



**HOUSTON COMMUNITY COLLEGE**

**Internal Audit Annual Report  
Fiscal Year 2018  
in Accordance with the Texas Internal Auditing Act**

**Prepared by  
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## **I. Internal Audit Plan for Fiscal Year 2018**

The Board of Trustees approved the FY 2018 Internal Audit Plan on August 17, 2017. The HCC audit universe was being developed through the ERM Assessment Program. The High Risk Audit Candidates identified during the FY 2017 Internal Audit Plan preparation were updated based on the ERM Assessment interviews conducted with Executive Cabinet members and other executive managers, reviewing HCC's current major activities, and KPMG's Internal Audit Top 10 Considerations for 2017.

A significant amount of time was devoted to the following two activities in FY 2018:

- 1) Purchasing, training, and implementing use of TeamMate, the internal audit management system software; and
- 2) Collaborating with Risk Management and other control monitoring functions within HCC to further refine the Enterprise Risk Management (ERM) Assessment Program.

A FY 2018 Internal Audit Plan Status Report is detailed in the following table.



FY 2018 Internal Audit Plan Status Report as of August 31, 2018

Audit Projects	Project No.	Stage	Final Report Issued	Notes/Issues
<b>Operational Audit Projects</b>				
IT Cyber & Data Security	17-3	Complete	4/6/18	Report issued Friday, April 6, 2018
Website Review	17-15	In-Progress		Rollover project to 2019 Audit Plan
Accreditation - SACSCOC	18-O-1	In-Progress		Rollover project to 2019 Audit Plan
Ethics Program Review	18-O-2	Complete	8/21/18	Report issued Tuesday, August 21, 2018
PeopleSoft Application Controls	18-O-3	In-Progress		Rollover project to 2019 Audit Plan
<b>Compliance Audit Projects</b>				
Campus Safety & Environmental Operations Management	18-C-1	Complete	N/A	N/A
Northwest	18-C-1-1	Complete	6/29/18	Report issued Friday, June 29, 2018
Southeast	18-C-1-2	Complete	6/29/18	Report issued Friday, June 29, 2018
Southwest	18-C-1-3	Complete	6/29/18	Report issued Friday, June 29, 2018
Direct Payments Review	18-C-2	Complete	6/22/18	Report issued Friday, June 22, 2018
Executive Expenses Review	18-C-3	Complete	3/23/18	Report issued Friday, March 23, 2018
Required Regulatory Reporting	18-C-4	Not Started		Rollover project to 2019 Audit Plan
<b>Advisory Services Projects</b>				
Procurement - Contracting Advisory Services	17-1-2	In-Progress	N/A	Rollover project to 2019 Audit Plan
Committees & Tasks Forces	18-S-1	N/A	N/A	N/A
Continuous Auditing	18-S-2	N/A	N/A	N/A
Fraud & Special Investigations	18-S-3	N/A	N/A	No projects requested
<b>Administrative Projects</b>				
FY 2019 Audit Planning & ERM Assessment	18-A-1	Complete	8/1/18	FY2019 IA Plan approved by BOT, August 1, 2018
TeamMate System Implementation & Training	18-A-2	Implemented	N/A	Training completed September 12-15, 2017
Internal Quality Assurance Review	18-A-3	Complete	10/24/17	Report issued Tuesday, October 24, 2017
FY 2018 Annual Audit Report	18-A-4	Complete	10/3/18	Presented to BOT October 3, 2018
<b>Observation Action Plan Follow-ups</b>				
Observation Action Plan Follow-ups	18-F-1	N/A	N/A	Quarterly status report presented to Audit Committee



## **II. Quality Assurance Review**

An internal quality assurance review was performed. Some opportunities for improvement were observed in the review and resolution action plans were completed. No external quality assurance review (EQAR) was performed on the Internal Audit Department in FY 2018. In compliance with the Institute of Internal Auditors International Standards for the Professional Practice of Internal Auditing, an EQAR will be performed in the future.

The HCC Internal Audit Department completed the following quality assurance activities during FY 2018:

- 1) Maintained a professional staff with diversified skill sets and professional certifications;
- 2) Completed training and started use of TeamMate, the internal audit management system software; and
- 3) Collaborated with the Risk Management Office to complete the annual Enterprise Risk Management Assessment for HCC.



### **III. Summary of Observation and Management Action Plans**

See the detailed FY 2018 Audit Observations and Management Action Plans Attachment to this report

#### **IV. List of Consulting Engagements and Non-audit Services**

Internal Audit began a consulting advisory service project on the procurement contracting process in FY 2017. Procurement Operations has procured the JAGGAER source-to-pay suite to automate the contracting process. The Internal Audit advisory service project will continue into the FY 2019 Internal Audit Plan to include control framework advice on the implementation of the JAGGAER automated system.

Members of the Internal Audit Department participated on the following task force and committees in FY 2018:

1. Technology Governance Council
2. Security Steering Committee
3. Web Governance Council Subcommittee

## **V. Internal Audit Plan for Fiscal Year 2019**

### **Executive Summary**

The purpose of the Internal Audit Plan (Plan) is to outline audits and other activities the Houston Community College (HCC) Internal Audit Department (the Department) will conduct during fiscal year 2019. The Plan's development and approval are intended to satisfy requirements under Board Bylaws, Board Policy CDC (LOCAL), HCC's Internal Audit Charter, International Standards for the Professional Practice of Internal Auditing, and Texas Internal Auditing Act.

A significant amount of time will be devoted to the following two activities in FY 2019:

- 3) Maintaining and improving the use of the internal audit management system software (TeamMate); and
- 4) Collaborating with Risk Management and other control monitoring functions within HCC to further refine the Enterprise Risk Management (ERM) Assessment Program.

### **Plan Development Methodology**

The HCC audit universe is being developed through the ERM Assessment Program. The High Risk Audit Candidates have been updated based on the ERM Assessment interviews conducted with Executive Cabinet members and other executive managers, and reviewing HCC's current major activities, KPMG's 16 Key Risks for Internal Audit to Consider in 2018, and Global Internal Audit Common Body of Knowledge Top 10 Technology Risks.





**Internal Audit Department  
Fiscal Year 2019 Audit Plan**

No.	Project	Description	Hours
<b>Operational Audit Projects</b>			
18-O-1	*Accreditation - SACSCOC	Review the management system that ensures adequate documentation for SACS accreditation	640
18-O-3	*PeopleSoft Application Controls	Review logical access controls for a chosen PeopleSoft software application to ensure data is processed accurately and as intended from input to storage to output	640
19-O-1	Student Behavioral Intervention Review	Review the program for processing student behavioral issues in Maxient and compliance with related policies and regulations	480
19-O-2	International Students Services Review	Review the processes for international student services including processing student data in SEVIS	480
19-O-3	IT Disaster Recovery/Business Continuity Plan	Evaluate processes and procedures for IT Disaster Recovery/Business Continuity including compliance with regulations and HCC policies	480
<b>Compliance Audit Projects</b>			
18-C-4	*Required Regulatory Reporting	Review the process for capturing required regulatory reporting and monitoring compliance	640
19-C-1	Campus Safety & Environmental Operations Management	Planning for campus safety & environmental legal policy compliance management reviews	320
19-C-1-1	Central College	Safety & environmental legal policy compliance	240
19-C-1-2	Northeast College	Safety & environmental legal policy compliance	240
19-C-1-3	Coleman College	Safety & environmental legal policy compliance	240
19-C-2	Web Content Accessibility Guidelines Review	Review the implementation of CRB (REGULATION) to ensure that qualified individuals with disabilities have access to the College District's technology resources	480
<b>Advisory Services Projects</b>			
17-1-2	*Procurement - Contracting Advisory Services	Control framework advice on Procurement Operations implementing JAGGAER source-to-pay suite	360
19-S-1	Committees & Task Forces	Participate on committees and task forces providing risk management and control advice	120
19-S-2	Continuous Auditing	Create automated extracts of data and reports to analyze specific business risks	360
19-S-3	Campus Security	Work with the Risk Management Department to evaluate Campus security programs	240
19-S-4	Special Projects & Examinations	Responsive to provide services as required	468
<b>Administrative Projects</b>			
19-A-1	FY 2020 Audit Planning & ERM Assessment	Collaborate with HCC Risk Management continuously updating the Enterprise Risk Management (ERM) assessment and audit planning	800
19-A-2	TeamMate Internal Audit Management System	TeamMate software system maintenance and improvement	240
19-A-3	Internal Quality Assurance Review	Perform a formal internal quality assurance review	320
19-A-4	FY 2019 Annual Audit Report	Compile and prepare State required audit report	120
19-A-5	External Audits Monitoring	Monitor external audit activities on HCC and related observation action plans	120
<b>Observation Action Plan Follow-ups</b>			
19-F-1	Observation Action Plan Follow-ups	Follow-up on completion of previous audit observations action plans	360
* Carry-over projects from FY 2018 Internal Audit Plan			



