Dr. Milligan, but he was cut off verbally and physically by Mr. Dawson (in front of Mr. Burns and Steve White, head of CPM Environmental, an abatement contractor). Mr. Dawson then spoke privately with Dr. Milligan for more than an hour concerning the asbestos problem, precluding Mr. Sargent from warning her of the potential hazard.

- On March 29, 2013, Mr. Dawson was openly hostile towards Mr. Sargent concerning his need for keys to conduct a floor tile inspection in Carson Hall (which also contains faculty offices and asbestos contaminated floor tiles). Also on the same day, Mr. Dawson issued the first of six written reprimands he would ultimately issue to Mr. Sargent in retaliation for my complaints. Also on the same day, Mr. Dawson stated during a meeting on the topic of abraded asbestos floor tiles that "I don't know where I am getting the resources for this." Mr. Dawson also continued to feign ignorance of the problem, pretending that Mr. Sargent had not been warning him about the asbestos dust hazard for over a decade.

- On April 2, 2013, Mr. Sargent inspected the northeast air handler mechanical room and intake in Stevenson Hall, testing for asbestos containing materials along with Maintenance Mechanic Zeke Voight and Building Service Engineer Terry Cheney. The northeast air handler supplies air to the quadrant of the building where asbestos was detected in previous air clearance samples. The handler also supplies air to the site of the windowsill containing approximately 34 million asbestos structures described above.

- On April 4, 2013, during a special meeting on Mr. Sargent's projects, Mr. Dawson stated that "We had to cancel other projects as a result of spending money on this one," referring to abatement work conducted in the wake of Mr. Sargent's asbestos sampling in Stevenson Hall. Notably, Mr. Dawson performed the abatement work without first consulting with Mr. Sargent. As a result, he expended resources removing isolated portions of 1% asbestos *ceiling* tiles instead of the 8% asbestos *floor* tiles Mr. Sargent had warned were the likely source of asbestos in the

aforementioned samples. On the same day that Mr. Dawson complained to Mr. Sargent about the cost of this misdirected abatement work, he also issued yet another written reprimand to Mr. Sargent.

- Mr. Sargent also tested the wastewater from a mop bucket used to clean seventeen (17) faculty offices in Stevenson Hall. On April 10, 2013, he reported to Mr. Dawson that the mop bucket water contained an astonishing 2.2 billion asbestos structures.

- On April 11, 2013, during an Environmental Health and Safety (EHS) Department meeting, Mr. Dawson attempted to blame Mr. Sargent for the asbestos problems, claiming that he should have directed Housekeeping resources to prevent the hazard. He also suggested that he should have ordered Department managers to purchase their own chair mats in order to reduce the abrasion threat. However, Mr. Sargent was not a manager and never had the authority to give such directives to other Department managers and staff. Instead, his role was to identify hazards and recommend appropriate action to Mr. Dawson. Mr. Dawson, Director/Administrator Level II, was the only person in the Environmental Health and Safety Department with the authority to implement those recommended actions and direct the resources of other Departments to accomplish the same.

- On May 1, 2013, Mr. Dawson excluded Mr. Sargent from the initial meeting with Millennium Consultants (an asbestos consulting contractor) between 8:30 and 9:00 a.m. and again between 9:00 a.m. and 9:30 a.m. as he turned Mr. Sargent away upon arrival. Mr. Sargent emphasized the need to perform asbestos exposure assessments of CSU Sonoma Movers and Housekeeping Staff, as they were likely to have the highest level dust exposures. After considerable resistance, Mr. Dawson agreed to conduct exposure assessments of CSU Sonoma employees moving items in asbestos dust impacted offices.

- On May 7, 2013, Mr. Sargent advised a CSU Sonoma Employee not to move offices in her building until asbestos exposure assessments were conducted for that work. Mr. Dawson told Mr. Sargent that these direct warnings to staff were inappropriate communications.

- On May 17, 2013, Cal/OSHA collected a limited number of low-resolution PLM asbestos wipe samples in one of the Stevenson office suites, determining that this location represented the over 200 affected offices. Cal-OSHA closed inspection #315830224 related to Stevenson

Hall. Cal/OSHA issued four each Information Memorandums to CSU Sonoma related to Asbestos pursuant to the requirements of 8 Cal. Code Regs. Sections 1529(f), 5208(d), 5208(j)(2) and 5208(k). 8 Cal. Code Regs. Section 5208(k) requires that (1) All surfaces shall be maintained as free as practicable of Asbestos Containing Material waste and debris and accompanying dust, and (2) All spills and sudden releases of material containing asbestos shall be cleaned up as soon as possible. Asbestos dust was later shown by the Millennium Consultants to be present randomly in nearly 10 % of the offices on floors and work surfaces. A significant number of offices have not been tested and some offices have not been verified clean as of the date of this notice.

- On May 28, 2013, in a meeting on asbestos, Mr. Dawson stated that EHS is "Not going back to do any further investigations in relation to offices." Only the President's administration building, Stevenson Hall, had been cleaned of asbestos contaminated materials at this time.

- On May 29, 2013, Mr. Dawson called Mr. Sargent explaining that he doesn't want to "open a Pandora's box," referring to the asbestos issues in faculty offices.

- On June 18, 2013, during a teleconference with Millennium Consultants, Mr. Sargent emphasized the need for conformance with the NIOSH 7400 method and minimum air volumes in order to attain the needed analytical sensitivity for personal air monitoring. Mr. Sargent advised Mr. Dawson that new temporary Housekeeping staff should be added for the summer to clean asbestos dust from impacted offices in accordance with 8 Cal. Code Regs. Section 5208(k).

- On June 20, 2013. Mr. Dawson hired Millennium Consulting to conduct a presentation for selected faculty in the Stevenson 2084 office suites. This presentation focused on downplaying the twenty years of exposure the long-time office occupants previously endured. The presenter even declared "I don't care what your exposure has been in the last twenty years."

- On July 2, 2013, during a planning meeting with Mark Bradley, Director of Housekeeping, Mr. Sargent again informed Mr. Dawson of the need for more Housekeeping staff to clean the asbestos contaminated offices per 8 Cal. Code Regs. Section 5208(k). Mr. Dawson vigorously defended the status quo because "once Negative Exposure Assessments (NEA's) are in

place it will go by quick." As of this date, virtually all of the offices in the five remaining impacted buildings had not been cleaned.

- From July 23rd through July 25, 2013, Mr. Sargent conducted training for Housekeepers to perform office cleaning.

- On July 28, 2013, Mr. Dawson arranged for Millennium Consulting to train CSU Sonoma Housekeepers, provided pulmonary function testing, and fit tested respirators so that they were prepared to clean asbestos dust from offices. Only the offices earmarked for moves were cleaned over summer 2013. To the best of my knowledge, this fully trained workforce was never deployed for cleaning the remaining five buildings after that time.

- On August 13, 2013, Mr. Sargent met with Mr. Dawson and the Associate Vice President for Administration and Finance, Facilities Operations, and Planning, Christopher Dinno. He urged the cleaning of Carson and Art floor tiles before faculty returned for the fall semester. He explained that this is an immediate and known asbestos hazard that exists in multiple offices and there is no justification for Mr. Dawson's delay in cleaning it up. Mr. Dawson twice resisted taking action to clean the observable asbestos dust underneath the office occupants' feet. Mr. Dinno agreed to make arrangements to have the floors cleaned in Carson Hall and the Art Department.

- On December 18, 2013, during an Environmental Health and Safety seminar training, Tommy Gomes, a new Building Service Engineer, inquired about dust in the ceiling plenum with Mr. Dawson. Mr. Dawson stated: "I don't even want to get in to that…the dust is settled and not mobile… we've tested that extensively." Mr. Gomes also inquired about dust on ceiling panels. Mr. Sargent advised exposure assessments for moving multiple tiles. SSU Building Service Engineers plenum space above of the ceiling without protective clothing, respirators, or controls to protect building occupants below. Significant dust and debris has been reported by the Building Service Engineers working in these areas. Disturbed dust in ceiling plenums gets recirculated throughout the buildings when building air is mixed with outside air.

- On January 21, 2014, Mr. Sargent discussed the potential for asbestos dust to exist in Zinfandel residence halls heating coils with a Building Service Engineer. He advised of the benefit of identifying asbestos fibers in the coils in order to determine the proper controls and safety protocols.