## VI. External Audit – Fiscal Year 2018

In FY 2018, the following audits were performed by auditors external to HCC:

1. Grant Thornton – Annual Financial Statements Audit
2. R.L. Townsend and Associates – ongoing construction in progress audit
3. Texas Mutual Insurance Company – Annual Worker's Compensation Audit
4. National Oceanic and Atmospheric Administration (NOAA) performed a site visit on HCC's Minority Business Development Agency (MBDA) Award MB16OBD8050023. NOAA identified several areas of strong policies, procedures, and/or practices in their report. NOAA was impressed with the level of care in which the Center is maintained and operated.
5. Southern Association of Colleges and Schools Commission on Colleges (SACSCOC) Fifth-Year Interim Reports Committee reviewed HCC's compliance with the 17 select *Principles of Accreditation* standards in meeting held June 14, 2018. No additional report was requested.
6. Texas Higher Education Coordinating Board (THECB) performed a Follow-up Audit of Texas Educational Opportunity Grant at Houston Community College System, Report No. THECB-CM-FA-18-017.
7. The THECB, as a federal pass-through entity, reviewed HCC's Single Audit Report to ensure the requirements were met related to the Single Audit Act Amendments of 1996, as prescribed in the *U.S. Code of Federal Regulations Part 200* Uniform Guidance (2 CFR Part 200 Subpart F - Audit Requirements, formerly OMB Circular A-133 Compliance Supplement and Government Auditing Standards).
8. Texas Workforce Commission (TWC) performing a desk review on Houston Community College's audit to ensure compliance with the U.S. Code of Federal Regulations Part 200, Uniform Guidance, and Uniform Grant Management Standards, State of Texas Single Audit Circular.
9. State Auditor's Office (SAO) conducted its biennial project on investment compliance that includes compliance with the Public Funds Investment Act (PFIA), Texas Government Code, Chapter 2256, and other investment requirements established in Article III of the General Appropriations Act and by the SAO.
10. Department of Veterans Affairs, Veterans Benefits Administration performed a routine compliance survey. Discrepancies were noted and HCC has implemented corrective action plans.
11. Houston-Galveston Area Council – financial monitoring and billing review for H-GAC funds distributed to HCC and financial reports submitted in connection with the HGAC contract number 213-18 for the contract period October 1, 2017 to June 30, 2018. Audit performed by Weaver.
12. Houston-Galveston Area Council – Annual Quality Assurance Review for TWC/HGAC's Adult Education and Literacy contract with HCC.



## **VII. Reporting Suspected Fraud and Abuse**

HCC has taken the following actions to implement the fraud detection and reporting requirements of Section 7.09 of the 83<sup>rd</sup> Legislature's General Appropriations Act, and Texas Government Code, Section 321.022:

- All employees' required annual Standards of Conduct training has been established. The first annual training was completed in May 2018.
- HCC established a confidential independent Hotline on December 1, 2016, for people to report suspected fraud, abuse, and unethical behavior. A link to the reporting Hotline was established on the HCC website home page on July 31, 2018. Reporting Hotline information will be included in mandatory annual Standards of Conduct training.
- The HCC website has a link to the State Auditor's Office fraud hotline.
- In compliance with the reporting requirements of fraud, waste, and abuse, HCC reports all instances of confirmed fraud, waste, and abuse to the State Auditor's Office.

**VIII. Compliance with TGC, Section 2102.015: Posting the Internal Audit Plan, Internal Audit Annual Report, and Other Audit Information on the HCC Website**

TGC, Section 2102.015 was added by House Bill 16 (83rd Legislature, Regular Session) on June 14, 2013. Colleges are required to post certain information on their website. Specifically, Colleges must post the following information within 30 days of approval by the Board of Trustees:

- The approved audit plan for the current fiscal year.
- The annual audit report for the previous fiscal year.
- A detailed summary of the weaknesses, deficiencies, wrongdoings, or other concerns raised by the audit plan or annual report.
- A summary of the action taken by the College to address concerns raised by the audit plan or annual report.

HCC Internal Audit will submit the Internal Audit Annual Report to the website coordinators to be posted on the Internal Audit section of the HCC website no later than 30 days after the HCC Board of Trustees approves the report. The current fiscal year audit plan has been posted to the website. This report includes the TGC, Section 2102.015 standard elements.

**FY 2018 Audit Observations and Management Action Plans**

Project Name	Obs #	Observation Description	Remediation Action	Responsible Person	Status/Est Completion Date
17-2-1 Procurement – Vendor Set-up	1	Two (2) directors and two (2) staff in the Production Operations Department have privileges of adding and updating both the vendor account and purchase order. In addition, these two directors have privileges to approve purchases orders up to \$25,000. According to the IT Department, standard PeopleSoft roles and privileges were used to set-up HCC employees for procurement activities based upon current position, authorization and the current HCC PeopleSoft Finance access approval form submitted. In general, the HCC custom and standard vendor delivered PeopleSoft roles and privileges allow employees more ability to process activity than HCC has determined the employee needs. The Procurement Department, with the IT Department’s information assistance, needs to review and identify needed modifications to end-user level security access including the assigned roles and privileges for processing procurement activities to limit user abilities to what is needed and work with the IT Department to implement changes to properly segregate duties.	<p>Working in cooperation with Internal Audit, several meetings have taken place with the Information Technology Department (IT) to further discuss the way PeopleSoft is currently setup as it relates to Role Names, Permission Lists and Page Access. IT is currently working on providing more detailed information regarding this matter following our last meeting on July 12, 2017.</p> <p>In parallel, the Procurement Department completed additional research using the currently available PeopleSoft reports and is finalizing the paperwork to further segregate duties among current staff within the department. This will be an ongoing effort as duties are realigned to task, however generally speaking, only Buyers will have access to create Purchase Orders. Staff that will have access to create and edit vendors will not have access to create Purchase Orders. Similarly, directors that have access to approve PO will not have access to create Purchase Orders. Only two staff members will have power user access to ensure business continuity within PeopleSoft maintenance in support of all client departments. Neither of the two staff that will have power user access will create Purchase Orders.</p> <p>Once the IT Department provides the suggested details regarding PeopleSoft Role Names, Permission Lists and Page Access, we will continue to work with Internal Audit and IT to ensure further alignment; which may include the creation of additional customized HCC roles or permissions, as may be needed.</p>	Director Procurement Operation & AVC CORE Information Services	In Progress - 8/31/2018
	2A	The employees of Procurement Operations and Accounts Payable can request verbally or by e-mail to set-up a new vendor and update existing vendor information. Formal written documentation and approvals are not required. These informal requests can increase the opportunity of incorrect vendor information being processed.	All internal requests to update a vendor will be completed in written form and may be done via email. A new form is being created that will minimally include the general vendor information required (legal name, DBA, mailing address, remittance address, payment address, business type, Small Business Certifications) and will also require that a properly completed W9 be provided. This form will be completed by the requestor and will be reviewed by the designated procurement staff and approved by the Director Procurement Operations before a vendor number is created or information modified.	Director Procurement Operation	Completed 10/27/2017

**FY 2018 Audit Observations and Management Action Plans**

Project Name	Obs #	Observation Description	Remediation Action	Responsible Person	Status/Est Completion Date
	2B	No review and approval of the vendors being set-up and profile update maintenance is performed. There are no vendor master file (VMF) standard reports generated and reviewed to ensure the propriety of vendor activity being processed. An effective VMF review will help to prevent duplicate payments, improper activities, and potential frauds.	To strengthen the process, a new form will be created for any internal request to add or modify a vendor. No request will be completed without the initial review by the designated procurement staff and final approval by the Director Procurement Operations.	Director Procurement Operation	Completed 1/24/2018
	2C	45 active vendors, 121 inactive vendors, and 2 unapproved vendors were duplicated in PeopleSoft. The duplicated accounts allow the risk of duplicate payments and payments to the wrong vendor or address.	The procurement staff will review and create a new report and verify the current duplicate vendors and will inactivate all duplicate vendors not confirmed to be legitimately required. A quarterly process will be created so that a review of the actual "vendors" in the vendor file can be completed and any duplicates can be inactivated.	Director Procurement Operation	Completed 4/18/2018
	2D	New vendors are being set-up without being checked for suspension and debarment. Written procedures need to be in place to check new vendors for suspension or debarment before being set-up in PeopleSoft. This will reduce the risk of HCC doing business with inappropriate vendors.	As part of the process, staff will review the current State of Texas debarment list and will also check the Federal (SAMS) debarment list. Such reviews will be documented and made part of the file before requesting approval from the Director of Operations to add or modify a vendor.	Director Procurement Operation	Completed 1/24/2018
	2E	Twelve (12) W-9 forms were not in the files. One vendor's EIN was not entered in PeopleSoft. Three W-9 forms were not dated.  A vendor was a "Single Member LLC" which is treated as a disregarded entity by the IRS and should be entered as an independent contractor for 1099 reporting when entered in PeopleSoft. The vendor was improperly entered in PeopleSoft as a corporation resulting in 1099's not being issued if required. A vendor's 1099 reporting status needs to be confirmed before entering a new vendor in PeopleSoft.	Procurement Operations staff will begin to electronically scan copies of the new vendor form and W9s that are submitted to ensure historical copies are not misplaced as may be the case with the indicated files. Staff will ensure that W9 forms are completed properly and signed by the vendor before submitting for approval. Follow up training with regards to business types will be completed for Procurement staff and will be clearly noted on the new form as to further reduce chance of error with regards to 1099 or other business types.	Director Procurement Operation	Completed 1/24/2018