- On January 28, 2014, the same Building Service Engineer told Mr. Sargent that his Director agreed with testing to determine whether an asbestos health hazard existed in the Zinfandel residence hall heating coils. Mr. Dawson held a meeting on this topic with the Building Service Engineer and Director of Operations and Engineering John Duke, a meeting held without my knowledge or participation.

- On February 11, 2014, Mr. Sargent was required to attend a Performance Improvement Plan (PIP) meeting with Mr. Dawson. Mr. Dawson told him that the proposed asbestos dust sampling in the Zinfandel Complex, a 1972-era student housing facility, had "striking similarity" to Mr. Sargent sampling in the academic buildings that identified asbestos dust hazards there. Mr. Dawson stated that Mr. Sargent's identification of asbestos dust in Stevenson raised a lot of questions by staff and that he was chasing "one fiber" in student housing as he allegedly had in the academic buildings. Note that 34 million asbestos structures were identified on one windowsill in Stevenson Hall and 2.2 billion asbestos structures were identified in the waste water from cleaning the floors in only two office suites.

- On February 17, 2014, Mr. Dawson discussed his asbestos program binder, a binder that would encompass documents related to all of the working asbestos program components dating back to the 1994 Asbestos Management Plan, including the handful of move-outs and office cleanings that were completed by CSU Sonoma Housekeepers during the summer of 2013. On the same day, in a training meeting, Mr. Dawson stated that training would be held for night Housekeepers by April, after the asbestos binder was put in place. The Housekeepers have received that same training multiple times, yet no actual asbestos dust cleaning had occurred since August 2013.

- On March 20, 2014, the Facilities Director told Mr. Sargent that Mr. Dawson told him that "there was no time frame for getting this (asbestos dust cleaning) done."

- On April 3, 2014, Mr. Sargent discussed and confirmed with the Director the limited and inadequate resources SSU had dedicated to cleaning asbestos dust from faculty offices. Additionally, he noted that this was broached during a summer 2013 meeting with Mr. Dawson, the Housekeeping Director, and a Facilities Services administrator.

- On April 17, 2014, in a meeting with Housekeeping Managers, Mr. Dawson declared that CSU Sonoma is "not on a timeline" and there isn't a "regulatory person deadline" to clean the asbestos dust from offices in the remaining five buildings, ignoring the Information Memorandum from Cal/OSHA citing 8 Cal. Code Regs. Section 5208(k) to Christopher Dinno in May of 2013. Mr. Sargent stated that CSU Sonoma had not dedicated enough resources to complete the cleaning and noted that he had made that point before.

- On April 29, 2014, Mr. Sargent discussed a recent meeting with participant Night Housekeeping Manager, describing how it seemed to him that the Night Housekeeping Manager and Mr. Sargent were being attacked without warning on Housekeeping resource issue and asbestos. This, in turn, was an after-the-fact effort by Mr. Dawson to deflect responsibility for his abject refusal to clean the asbestos from faculty offices.

- On May 5, 2014, Mr. Sargent filed a Complaint in Sonoma County Superior Court Case No. SCV-255399 for retaliation and other related causes of action.

- On June 2, 2014, Mr. Dawson walked through part of Ives with Mr. Sargent, stating that Night Housekeeping Manager did not understand what to do with the asbestos spreadsheet he had ordered Mr. Sargent to prepare, a spreadsheet that indicated clearly the condition of various tiles and which were in need of immediate cleaning. The spreadsheet was in the original format mandated by Mr. Dawson, a format which had been reviewed and distributed at a 4/29/2014 meeting with Night Housekeeping.

- On June 3, 2014, (1) Mr. Dawson called Mr. Sargent at 7:05 a.m., declaring that things were allegedly missed in the spreadsheet, causing the Housekeeping Manager difficulty; (2) the Housekeeping lead stated that an air sampling pump with a yellow cap had failed and they had done air sampling without it. This indicated that Mr. Dawson was not present for some or all of the air sampling effort, even though it was his duty to monitor the process in order to immediately identify and cure any hazard identified thereby; (3) Mr. Dawson told Mr. Sargent that Housekeeping did not like the backpack vacuums and had used them in a floor-mounted position. Mr. Dawson stated that he "wished he had purchased roll-arounds," having wasted money on the backpack vacuums without

consulting with any Housekeepers (including Mr. Sargent) about the propriety of purchasing that equipment.