**FY 2018 Audit Observations and Management Action Plans**

Project Name	Obs #	Observation Description	Remediation Action	Responsible Person	Status/Est Completion Date
17-2-2 Third Party Vendor Relationships	1	<p>SOC 2 Type II reports were not consistently obtained and review documented. Although the IT Department reviewed proposed purchases of products and services as indicated in Procurement policies, we noted that SOC 2 reports were not consistently obtained and documentation was lacking on evaluating the vendor's control environment, determining whether residual risks were acceptable and ensuring that HCC could meet the requirements of user entity complementary controls described in the reports.</p> <p>During our audit of Third Party Vendor Relationships, we attempted to obtain SOC 2 Type II reports from all vendors that could potentially expose HCC to loss, exposure or corruption of sensitive data.</p> <p>We obtained the reports for(certain) vendors, making these available to IT to perform the needed review.</p> <p>We were unable to obtain the reports for (certain) vendors that we determined also expose HCC to potential for loss, corruption or disclosure of sensitive data and thus also require review.</p>	<p>Procurement Operations responded that effective May 8, 2017, the Strategic Sourcing group will request the SOC 2 Type II audit report as part of all new public procurement (RFx) projects that involve either a hosted solution and/or the sharing of data between HCC and a potential contractor. This information will be provided to the IT Security group at the beginning of the evaluation process so that a written determination can be made by the IT Security group with regard to the viability of the proposed solution as it relates to HCC IT Security standards and security requirements.</p> <p>Information Technology responded that IT Administrative Services will collect the existing HCC IT Contract SOC 2 Type II reports, including assisting with the coordination of any Non-Disclosure Agreement (NDA) requests. They will relay the reports to IT Security for formalized review relative to the existing systems and contracts in place.</p> <p>For any new IT related contracts (sole source or cooperative), specific request of the SOC 2 Type II reports will be included within the existing Software Request Workflow process as part of the Data Security Evaluation. The IT Security review of SOC 2 Type II reports will be documented, including decisions to accept any related risks and acknowledgment of user entity complementary controls in place. The documentation process will be completed for the existing contract SOC 2 Type II reports as well as those for renewals and new contracts going forward.</p>	<p>Director Strategic Sourcing will obtain SOC 2 type II reports for new contracts and renewals.</p> <p>Director IT Administrative Services will coordinate collection of existing HCC IT Contract SOC reports and Interim Director IT Security will perform and document the SOC report review for existing and future contracts and renewals.</p>	Completed 4/18/2018
	2	<p>The contract Addendum for IT service providers was not used. The contract addendum developed by the Legal Department in collaboration with IT for use with IT-related vendors was not being consistently used with applicable contracts for IT-related services for initial and renewal contracting.</p>	<p>The Procurement Operations Department will include the office of General Counsel approved IT contract addendum as part of the sample form agreement included with all new procurements that include IT related services. All proposed contract language that is gathered through the procurement process will be shared with the Office of General Counsel for review.</p> <p>The Office of General Counsel will review and include all relevant provisions of the IT contract addendum in the final legally sufficient contract prior to execution. While inclusion of the IT Addendum in all IT related contracts is the goal, there could be situations where HCC needs to make the purchase but does not have sufficient leverage to require inclusion of the entire IT addendum as currently drafted. When those situations occur, the Office of General Counsel will work with IT to ensure the contract includes language acceptable to IT.</p>	<p>Director Strategic Sourcing</p> <p>Assistant General Counsel</p>	Completed 4/18/2018

**FY 2018 Audit Observations and Management Action Plans**

Project Name	Obs #	Observation Description	Remediation Action	Responsible Person	Status/Est Completion Date
17-4 Campus Safety and Security - Regulatory Acts Compliance	2	<p>The following policies and procedures are not published as required by Title IX regulations:</p> <p>1) HCC is permitted to administer or assist in the administration of scholarships, fellowships, or other awards that are restricted to members of one sex if the award is:</p> <p>a) Created by certain legal instruments, including wills or trusts, or by acts of a foreign government, provided the overall effect is nondiscriminatory;</p> <p>b) For study at foreign institutions if HCC provides or otherwise makes available reasonable opportunities for similar studies for members of the other sex.</p> <p>2) Prohibited from:</p> <p>a) Applying any rule concerning parental, family, or marital status that treats persons differently on the basis of sex;</p> <p>b) Discriminating against or excluding any student from its education program or activity, including any class or extracurricular activity on the basis of pregnancy, child birth, false pregnancy, termination of pregnancy, or recovery therefrom.</p> <p>3) Prohibited from subjecting any person to separate or different rules of behavior, sanctions, or other treatment, such as discriminatory discipline, based on sex.</p> <p>4) HCC may not intentionally separate students by sex from contact sports in physical education classes.</p>	<p>HCC will add the following policy and procedure statements to HCC Regulations:</p> <p>1) HCC is permitted to administer or assist in the administration of scholarships, fellowships, or other awards that are restricted to members of one sex if the award is:</p> <ul style="list-style-type: none"> <li>o Created by certain legal instruments, including wills or trusts, or by acts of a foreign government, provided the overall effect is nondiscriminatory;</li> <li>o For study at foreign institutions if HCC provides or otherwise makes available reasonable opportunities for similar studies for members of the other sex.</li> </ul> <p>2) Prohibited from:</p> <ul style="list-style-type: none"> <li>o Applying any rule concerning parental, family, or marital status that treats persons differently on the basis of sex;</li> <li>o Discriminating against or excluding any student from its education program or activity, including any class or extracurricular activity on the basis of pregnancy, child birth, false pregnancy, termination of pregnancy, or recovery therefrom.</li> </ul> <p>3) Prohibited from subjecting any person to separate or different rules of behavior, sanctions, or other treatment, such as discriminatory discipline, based on sex.</p> <p>4) HCC may not intentionally separate students by sex from contact sports in physical education classes.</p>	Director of EEO/Compliance, Title IX Coordinator	Completed 10/13/2017
	3	<p>As regulated in Title IX, the grievance investigation process must be completed within 60 days and the exceptions include incidents involving multiple complainants or appeals by both parties. Our test concluded that two (2) cases of EEO-15-040 and EEO-15-060 were completed in more than 100 days. EEO-15-041 and EEO-15-075 were completed in 97 and 65 days, respectively. In addition, compliance with the mandated grievance and investigation procedures needs to be documented.</p>	<p>An initial Title IX investigative interview checklist will be developed and reviewed to ensure that all review components are identified and discussed. The interview checklist will include a signature line for both the investigator and interviewee and will be completed upon initial contact. The interview checklist will become a permanent part of the case file. All Title IX Contacts and Investigators will be trained regarding use of the revised interview checklist.</p>	Director of EEO/Compliance, Title IX Coordinator	Completed 11/15/2017