- On June 4, 2014, Mr. Sargent contacted Mr. Dawson, asking if he wanted him to come in that evening to perform air monitoring for asbestos during cleaning activities. Mr. Dawson refused his assistance.

- On August 19, 2014, Mr. Dawson issued an unsatisfactory performance evaluation to Mr. Sargent for FY 2013/2014. Up until his whistleblowing activity detailed above, he had received consistently positive performance evaluations throughout his over two decades of employment at Sonoma State University.

- On October 13, 2014, Mr. Sargent was notified of a pending suspension. He was eventually suspended for 10 days without pay from November 12 - 26, 2014.

- On January 20, 2015, Mr. Sargent was contacted by PE Administrator Gina Voight, who notified him that Mr. Dawson had sent two employees to sweep the lead-coated roofs of the Facilities north warehouse without proper Personal Protective Equipment (PPE). As a result of Ms. Voight's complaints, Mr. Dawson reluctantly sent the two employees, Maintenance Mechanics Kevin Wagner and Jordan Lundbergh, for Blood Lead Level (BLL) testing.

- On February 18, 2015, Mr. Sargent advised Mr. Dawson and Mr. Dinno that ASTM settled dust testing and/or personal air exposure monitoring should be conducted in the ceiling and HVAC registers of Stevenson Hall. He explained that this should be done before any ceiling tiles could be disturbed and before any of the work planned in the HVAC system was conducted. This was necessary in order to prevent asbestos exposure for engineers and office occupants as a result of the disturbance. Mr. Dawson, who has no asbestos or industrial hygiene certification, responded with an email indicating that "We will not be engaging in any sampling that does not have a regulatory basis or an industrial hygiene rationale." Meanwhile, the activity Mr. Sargent was describing is covered by applicable regulations, namely 8 Cal. Code Regs. § 1529 for workers and 8 Cal. Code Regs. § 5208 for employees. Similarly, the American Board of Industrial Hygiene (ABIH) defines "industrial hygiene" as "the science of protecting and enhancing the health and safety of people at work and in their communities." According to ABIH, "Those dedicated to anticipating, recognizing, evaluating and controlling those hazards are

known as Industrial Hygienists" and "[t]hey are professionals dedicated to the wellbeing of people – at work, at home and in the community." In short, Mr. Sargent was acting consistently with Cal/OSHA regulations and Industrial Hygiene rationales, especially in light of past test results demonstrating the presence of high concentrations of asbestos fibers in settled dust throughout Stevenson Hall.

- On March 2, 2015, Mr. Dawson had a discussion with Mr. Sargent regarding an ongoing remodel of Stevenson Hall Room 1041. Mr. Sargent reminded Mr. Dawson of the visible dust on the return air grilles for the HVAC system and reiterated his request that exposure assessments and settled dust sampling occur before any work was done in that system or in the ceiling of Room 1041. Mr. Dawson repeated his erroneous statement that "no regulatory or industrial hygiene rationale" existed for the testing and refused to conduct it. As a result, employees were allowed to work with the ceiling tiles and in the HVAC system without appropriate PPE and without any exposure assessment to determine if they were breathing in carcinogenic asbestos fibers.

- On March 9, 2015, Mr. Dawson instructed Mr. Sargent to sample the ceiling portion of the building, ignoring his concerns that there were observable and untested dust accumulations that would be disturbed as part of this sampling. The disturbance itself potentially exposed employees to asbestos yet Mr. Dawson refused to permit Mr. Sargent to conduct settled dust testing or exposure assessments to analyze that hazard.

- In June of 2015, Mr. Sargent conducted a site inspection pursuant to discovery in the Superior Court litigation referenced above. CSU initially refused to permit the inspection despite a lawful notice to conduct it issued by his attorneys. After his attorneys filed a motion to compel the inspection and the Court indicated in her tentative ruling that she would permit it to happen, CSU finally stipulated to allowing the inspection to go forward. During the inspection, Tim Hoppe, HB&T Consulting, took dust samples in the Stevenson Hall HVAC system that Mr. Dawson had been blocking for over two years.