**FY 2018 Audit Observations and Management Action Plans**

<b>Project Name</b>	<b>Obs #</b>	<b>Observation Description</b>	<b>Remediation Action</b>	<b>Responsible Person</b>	<b>Status/Est Completion Date</b>
	4	Title IX regulation requires the Title IX and sexual violence training are provided on a regular basis and considering the educational methods that are most likely to help students retain information when designing its training, including repeating the training at regular intervals. Our review indicated that: - HCC mandatory Title IX training is required to be completed by HCCPD officers within a month starting the assigned date. Twenty-six (26) of 113 officers did not complete the training by the due date including twelve (12) of them who finished it more than 2 months late. OIE did not follow-up on the overdue training. - Only new (not all students) are distributed the Title IX materials in new student orientation. - Only new full-time (not all students) are provided a one-time mandated class related to Title IX. - Repeat training is not available for the existing students.	1. In partnership with the HCC Police and Security Department, OIE will establish a formal review process to ensure police officers receive timely required training. This process will include both on-line and face-to-face training. 2. Student focused information regarding Title IX and Sexual Misconduct will be included in the annual notifications process that will be provided by Student Services through the Eagle on-line process. This notification will also include information regarding how to contact the Title IX Coordinator and how to file a Title IX complaint. 3. HCC currently coordinates media and communications campaigns regarding sexual misconduct and sexual violence for the following topics: Domestic Violence Month (October), Stalking Awareness Month (January), Teen Dating Violence Month (February), and Sexual Assault Awareness Month (April). A 2017 HCC Title IX Task Force Report recommends additional student training and awareness activities to include incorporating prevention & awareness topics in existing course curriculum and requiring training for all campus student organization participants. To ensure that HCC meets its obligations regarding student awareness and training, HCC will establish an ongoing student awareness and training program to continuously provide access to information regarding sexual misconduct, sexual assault, and other Title IX issues. This program will incorporate both active training and awareness strategies (face-to-face training, on-line training) as well as passive modalities (developing a branded communication's plan, using mobile technology application to provide awareness, reporting, contact, support and other information).	Director of EEO/Compliance, Title IX Coordinator & Chief of Police, HCC	Completed Item 1 10/13/2017  Completed Item 2 2/15/2018  Completed 3. 8/30/2018
	6	Written procedures for preparing the ASR have not been established. The process of reporting relies upon the reporter's experience, knowledge and the guidelines of Clery Act handbook.	The police department will publish a comprehensive procedure for compiling HCC's ASR.	Chief of Police, HCC	Completed 11/28/2017
17-5-1 Central College Campus Safety & Security Operations Management - Compliance	2	Hazardous or flammable chemicals on hand are not properly stored in NFPA approved flammable storage cabinets. (OSHA 29 CFR 1910.106(d)(5)(iii), Flammable liquids). Number of times Exception occurred 12	This situation has been corrected for the following rooms: LHSB 305, FAC 107, LHSB 413, LHSB 307, and LHSB 417. Flammable cabinets are needed, and they will be purchased for JBW 119.1, JBW 222, JBW 229, JBW 115B, LHSB 409, JBW 104, and JBW Welding.	Director of College Operations & Auxiliary Services, Central College.	Completed 2/13/2018
	3	Chemicals are not properly stored by hazard class (segregated chemical storage). (Uniform Fire Code. UFC 80.301(n), NFPA-45 8.2.4.2) Number of times Exception occurred 8	We will work with Safety Department personnel to determine proper chemical classifications in the Chemistry Labs. Storage cabinets will then be purchased so that chemicals may be properly stored by hazard class.	Director of College Operations & Auxiliary Services, Central College.	Completed 2/13/2018
	4	An eyewash station, though required, is not present or operational, or the expiration date has passed on the portable eyewash station in this room. (OSHA 1910.151.c. Medical and First Aid) Number of times Exception occurred 8	Central College Operations Department personnel are assessing each area to determine whether there is access to a water line for installation of permanent eyewash stations. This is being reviewed with Safety Department personnel to determine the best product and location for each area.	Director of College Operations & Auxiliary Services, Central College.	Completed 12/8/2017

**FY 2018 Audit Observations and Management Action Plans**

Project Name	Obs #	Observation Description	Remediation Action	Responsible Person	Status/Est Completion Date
	5	Areas around fire extinguishers, pull fire alarms, eyewash/safety showers and/or electrical panels were obstructed. (OSHA 29 CFR 1910.22(c)) Number of times Exception occurred 7	Obstructed areas are being cleared.	Director of College Operations & Auxiliary Services, Central College.	Completed 12/8/2017
	7	Appropriate signs that accurately indicate hazard information are not present. (OSHA 29 CFR 1910.145, Accident prevention signs and tags) Number of times Exception occurred 6	Signage is in process of being purchased for these areas.	Director of College Operations & Auxiliary Services, Central College.	Completed 12/8/2017
	13	Safety data sheets are not on hand or readily available for all hazardous chemicals. (OSHA 29 CFR 1910.1200(b)(4)(ii), TAC 5002.006, Toxic and Hazardous Substances - Hazard Communication; Safety Data Sheet) Number of times Exception occurred 3	We will ensure that all required safety data sheets are on hand in each room and that they are available for viewing by all.	Director of College Operations & Auxiliary Services, Central College.	Completed 12/18/2017
	20	Welding cables were not in adequate condition - the insulation was not intact, leaving bare conductors. (OSHA 29 CFR 1910.254(d)(9)(iii), Arc welding and cutting) Number of times Exception occurred 1	Welding Shop personnel are in the process of obtaining materials to repair insulation surrounding the conductors on the noted welding cables.	Director of College Operations & Auxiliary Services, Central College.	Completed 12/18/2017
17-5-2 Northeast College Campus Safety & Security Operations Management - Compliance	1	There was no Hazard Communication Program and/or Chemical Hygiene Work Plan, as applicable. (OSHA 29 CFR 1910.1450(a), Toxic and Hazardous Substances, Occupational Exposure to Hazardous Chemicals in Laboratories; OSHA 29 CFR 1910.1200(a), Toxic and Hazardous Substances, Hazard Communication; TAC 502.009, Hazardous Substances, Employee Education Program) Number of times Exception occurred: 19	An online version of the Chemical Hygiene Plan is available and has been available under the title "Safety and Loss Control." As of May 18, 2017, an updated Chemical Hygiene Plan has been developed and distributed to Northeast College. Dr. Jerome Drain, COE Dean of Natural Sciences will work with Ronald "Lynn" Roberts, Environmental Safety Manager, to ensure that appropriate Hazard Communication Programs are in place where they are needed.	COE Dean of Natural Sciences & COE Deans with Environmental Safety Manager.	Completed 10/4/2017
	2	Hazardous or flammable chemicals on hand are not properly stored in NFPA approved flammable storage cabinets. (OSHA 29 CFR 1910.106(d)(5)(iii), Flammable liquids) Number of times Exception occurred: 14	The previous online Safety Plan provided for the storage of flammable substances inside buildings where approved storage cabinets or rooms are not available. To be in compliance with the new, updated Plan, the District Dean of Natural Sciences has prepared requisitions to purchase NFPA approved flammable storage cabinets.	COE Dean of Natural Sciences	Completed 1/10/2018
	3	Safety data sheets are not on hand or readily available for all hazardous chemicals. (OSHA 29 CFR 1910.1200(b) (4) (ii), TAC 502.006, Toxic and Hazardous Substances - Hazard Communication; Safety Data Sheet) Number of times Exception occurred: 7	Hard copies of required Safety Data Sheets are available for some labs. Additional hard copies have been ordered. In meeting with the Environmental Safety Manager, hard copies will be available for all Programs.	COE Dean of Natural Sciences with Environmental Safety Manager, COE Deans	Completed 10/24/2017
	5	All containers, including non-hazardous chemicals and wastes are not legibly labeled with the full chemical or trade name (note: abbreviations/formulas are not adequate). (OSHA 29 CFR 1910.1200(f), TAC 502.007, Toxic and Hazardous Substances - Hazard Communication; Labels) Number of times Exception occurred: 6	The Academic Science Department is removing the unknown chemicals that were being stored in unlabeled or illegibly labeled containers and disposing of them properly.	COE Dean of Natural Sciences	Completed 10/4/2017
	6	Permanent aisles and passageways are not appropriately marked and kept clear. (OSHA 29 CFR 1910.22(a), Walking-Working Surfaces) Number of times Exception occurred: 5	All of the passageways noted in this Observation are being cleared and clearly marked.	Northeast COE Dean of Automotive Technology.	Completed 10/31/2017
	7	Chemicals are being stored under the fume hoods. (OSHA 29 CFR 1910.1450) Number of times Exception occurred: 4	All materials under fume hoods are being removed.	COE Dean of Natural Sciences.	Completed 10/4/2017