- On July 7, 2015, Mr. Sargent received the test results from the asbestos testing in the Stevenson Hall HVAC system. All four samples tested positive for asbestos. Particle size distribution analysis also indicated that the majority of the asbestos dust in these HVAC system samples can be traced back to the asbestos floor tiles Mr. Sargent had been identifying as

a potential hazard since 2000. In sum, the asbestos settled dust test results in Stevenson Hall Room 1041 show significant concentrations of asbestos fibers of short lengths commonly found in asbestos containing floor tile. Chair caster abrasion and the resulting dust has been directly observable since the tile floors in faculty and staff offices were no longer maintained appropriately, beginning with the budget and staffing cuts dating back to 1995. Asbestos dust of similar composition has been found on horizontal surfaces from the floor up into the ventilation system.

- This new evidence indicates that the asbestos fibers have been in the breathing zones of SSU employees for nearly twenty years.

- On January 28, 2016, Mr. Sargent learned various buildings have not had annual HVAC maintenance and the required logs have not been maintained.

The most recent incident at the Sonoma State University ("SSU") was on Monday, June 12, 2017, when Larry Stone, Harry Stiles and John Rader were told to do excavation/removal work in the track area of the football field. They were directed to pull up and remove the pole vault, long jump and approximately 200 yards of rubber and asphalt material. The soccer coaches had previously requested that the old long jump/high jump/pole vault track be removed so they could have a bigger, better soccer practice field. Equipment operators Larry Stone and Harry Styles, Gardening Specialist John ("L J") Rader, and the student worker were asked to handle the removal. At the outset, Larry Stone asked if there was asbestos anywhere in the field and specifically in the track they were removing. They were assured by Sam Youney (landscaping director) and Craig Dawson that it was safe to do the work, so they removed the track. SSU Employee Robert Cunningham went to see the work they were doing on his way back to his work area after break on Wednesday June 14 at about 2:50 p.m. and stayed for no more than 10 minutes before continuing to his work area. Other landscapers visited the area as well during the course of the removal.

When Larry Stone asked his supervisor, Sam Youney, if this area was "clean," Mr. Youney replied that testing had been done and had come back clean. After the track area material was rejected by disposal site employees, SSU employees were ordered to separate, and remove by hand, the rubber from the asphalt so it would be acceptable for disposal.

EH&S was notified by another facilities manager that the site might be "hot," meaning contaminated with hazardous materials. In response, EH&S conducted testing of the track material on June 15, 2017 and allowed work to continue on the track before test results were received. That Friday, June 17, 2017 before results of test were back, John Rader was out in the track area using a weed remover tool and leaf/yard blower. There were no visual warnings around the area that it may not be safe. No member of EH&S or SSU management informed

John Radar, or the student worker assisting Mr. Radar, that the area may not be safe. Results then came back positive for asbestos.

(a) Intentional Misrepresentation of Potential and Actual Danger in a Work Environment.

- Generally and historically, Employees have been told the work environment was safe when in actuality it was not.
    - In 2017, employees were told to remove a portion of the track without pre-testing for asbestos. They are specifically told the area is safe.
    - In 2016, the same EH&S Director told employee workers and outside contractors there were no hazardous materials in the Weight Room of the gym. After the contractors began work, they suspected this information was not true. After testing the floor material to be removed, it was found to contain high levels of Mercury. All work stopped and the room was sealed.
    - In 2012, the Director of EH&S used a leaf blower to blow lead off the PE Building so approximately $2,000 could be saved in abatement costs. He told employees there was no danger.
    - From at least 2009 to present, facilities workers have been entering a small space in Stevenson Hall, Room 1002, for the purpose of performing some work task. The area was inspected on July 31, 2017 as part of a site inspection by the Plaintiff in *Benjamin v CSU*. The area was extremely dusty. Stevenson Hall has and still does contain ACM building materials. Workers always believed this area was safe. They have not used protective equipment, there has been no pre-testing, no employee exposure assessments, and employees were never told to use protective equipment.
    - From 2000 to present, the same EH&S Director alleges the work environment in Stevenson Hall is safe despite a CSU test result showing over 2.7 million asbestos fibers in a single square centimeter of the HVAC system. To this day, there has been no cleaning of the contamination in that HVAC system.

(b) Failure by the CSU to Pre-Test Suspected Dangerous Work Environment.

- SSU failed to pre-test suspected hazardous material before directing SSU employees to work on the track in 2017.
- From at least 2009 to present, facilities workers have been entering a small space in Stevenson Hall, Room 1002, for the purpose of performing some work task. The area was inspected on July 31, 2017 as part of a site inspection by the Plaintiff in *Benjamin v CSU*. The area was extremely dusty. Stevenson Hall has and still does contain ACM building materials. Workers always believed this area was safe.