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<b>Project Name</b>	<b>Obs #</b>	<b>Observation Description</b>	<b>Remediation Action</b>	<b>Responsible Person</b>	<b>Status/Est Completion Date</b>
	8	The valve protection caps were not properly in place for compressed gas cylinders not in use that are designed to accept caps. (OSHA 29 CFR 1910.253(b) (2) (iv), Oxygen-fuel gas welding and cutting) Number of times Exception occurred: 4	The valve protection caps are being properly placed on all compressed gas cylinders not in use. Appropriate parties have been instructed to replace the caps each time cylinders are stored.	Dean, Material Sciences COE.	Completed 1/10/2018
	10	Hazardous waste containers are not properly marked concerning contents. (CFR 262.211(e) (1), Making the hazardous waste determination at an on-site central accumulation area) Number of times Exception occurred: 3	COE Dean of Natural Sciences, is working with Science Lab Coordinators to ensure that all hazardous waste containers are properly marked concerning contents.	COE Dean of Natural Sciences	Completed 10/4/2017
	11	An eyewash station, though required, is not present or operational, or the expiration date has passed on the portable eyewash station in this room. (OSHA 1910.151.c, Medical and First Aid) Number of times Exception occurred: 3	Eyewash station inspections are now occurring on a weekly basis. Three rooms do not have functional/unexpired eyewash stations.	Campus Director & Campus Manager II, Northeast College.	Completed 10/31/2018
	12	A safety shower is not present, as required. (OSHA 1910.151.c, Medical and First Aid) Number of times Exception occurred: 2	An Authorization for Expenditure (AFE) form was generated and submitted to the District Facilities Department as the first step in getting safety showers installed in these two rooms.	Manager, Area Facilities.	Completed 10/31/2018
	17	There was not sufficient access and working space about some electric equipment to permit ready and safe operation and maintenance of such equipment. (OSHA 29 CFR 1910.303(g) (1), Electrical – General) Number of times Exception occurred: 1	The metal rods that are obstructing the working space in front of a grinder are being removed.	Dean, Material Sciences COE.	Completed 1/10/2018
17-5-3 Coleman College Campus Safety & Security Operations Management - Compliance	3	Areas around fire extinguishers, pull fire alarms, eyewash/safety showers and/or electrical panels were obstructed. (OSHA 29 CFR 1910.22(c)) Number of times Exception occurred: 6	The noted areas that were obstructed are being cleared. Furthermore, we have placed floor stickers indicating "Do Not Block" in front of fire extinguishers, fire alarm pulls, and electrical panels	Coleman College Campus Manager II, Interim Dean, Health Sciences COE, Dean, Nursing	Completed 1/16/2018
	6	A safety shower is not present, as required. (OSHA 1910.151.c, Medical and First Aid) Number of times Exception occurred: 2	We will have safety showers installed in these two rooms.	Coleman College Campus Manager II, Interim Dean, Health Sciences COE, District Facility Maintenance Manager	Completed 1/16/2018

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Project Name	Obs #	Observation Description	Remediation Action	Responsible Person	Status/Est Completion Date
17-6 Third Party Program Accreditations	1	<p>The District Curriculum Office maintains a current list of accredited programs, however, the program information published on the HCC webpage that students or prospective students may use to select programs does not match the current list. The Specialty Accreditations can be found on the Accreditation webpage under "About us" or via the navigation bar on the Catalog page under Accreditation by selecting "More Information".</p> <p>Vocational Nursing is listed on the webpage even though new students cannot be enrolled while the program is on conditional status (effective April 2017). While it may perhaps be appropriate to continue to list this program, the status should be correctly disclosed in order to not be misleading to students or other users of the website. Licensed Vocational Nursing (LVN) is also still listed in the A-Z programs and list of degrees and certificates under Catalog even though it cannot enroll new students.</p> <p>The website information for the Associate Degree Nursing program, which was restored to full approval status by the Texas Board of Nursing in April 2017, has apparently not been kept up to date. If this program is selected from the dropdown box under Specialty Accreditations, the search returns "no records found". If the search is left blank, the list of programs displayed includes Nursing (ADN) with the Agency information given as "Approval by the Texas Board of Nursing (TBON); Candidacy status for the ACEN (NLN) Accreditation". This program is not accredited by ACEN.</p> <p>Additionally, eight accredited programs were not listed on the webpage.</p>	<p>Recently, the department worked with Communications to update the Specialty Accreditations content by creating a new widget to present the list of accreditations, and to give the Curriculum Office access to update the list without the need to submit a Service Request to update the Web. During that process, discrepancies were found in a number of accreditations/state regulatory agencies listed when compared to the Master database in SmartSheet. As a result, the lists were reconciled and updates made to the widget to reflect not just Workforce Instruction programs with accreditations but also Continuing Education "areas of study" with accreditations/state regulatory agencies. The Specialty Accreditation page is now updated and aligned to the master list. Additionally, submission of the LVN accreditation status change was made in April 2017, however, changes were not posted as requested due to a breakdown in communication. Changes were made on August 3, 2017 to the LVN accreditation status in order to remain compliant with TBON regulations and to inform prospective students that the Program will not accept new students for Fall 2017 as a result of the BON approval status. A mechanism has been established to prevent a repeat of non-compliance.</p>	<p>Accreditation Coordinator, Manager, Curriculum Support and Research, Communications Program Coordinators, COE Deans</p>	<p>Completed - 7/21/2017 Specialty Accreditation page updated; 8/3/2017 LVN Accreditation Status updated</p>
	2	<p>HCC Policy EFAD (REGULATION) establishes guidelines related to pass rate standards for all instructional programs that have a licensure / certification examination required upon program completion and for employment or a licensure / certification examination available but not required for employment. This policy requires HCC to establish a minimum institutional pass rate standard of 75% unless the accrediting agency requires a minimum standard, in which case, HCC adopts the agency's standard. The Curriculum Office maintains a database of 25 accredited programs that have a licensure / certification examination available. The pass rate history by completion year is recorded for each program in this database. One of the data elements recorded in the database is the Agency Pass Rate Standard. We found that the standard recorded for 5 of 25 programs did not match the actual standard required by the accrediting agency. In order for the database to be effective as a monitoring tool to ensure that student outcomes are meeting requirements, the appropriate pass rate standards should be included.</p>	<p>The database was updated to add another column in order to record both the agency standard and HCC's internal standard to ensure the appropriate pass rate standards were reflected in the database. It should be noted that the Department submitted a budget request to hire a Licensure/Certification Coordinator for the 2017-2018 school year to, among other responsibilities, coordinate industry-recognized licensure and certifications for all relevant instructional programs. This position would be responsible for maintaining the databases and reporting, including pass rate standards and student examination results.</p>	<p>Manager, Curriculum Support and Research, Interim VC Instructional Services, &amp; AVC of Curriculum and Learning Initiatives, Program Coordinators, COE Deans</p>	<p>Completed 7/20/2017</p>

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<b>Project Name</b>	<b>Obs #</b>	<b>Observation Description</b>	<b>Remediation Action</b>	<b>Responsible Person</b>	<b>Status/Est Completion Date</b>
18-A-3 Internal Audit Internal Quality Assurance Review	1	Internal Audit (IA) lacks a formal written Quality Assurance and Improvement Program (QAIP) and has not established Key Performance Indicators (KPIs) for regularly tracking performance.	IA will establish relevant KPIs and a tracking process to measure performance and report progress against these. The QAIP procedures will include some evaluation processes that will be driven by steps implemented in TeamMate, including a post project self-evaluation for each audit project as well as a standardized customer survey.	Director Internal Audit	Completed 8/30/2018
	2	As a small audit department, some of the processes are informal and may lack documentation that could be accepted by an external reviewer as evidence of conformance with the Standards. As we reviewed some of the specific requirements of the Standards, though we felt that IA had fulfilled the requirement, we could not necessarily point to specific documentary evidence to that effect. Areas of the Standards that could benefit from more robust documentation include: - Standard 1100 Independence and Objectivity – an annual certification on the part of each staff member regarding independence, objectivity and absence of any conflicts of interest could support conformance with this Standard. - Standard 1220 Due Professional Care – formal documentation in individual projects of the consideration of use of data analytics and consideration of the probability of significant errors, fraud or non-compliance would support conformance with this Standard. - Standard 2040 Policies and Procedures – departmental procedures are presently a work in progress and should be completed in order to support conformance with this Standard.	IA will establish an annual certification process to document acknowledgement of independence and objectivity. In conjunction with the TeamMate audit management software implementation, IA established standard work program steps that will prompt audit team members to document their consideration of the use of data analytics and consideration of fraud risks during the planning phase for each audit project. IA continues to work on IA's departmental manual to ensure that it is a complete, relevant and useful tool and to integrate it with standard processes recently implemented with TeamMate.	Director Internal Audit	Completed 12/18/2017
17-3 IT Cyber and Data Security		Section 552.139 exempted			
18-C-1-1 Northwest College Campus Safety & Environmental Operations Management	1	There was no evidence that a Hazard Communication Program and/or Chemical Hygiene Work Plan, as applicable, exists. (OSHA 29 CFR 1910.1450(a), OSHA 29 CFR 1910.1200(a), TAC 502.009, Toxic and Hazardous Substances - Hazard Communication; Employee Education Program). Number of times Exception occurred 26	A Hazard Communication Program and/or Chemical Hygiene Work Plan, as applicable, has been placed in each noted room <u>other than the Katy Greenhouse</u> . All hazardous materials will be removed from the Greenhouse, thus eliminating the need for a Hazard Communication Program.	Northwest College President; Northwest College Operations Officer; Campus Managers	In Progress 7/31/2018
	2	Hazardous or flammable chemicals on hand are not properly stored in NFPA approved flammable storage cabinets. (OSHA 29 CFR 1910.106(d)(5)(iii), Flammable liquids). Number of times Exception occurred 22	The noted chemicals will be placed in flammable cabinets or removed from each noted room.	Northwest College President; Northwest College Operations Officer; Campus Managers	In Progress 8/31/2018
	3	Appropriate signs that accurately indicate hazard information are not present. (OSHA 29 CFR 1910.145, Accident prevention signs and tags) Number of times Exception occurred 18	Appropriate signs have been posted for all noted rooms. Complete except for Alief-Hayes, Katy, and Spring Branch.	Northwest College President; Northwest College Operations Officer; Campus Managers	In Progress 8/31/2018

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Project Name	Obs #	Observation Description	Remediation Action	Responsible Person	Status/Est Completion Date
	4	Safety data sheets are not on hand or readily available for all hazardous chemicals. (OSHA 29 CFR 1910.1200(b)(4)(ii), TAC 5002.006, Toxic and Hazardous Substances - Hazard Communication; Safety Data Sheet) Number of times Exception occurred 16	Safety data sheets will be made readily available or the chemicals removed for all noted rooms. Complete except for Alief-Hayes B306.1, B320 and D.105 and in the cited Alief Workforce rooms. All chemicals will be removed from the Katy Greenhouse. As for the Spring Branch ARTS rooms, a determination will be made as to whether the hazardous materials will remain in the rooms. If so, then safety data sheets for the hazardous materials will be made available in these rooms. Otherwise, the materials will be properly disposed of.	Northwest College President; Northwest College Operations Officer; Campus Managers	In Progress 8/31/2018
	5	An eyewash station, though required, is not present or operational, or the expiration date has passed on a portable eye wash station. (OSHA 1910.151.c, Medical and First Aid). Number of times Exception occurred 16	Eyewash stations will be installed or hazards/chemicals removed. Complete except for Alief-Hayes, Katy, and Performing Arts Center.	Northwest College President; Northwest College Operations Officer; Campus Managers	In Progress 8/31/2018
	6	A safety shower is not present, as required. (OSHA 1910.151.c, Medical and First Aid). Number of times Exception occurred 14	All materials requiring eyewash have been removed from room 182, and PLAB courses will not be offered in this room until sufficient facility improvements are made. The spray paints and any other hazards will be removed from Alief-Hayes B306.1, Katy Greenhouse and Spring Branch room 207, thus eliminating the need for safety showers in these rooms. As for the other rooms cited, Campus Managers are working with the Area Facilities Manager, Department Chairs and Academic Deans to review use of the rooms and chemicals used in the curricula. Emergency showers will be installed in those rooms in which chemicals/hazards will remain.	Northwest College President; Northwest College Operations Officer; Campus Managers	In Progress 8/31/2018
	7	Areas around fire extinguishers, pull fire alarms, eyewash/safety showers and/or electrical panels were obstructed. (OSHA 29 CFR 1910.22(c)) Number of times Exception occurred 13	All noted obstructions have been cleared.	Northwest College President; Northwest College Operations Officer; Campus Managers	Completed 5/1/2018
	8	All fire extinguishers are not in place and fully charged or have not been subjected to an annual maintenance check in the past year, indicated by a record showing the most recent annual maintenance date. (OSHA 29 1910.157(e)(1)(3), Portable fire extinguishers). Number of times Exception occurred 12	All noted portable fire extinguishers have now been subjected to the annual maintenance requirements.	Northwest College Operations Officer; Campus Managers; Area Facilities Managers	Completed 5/31/2018
	9	Chemicals are not properly stored by hazard class (segregated chemical storage). (Uniform Fire Code. UFC 80.301(n), NFPA-45 8.2.4.2) Number of times Exception occurred 11	Chemicals in all cited rooms have been removed or properly stored by hazard class other than for Alief-Hayes (324, B221.1 and D.101). Corrosive cabinets will be acquired, and chemicals will be properly stored by hazard class in these rooms.	Northwest College President; Northwest College Operations Officer; Campus Managers	In Progress 8/31/2018
	10	All containers used for the storage of hazardous chemicals are not properly labeled. (OSHA 29 CFR 1910.1200(f)(1) - (f)(9), Toxic and Hazardous Substances - Hazard Communication; Labels) Number of times Exception occurred 8	All containers, including non-hazardous chemicals and wastes, have been legibly labeled with the full chemical or trade name other than Alief-Hayes (D.101 and D.104) and Spring Branch.	Northwest College President; Northwest College Operations Officer; Campus Managers	In Progress 8/31/2018

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Project Name	Obs #	Observation Description	Remediation Action	Responsible Person	Status/Est Completion Date
	11	Permanent aisles and passageways are not clear. (OSHA 29 CFR 1910.22(a), Walking-Working Surfaces) Number of times Exception occurred 6	All of the noted obstructions have been removed from permanent aisles and passageways in the cited rooms other than Katy 370E. The ethernet cable that is in the permanent passageway in Katy 370E will be run through the wall directly in the room.	Northwest College President; Northwest College Operations Officer; Campus Managers	In Progress 7/31/2018
	12	There was no current (within one month) inspection tag for all fire extinguishers. (OSHA 29 1910.157(e)(2), Portable fire extinguishers). Number of times Exception occurred 5	All noted portable fire extinguishers have now been subjected to the monthly maintenance requirements.	Northwest College President; Northwest College Operations Officer; Campus Managers	Completed 5/31/2018
	13	Exit routes are obstructed. (OSHA 29 CFR 1910.22(c)). Number of times Exception occurred 4	All cited obstructions have been removed.	Campus Managers	Completed 4/25/2018
	14	Signs are not posted, as applicable, for biohazard waste. (OSHA 29 CFR 1910.1030(g)(1)(i) - 1910.1030(g)(1)(ii)(B), Bloodborne pathogens). Number of times Exception occurred 3	A biohazard waste sign has been posted on the door to Katy 340B. Biohazard waste signs will be posted in Alief-Hayes D.104 and in Katy 308.	Northwest College President; Northwest College Operations Officer; Campus Managers	In Progress 7/31/2018
	15	Appropriate signs were not present that accurately indicate hazard information (BIOHAZARD). (OSHA 29 CFR 1910.145, Accident prevention signs and tags.) Number of times Exception occurred 3	Biohazard signs have been posted in the cited Katy rooms, and one will be posted in Alief-Hayes room D.104.	Northwest College President; Northwest College Operations Officer; Campus Managers	In Progress 7/31/2018
	16	All gas cylinders were not properly and adequately secured so they cannot fall. (NFPA 45-1.11.1 Prudent Practices 2011, 7.D.3, Handling and Use of Gas Cylinders) Number of times Exception occurred 2	All gas cylinders have been properly secured or removed.	Northwest College President; Northwest College Operations Officer; Director, Administration & Student Support Services	Completed 4/16/2018
	17	There are damaged or missing ceiling tiles. (OSHA 29 CFR 1910.37(a)(4)). Number of times Exception occurred 2	The missing ceiling tile in room 526 of the Science Building has been replaced. The ceiling tile with an opening above the fume hood in Alief-Hayes D.104 will be replaced.	Northwest College President; Northwest College Operations Officer; Campus Managers	In Progress 7/31/2018
	18	All containers used for the storage of hazardous chemicals are not properly labeled. (OSHA 29 CFR 1910.1200(f)(1) - (f)(9), Toxic and Hazardous Substances - Hazard Communication, Labels). Number of times Exception occurred 2	The cited containers have been labeled.	Northwest College President; Northwest College Operations Officer; Campus Managers	Completed 6/19/2018
	19	The sashes on one or more fume hoods in use are not closed. (NFPA- 45 8.11.10). Number of times Exception occurred 2	Both noted fume hood sashes have been closed.	Northwest College President; Northwest College Operations Officer; Campus Managers	Completed 4/25/2018