- There has been no pre-testing of the small space in Stevenson Hall, Room 1002, before performing work.
- Generally and historically:
    - SSU does not do the required pre-testing to determine whether a material contains hazardous substances.
    - SSU Managers and the EH&S department do not follow their own IIPP, safety policies, rules, or laws so they can save money and meet construction schedules.

(c) Failure by the CSU to Provide Proper Employee Training.

- SSU failed to properly train employees who worked on the football field track in 2017.
- Generally and historically:
    - SSU does not do the required employee training including, but not limited to, asbestos training and required CPR for electricians.
    - SSU Managers and the EH&S department do not follow their own IIPP, safety policies, rules, or laws so they can save money and meet construction schedules.

(d) Failure by the CSU to do Required Employee Exposure Assessments.

- SSU failed to do the required employee exposure assessments before beginning the work on the football field track in 2017.
- There have been no employee exposure assessments while employees worked in the small space in Stevenson Hall, Room 1002, or in other areas where exposure is probable.
- Generally and historically:
    - SSU does not do the required employee exposure assessments before beginning Class II and Class III work.
    - SSU Managers and the EH&S department do not follow their own IIPP, safety policies, rules, or laws so they can save money and meet construction schedules.

(e) Fraudulent Misrepresentations by the CSU in form of HVAC Maintenance Records.

- At least since 2006, SSU has been claiming compliance with the HVAC Maintenance regulations when in fact those HVAC records of maintenance are fraudulent.

(f) Additional Facts Supporting Allegations.

These allegations against the CSU concerning asbestos are based in part upon the following facts:

- CSU used construction materials and paint containing hazardous materials in buildings throughout the campus.

- To this day, CSU has failed to remove the construction materials/paint and other materials contaminated by the hazardous materials from the CSUCI and SSU campus, such that it remains in buildings frequented by students, staff, faculty, guests, and the administration itself.

  The CSU has been short staffing custodians since 2000. Because the asbestos contaminated floor tiles present in many of the buildings were not maintained through adequate and regular "cleaning and sealing" over the years the tiles have become abraded. This, in turn, has resulted in the release of asbestos dust from the floor tile into the work environment, including the HVAC system, thereby rendering the work environment unsafe and unhealthful for hundreds of employees.

- In June of 2015, the Plaintiff in *Sargent v. CSU* ("Plaintiff Sargent") conducted a site inspection pursuant to discovery in the Superior Court. CSU initially refused to permit the inspection despite a lawful notice to conduct it issued by Plaintiff's attorneys. After his attorneys filed a motion to compel the inspection and the Court indicated in her tentative ruling that she would permit it to happen, CSU finally stipulated to allowing the inspection to go forward. During the inspection, Tim Hoppe, HB&T Consulting, took dust samples in the Stevenson Hall HVAC system that Mr. Dawson had been blocking for over two years.

- On July 7, 2015, Plaintiff Sargent received the test results from the asbestos testing in the SSU Stevenson Hall HVAC system. All four samples tested positive for asbestos. Particle size distribution analysis also indicated that the majority of the asbestos dust in these HVAC system samples can be traced back to the asbestos floor tiles Plaintiff Sargent had been identifying as a potential hazard since 2000.

- During the trial of *Sargent v CSU*, it was revealed the CSU took a sample in the SSU Stevenson Hall HVAC system that showed 2.7 million asbestos fibers in a single centimeter. This new evidence indicates that the asbestos fibers have been in the breathing zones of employees for nearly twenty years.

- CSU buildings have not had annual HVAC maintenance and the required logs have not been maintained.

Sadly, the unlawful conduct of CSU is not new. In 1994, the CSU/EPA asbestos consent decree was lodged with the court due to the same type of behavior we are seeing today. The prevalence and promulgation of hazardous materials in the work environments of CSU employees has not been limited to the CSUCI and SSU campus.
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For example, in the spring of 2014, the San Francisco State University ("SFSU") science building was completely shut down due to its unsafe condition, a condition that included hazardous materials such as asbestos, lead, and mercury. After evacuation of occupants and extensive cleaning, the building was repopulated and approximately (20) additional custodians were employed to maintain the campus buildings. Before the emergency closure of the science building, each SFSU custodian was responsible for approximately 30,079 square feet of cleaning. After the additional custodians were added, each custodian was responsible for cleaning approximately 25,000 square feet. Using SFSU's new 25,000 square feet per custodian as a baseline, we believe the CSU currently has an unsafe work environment on (20) of the (23) campuses statewide.