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<b>Project Name</b>	<b>Obs #</b>	<b>Observation Description</b>	<b>Remediation Action</b>	<b>Responsible Person</b>	<b>Status/Est Completion Date</b>
	20	Chemicals are being stored under the fume hoods. (NFPA- 45 8.11.10). Number of times Exception occurred 2	All chemicals have been removed from the noted fume hoods.	Northwest College President; Northwest College Operations Officer; Campus Managers	Completed 4/25/2018
	21	The number of fire extinguishers is insufficient (must be at least one per 75 linear feet or one per 50 linear feet where there are open flames (e.g., torch, bunsen burner). (OSHA 29 CFR 1910.157(d)(2), OSHA 29 CFR 1910.157(d)(4), Portable fire extinguishers). Number of times Exception occurred 1	A second fire extinguisher has been placed in the Greenhouse in a position so as to meet the noted requirement.	Northwest College President; Northwest College Operations Officer; Area Facilities Manager	Completed 6/27/2018
	22	Appropriate hazardous waste containers are not present for the collection/disposal of hazardous chemical waste streams. (CFR 262.211(e)(1), Making the hazardous waste determination at an on-site central accumulation area). Number of times Exception occurred 1	An appropriate hazardous waste container has been placed in this room.	Northwest College President; Northwest College Operations Officer; Campus Manager	Completed 5/31/2018
	23	Hazardous waste containers are not properly marked concerning contents. (CFR 262.211(e)(1), Making the hazardous waste determination at an on-site central accumulation area) Number of times Exception occurred 1	The hazardous waste container in this room will be properly marked concerning contents.	Northwest College President; Northwest College Operations Officer; Campus Manager	In Progress 8/26/2018
	24	There was no evidence that a copy of the Exposure Control Plan is accessible to students/staff/faculty. (OSHA 29 CFR 1910.1030(c)(1)(iii), Bloodborne pathogens). Number of times Exception occurred 1	All materials requiring an Exposure Control Plan have been removed from room 182, thereby eliminating the need for such Plan.	Northwest College President; Northwest College Operations Officer; Administration & Student Support Services Director	Completed 6/1/2018
	25	Where individuals are exposed, one or more methods of machine guarding to protect them from hazards of ingoing nip points, rotating parts, flying chips, and sparks were not present. (OSHA 29 CFR 1910.212(a)(1), Machinery and Machine Guarding - General requirements for all machines). Number of times Exception occurred 1	We will obtain and install a grinder guard or replace the entire grinder.	Northwest College President; Northwest College Operations Officer; Administration & Student Support Services Director	In Progress 8/15/2018
	26	There were damaged parts that may adversely affect safe operation or mechanical strength of the equipment, such as parts that are broken, bent, cut, or deteriorated by corrosion, chemical action, or overheating. (OSHA 29 CFR 1910.303(b)(7)(iv), Electrical – General). Number of times Exception occurred 1	The guard on the noted radial saw will be replaced.	Northwest College President; Northwest College Operations Officer; Campus Manager	Completed 7/31/2018



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<b>Project Name</b>	<b>Obs #</b>	<b>Observation Description</b>	<b>Remediation Action</b>	<b>Responsible Person</b>	<b>Status/Est Completion Date</b>
	27	The valve protection caps were not properly in place for compressed gas cylinders not in use that are designed to accept caps. (OSHA 29 CFR 1910.253(b)(2)(iv), Oxygen fuel gas welding and cutting) Number of times Exception occurred 1	Valve protection caps have been placed on the cylinders in this room that are not in use and that are designed to accept caps.	Northwest College President; Northwest College Operations Officer; Administration & Student Support Services Director	Completed 4/16/2018
18-C-1-2 Southeast College Campus Safety & Environmental Operations Management	1	There was no evidence that a Hazard Communication Program and/or Chemical Hygiene Work Plan, as applicable, exists. (OSHA 29 CFR 1910.1450(a), OSHA 29 CFR 1910.1200(a), TAC 502.009, Toxic and Hazardous Substances - Hazard Communication; Employee Education Program). Number of times Exception occurred 21	An appropriate Hazard Communication Program and/or Chemical Hygiene Work Plan, as applicable, has been placed in each noted room other than Technology/Workforce I room 309.1. This room will no longer be used for teaching METL, and all hazards have been removed from the room.	Southeast College President; Southeast College Operations Officer; Campus Managers	Completed 5/31/2018
	2	Appropriate signs that accurately indicate hazard information are not present. (OSHA 29 CFR 1910.145, Accident prevention signs and tags) Number of times Exception occurred 21	Appropriate signs have been posted for all noted rooms except for: Eastside - Workforce II (WLDG 125) – Welding will work with Campus Management to purchase and install appropriate signage as required. Felix Morales (ARTS) – Visual Arts is actively reviewing similar signage at other campuses as well as working with the HCC Safety Department to determine appropriate size and types of signage needed. Then appropriate signage will be posted. Technology/Workforce I (METL 309.1) – This room will no longer be used for teaching METL, and all hazards have been removed from the room. Technology/Workforce I (CSME 120) – Appropriate signage will be posted.	Southeast College President; Southeast College Operations Officer; Campus Managers; COE's; Lab Managers	Completed 10/5/2018
	3	All fire extinguishers are not in place and fully charged or have not been subjected to an annual maintenance check in the past year, indicated by a record showing the most recent annual maintenance date. (OSHA 29 CFR 1910.157(e)(1)(3), Portable fire extinguishers). Number of times Exception occurred 12	All noted portable fire extinguishers have now been subjected to the annual maintenance requirements.	Southeast College President; Southeast College Operations Officer; Area Facilities Manager	Completed 5/30/2018
	4	Hazardous or flammable chemicals on hand are not properly stored in NFPA approved flammable storage cabinets. (OSHA 29 CFR 1910.106(d)(5)(iii), Flammable liquids). Number of times Exception occurred 12	The noted chemicals have been placed in flammable cabinets or removed from each noted room (note that METL 309.1 will no longer be used for teaching METL, and all hazards have been removed from the room), except for: Eastside - Workforce II – An approved flammable cabinet will be procured and the chemicals will then be properly stored. Felix Morales (ARTS) – Visual Arts will be acquiring additional flammable cabinets for the facilities. Some of the items in question will be relocated to this new flammable cabinet and other items will be permanently removed from the studios.	Southeast College President; Southeast College Operations Officer; Campus Managers; Lab Manager	Completed 10/1/2018

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Project Name	Obs #	Observation Description	Remediation Action	Responsible Person	Status/Est Completion Date
	5	Safety data sheets are not on hand or readily available for all hazardous chemicals. (OSHA 29 CFR 1910.1200(b)(4)(ii), TAC 5002.006, Toxic and Hazardous Substances - Hazard Communication; Safety Data Sheet) Number of times Exception occurred 10	Safety data sheets are now on hand and readily available in all cited class rooms other than for Felix Morales ARTS and Felix Morales CHEM 206.1. Applicable and required safety data sheets will be printed and made readily available in Felix Morales CHEM 206.1. The Visual Arts Department is currently undergoing a thorough review of all materials used in all studios. They are creating an electronic database of safety data sheets as well as printing physical copies to be placed in SDS binders in each studio.	Southeast College President; Southeast College Operations Officer; Campus Managers; Lab Manager	Completed 10/5/2018
	6	Areas around fire extinguishers, pull fire alarms, eyewash/safety showers and/or electrical panels were obstructed. (OSHA 29 CFR 1910.22(c)) Number of times Exception occurred 8	All noted obstructions have been removed.	Southeast College President; Southeast College Operations Officer; Campus Managers; Lab Manager	Completed 4/24/2018
	7	Signs are not posted, as applicable, for biohazard waste. (OSHA 29 CFR 1910.1030(g)(1)(i) - 1910.1030(g)(1)(ii)(B), Bloodborne pathogens). Number of times Exception occurred 7	Applicable biohazard waste signs have been posted in all rooms.	Southeast College President; Southeast College Operations Officer; Lab Manager	Completed 5/1/2018
	8	Appropriate signs were not present that accurately indicate hazard information (BIOHAZARD). (OSHA 29 CFR 1910.145, Accident prevention signs and tags). Number of times Exception occurred 7	An appropriate biohazard sign has been posted in each room or the hazard requiring the signage was removed, other than for PLAB 111 in Technology/Workforce I. An appropriate biohazard sign will be posted in room 111.	Southeast College President; Southeast College Operations Officer; Admin and Student Support Serv Director	Completed 10/5/2018
	9	Chemicals are not properly stored by hazard class (segregated chemical storage). (Uniform Fire Code. UFC 80.301(n), NFPA-45 8.2.4.2) Number of times Exception occurred 6	All noted chemicals in Felix Fraga 223 and 335 have been properly stored or removed. The chemicals will be removed or properly stored in the remaining rooms. Corrosives cabinets will be purchased to store chemicals, if necessary.	Southeast College President; Southeast College Operations Officer; Lab Managers	Completed 10/1/2018
	10	The sashes on one or more fume hoods in use are not closed. (NFPA- 45 8.11.10). Number of times Exception occurred 6	All noted fume hood sashes have been closed.	Southeast College President; Southeast College Operations Officer; Lab Manager	Completed 4/24/2018
	11	Permanent aisles and passageways are not clear. (OSHA 29 CFR 1910.22(a), Walking-Working Surfaces) Number of times Exception occurred 6	All of the noted obstructions have been removed from permanent aisles and passageways in the cited rooms.	Southeast College President; Southeast College Operations Officer; Campus Managers; Lab Manager	Completed 4/24/2018