This is based on the building square footage per campus and the number of custodians available to clean the buildings on that campus, using SFSU's own calculation of the number of custodians necessary to adequately abate the Hazardous Materials on that campus. However, it is unknown at this time whether SFSU's own abatement activity has been sufficient to abate the hazardous materials there as well. Assuming the hazards have not been adequately abated or have persisted at any point in time covered by the instant PAGA notice, Complainant intends to seek penalties on behalf of all employees exposed to those hazards as well.

Complainant is informed and believes, and thereupon alleges, that the type of hazards and violations of law uncovered at the CSUCI and SSU exist at approximately 20 additional CSU campuses statewide. This is because it appears, from a preliminary investigation, the CSU has engaged in the same sorts of budget and staffing cuts at other campuses that led to the problems that exist at the SSU campus. Complainant is also informed and believes, and thereupon alleges, that CSU has used construction materials containing hazardous materials in buildings at most if not all of its twenty-three (23) campuses statewide, yet has failed to maintain proper controls to prevent those hazardous materials from posing a threat to the health and safety of its workers. After a preliminary review, and having only access to public records and without the benefit of discovery, Complainant alleges and believes that CSU campus custodians are responsible for the following approximate square footage at the following campuses:

California State University ("CSU")		
CAMPUS		**Square Footage**
1	CSU Bakersfield	87,147
2	CSU Stanislaus	67,495
3	CSU Northridge	54,892
4	CSU Dominguez Hills	52,738
5	CSU CA Maritime Academy	51,376
6	CSU Fresno	44,196
7	CSU Pomona	43,662

8	CSU Sonoma	42,109
9	CSU Los Angeles	40,863
10	CSU East Bay	39,235
11	CSU Long Beach	39,013
12	CSU Sacramento	37,652
13	CSU San Diego	35,533
14	CSU San Jose	34,205
15	CSU Fullerton	34,178
16	CSU San Bernardino	31,085
17	CSU Channel Islands	30,128
18	CSU Chico	27,377
19	CSU Monterey Bay	No public record
20	CSU San Marcos	No public record

Unsafe conditions in a lab at CSU Sacramento caused serious injuries to personnel in 2016. The incident was investigated by an expert Lab Safety team from UC which provided the investigation report to CSU Sacramento. CSU officials know that the serious danger of the unsafe conditions in labs, that led to the incident at Sacramento State, exists throughout the CSU system at other campuses. Yet the UC report on the serious dangers that exist, including recommendations on how to reduce the serious dangers, has been concealed. It has been concealed from EHS personnel, faculty, staff, and management personnel throughout the CSU system who could make the labs safe for staff, faculty and students. In addition to being concealed by CSU, it has not been reported to Cal OSHA as required. As one might expect, CSU had another serious chemical incident in a lab at another campus in 2017. Chico State had the incident in May 2017 where an old chemical container burst, filling the lab with deadly poisonous vapors. Luckily, it happened at lunch time. One person was exposed to the deadly atmosphere in the lab upon returning from lunch. As she entered the lab she felt she had walked into "a wall" of the poisonous air and she immediately bolted from the building, most fortunately. There could have easily been fatalities. The Butte County HAZMAT team had to be called to help control the incident. The building was closed for six weeks.

Other incidents involving serious danger in CSU labs throughout the system are just waiting to happen while the Chancellor's Office of Risk Management and the OGC (in particular Zachary Gifford and Andrea Eaton, and their superiors) conceal information on the serious dangers as well as how to correct them. In reading the UCSC Faculty Forum briefing dated May 6, 2014 which was presented by Brett S. Henrikson, Senior Counsel for EHS, Office of the General Counsel, I believe the following CA related criminal codes are being violated in conjunction with CSU campus lab activities:

- **LABOR CODE 6425**: CSU leaders/managers willfully violate Cal OSHA standards 8 CCR 3203 that require Illness and Injury Prevention Plans (IIPP). CSU and the Chancellor's Office leaders/managers have known for years that IIPPs are often not being

done at the campuses. As well, faculty routinely refuse to attend IIPP related EHS related training. This crime can be a felony (up to 3 years in state prison).

- **LABOR CODE 6423**: Committing a serious violation of a Cal OSHA standard by not correcting the serious dangers in the labs. Knowingly inducing another to do the same.

- **PENAL CODE 387, CORPORATE CRIMINAL LIABILITY ACT**: Organizations and their managers are criminally liable when they have actual knowledge of a serious concealed danger and fail to warn employees. Conviction can involve imprisonment at felony level.

Upon information and belief, these conditions and other improper conduct by CSU officials throughout the State of California have led to an unsafe and unhealthful work environment at each of these campuses, for reasons and in ways similar to those already uncovered at CSUCI and SSU. The actions within this section violate the provisions of, among other things, Labor Code sections 98.6, 1102.5, 6310, 6317, 6400, 6401, 6401.7, 6402, 6403, 6404, 6406, 6407, 6423, 6425, 6426, 6427, 6428, 6429, 6430; California Code of Regulations, Title 8 low voltage safety violations, Sections 2320.1, 2320.2, 2320.4, 2320.5, 2320.6, 2320.7, 2320.10, 2340.1, 2340.2, 2340.5, 2340.8, 2340.9, 2340.10, 2340.11, 2340.12, 2340.13, 2340.14, 2340.16, 2340.17, 2340.18, 2340.21, 2340.22, 2340.24, 2340.26, 2340.27, 2360.3, 2540.2, 2589.1; California Code of Regulations, Title 8 high voltage safety violations, Sections 2705, 2706, 2707, 2709, 2710, 2711, 2712, 2713, 2714, 2805, 2806, 2810, 2811, 2812.1, 2812.2, 2812.3, 2813, 2930, 2931, 2932, 2933, 2940; Article 3, section 2320.10(c), of the California Code of Regulations; California Code of Regulations, Title 8 safety violations, Sections 332.2, 332.3, 1529, 3203, 3204, 3362, 5141, 5142, 5143, 5145, 5155, 5194, and 5208. I expressly reserve the right to add any and all additional labor law violations committed against them and all other employees impacted by the alleged violations as discovery is conducted and reveals previously unknown hazards, unsafe conditions, unsafe practices, failures to implement proper safety protocols, failures to utilize proper safety equipment, and other violations of law covered by these statutes.

III. CONCLUSION

Through the foregoing conduct, the CSU has violated a variety of provisions of the Occupational Safety and Health Act and its implementing regulations, standards, orders (including special orders), rules, codes, and regulations, including but not limited to the following:

- California Labor Code, Sections 98.6, 1102.5, 6310, 6317, 6400, 6401, 6401.7, 6402, 6403, 6404, 6406, 6407, 6423, 6426, 6427, 6428, 6429, 6430;

• California Code of Regulations, Title 8 low voltage safety violations, Sections 2320.1, 2320.2, 2320.4, 2320.5, 2320.6, 2320.7, 2320.10, 2340.1, 2340.2, 2340.5, 2340.8, 2340.9, 2340.10, 2340.11, 2340.12, 2340.13, 2340.14, 2340.16, 2340.17, 2340.18, 2340.21, 2340.22, 2340.24, 2340.26, 2340.27, 2360.3, 2540.2, 2589.1;

• California Code of Regulations, Title 8 high voltage safety violations, Sections 2705, 2706, 2707, 2709, 2710, 2711, 2712, 2713, 2714, 2805, 2806, 2810, 2811, 2812.1, 2812.2, 2812.3, 2813, 2930, 2931, 2932, 2933, 2940; Article 3, section 2320.10(c), of the California Code of Regulations;

• California Code of Regulations, Title 8 safety violations, Sections 332.2, 332.3, 1529, 3203, 3204, 3362, 5141, 5142, 5143, 5145, 5155, 5194, and 5208.

Through this letter, I am notifying the Division of Occupational Safety and Health ("DOSH"), the Labor and Workforce Development Agency ("LWDA"), California State University ("CSU"), of the above violations. Please notify me, within six (6) months at the above address, whether you will investigate this matter.

Respectfully,

/s/ Shepler

Joseph Shepler