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<b>Project Name</b>	<b>Obs #</b>	<b>Observation Description</b>	<b>Remediation Action</b>	<b>Responsible Person</b>	<b>Status/Est Completion Date</b>
	12	An eyewash station, though required, is not present or operational, or the expiration date has passed on a portable eye wash station. (OSHA 1910.151.c, Medical and First Aid). Number of times Exception occurred 5	The eyewash station in Felix Morales CHEM 223 has been repaired. The "Work It" hair spray in Technology/Workforce I (CSME 120) belonged to a student, and it has been removed from the room. Eyewash stations will be installed in the Felix Morales ARTS rooms.	Southeast College President; Southeast College Operations Officer; Area Facilities Manager	In Progress 12/18/2018
	13	A safety shower is not present, as required. (OSHA 1910.151.c, Medical and First Aid). Number of times Exception occurred 4	The "Work It" hair spray in Technology/Workforce I (CSME 120) belonged to a student, and it has been removed from the room. Regarding the Felix Morales ARTS class rooms, safety showers will be installed or the hazards will be removed.	Southeast College President; Southeast College Operations Officer; Faculty Division Chairs	In Progress 12/18/2018
	14	Floors are not clear/aisles are obstructed. (OSHA 29 CFR 1910.22(a), Walking-Working Surfaces). Number of times Exception occurred 3	All obstructed floors and aisles were cleared.	Southeast College President; Southeast College Operations Officer; Lab Manager	Completed 4/24/2018
	15	There were power tools or equipment with electrical hazards, such as exposed or damaged wiring. (OSHA 29 CFR 1910.305(j), Electrical - Wiring methods, components, and equipment for general use). Number of times Exception occurred 2	Both of the exceptions in this section have been addressed. A GFCI outlet was installed in room 112, and a cover plate was installed on the electrical outlet in room 114.	Southeast College President; Southeast College Operations Officer; Admin and Student Support Serv Director	Completed 4/30/2018
	16	All containers used for the storage of hazardous chemicals are not properly labeled. (OSHA 29 CFR 1910.1200(f)(1) - (f)(9), Toxic and Hazardous Substances - Hazard Communication; Labels) Number of times Exception occurred 2	Properly labeled containers are now in place for hazardous chemicals.	Southeast College President; Southeast College Operations Officer; Faculty Division Chair; Lab Manager	Completed 5/31/2018
	17	The number of fire extinguishers is insufficient (must be at least one per 75 linear feet or one per 50 linear feet where there are open flames (e.g., torch, bunsen burner). (OSHA 29 CFR 1910.157(d)(2), OSHA 29 CFR 1910.157(d)(4), Portable fire extinguishers). Number of times Exception occurred 1	A fire extinguisher has been installed in accordance with the code.	Southeast College President; Southeast College Operations Officer; Area Facilities Manager	Completed 4/11/2018
	18	Hazardous waste containers are not properly marked concerning contents. (CFR 262.211(e)(1), Making the hazardous waste determination at an on-site central accumulation area) Number of times Exception occurred 1	All hazardous waste containers have been properly labeled concerning contents.	Southeast College President; Southeast College Operations Officer; Faculty Division Chair	Completed 4/18/2018

**FY 2018 Audit Observations and Management Action Plans**

<b>Project Name</b>	<b>Obs #</b>	<b>Observation Description</b>	<b>Remediation Action</b>	<b>Responsible Person</b>	<b>Status/Est Completion Date</b>
	19	Chemicals are being stored under the fume hoods. (NFPA- 45 8.11.10). Number of times Exception occurred 1	Chemicals have been cleared from under the hood.	Southeast College President; Southeast College Operations Officer; Faculty Division Chair	Completed 4/24/2018
	20	There was no evidence that a copy of the Exposure Control Plan is accessible to students/staff/faculty. (OSHA 29 CFR 1910.1030(c)(1)(iii), Bloodborne pathogens). Number of times Exception occurred 1	An Exposure Control Plan was placed in a readily accessible area within the classroom.	Southeast College President; Southeast College Operations Officer; Admin and Student Support Serv Director	Completed 5/1/2018
	21	Portable power tools were found to not be equipped with appropriate guards. (OSHA 29 CFR 1910.243, Guarding of portable powered tools.) Number of times Exception occurred 1	A grinder shield was installed on the cited tool.	Southeast College President; Southeast College Operations Officer; Material Sciences COE	Completed 4/22/2018
	22	Fume hoods are not in place or are not working properly. (ANSI/AIHA Z9.5-2003). Number of times Exception occurred 1	Superior Laboratory Services, Inc. re-certified the noted fume hood.	Southeast College President; Southeast College Operations Officer; Area Facilities Manager	Completed 3/7/2018
18-C-1-3 Southwest College Campus Safety & Environmental Operations Management	1	All fire extinguishers are not in place and fully charged or have not been subjected to an annual maintenance check in the past year, indicated by a record showing the most recent annual maintenance date. (OSHA 29 1910.157(e)(1)(3), Portable fire extinguishers). Number of times Exception occurred 29	The vendor who is to perform these checks was contacted, and all fire extinguishers have now had their annual maintenance checks. Five fire extinguishers at West Loop were found to be out of compliance, and the vendor has been asked to replace those.	Southwest College President; Southwest College Operations Officer; Campus Managers	In Progress 7/31/2018
	2	There was no current (within one month) inspection tag for all fire extinguishers. (OSHA 29 1910.157(e) (2), Portable fire extinguishers). Number of times Exception occurred 26	All fire extinguishers have now had their monthly inspections.	Southwest College President; Southwest College Operations Officer; Campus Managers	Completed 6/21/2018
	3	Appropriate signs that accurately indicate hazard information are not present. (OSHA 29 CFR 1910.145, Accident prevention signs and tags) Number of times Exception occurred 26	Appropriate signs that accurately indicate hazard information have been placed in each of the cited rooms other than Fine Arts (all), Scarcella S108, S117 and W126, Stafford Workforce (all) and West Loop (ARTS), for which appropriate signs will be posted.	Southwest College President; Southwest College Operations Officer; Faculty Division Chairs & Program Directors; Lab Managers	In Progress 8/26/2018

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Project Name	Obs #	Observation Description	Remediation Action	Responsible Person	Status/Est Completion Date
	4	There was no evidence that a Hazard Communication Program and/or Chemical Hygiene Work Plan, as applicable, exists. (OSHA 29 CFR 1910.1450(a), OSHA 29 CFR 1910.1200(a), TAC 502.009, Toxic and Hazardous Substances - Hazard Communication; Employee Education Program). Number of times Exception occurred 24	A Hazard Communication Program or Chemical Hygiene Work Plan, as applicable, has been placed in each of the cited rooms, other than the following, for which the appropriate Plan or Program will be retrieved from the Environmental Health & Safety web site and placed in the room: Fine Arts (all), Missouri City (EMSP), Stafford Workforce (MCHN S102A), and West Loop (BIOL 163 and CHEM165).	Southwest College President; Southwest College Operations Officer; Faculty Division Chairs & Program Directors	In Progress 8/26/2018
	5	Hazardous or flammable chemicals on hand are not properly stored in NFPA approved flammable storage cabinets. (OSHA 29 CFR 1910.106(d)(5)(iii), Flammable liquids). Number of times Exception occurred 18	All chemicals in Scarcella S102 and Stafford Workforce E119 have been moved and stored in the proper place. Approved flammable storage cabinets will be procured and the items will be properly stored in Fine Arts (all), Missouri City (both), Scarcella (S107 and S117), West Loop (all) and Stafford Workforce (E121A).	Southwest College President; Southwest College Operations Officer; Faculty Division Chairs & Program Directors; COEs	In Progress 8/26/2018
	6	Areas around fire extinguishers, pull fire alarms, eyewash/safety showers and/or electrical panels were obstructed. (OSHA 29 CFR 1910.22(c)) Number of times Exception occurred 13	All noted obstructions have been removed except for those in the noted Fine Arts rooms, in Stafford Workforce E121A and N129 and in West Loop 163 and 165. The items that are obstructing fire extinguishers, eyewash stations, safety showers and electrical breaker boxes will be moved.	Southwest College President; Southwest College Operations Officer; Faculty Division Chairs & Program Directors; COEs; Lab Manager	In Progress 8/26/2018
	7	Safety data sheets are not on hand or readily available for all hazardous chemicals. (OSHA 29 CFR 1910.1200(b)(4)(ii), TAC 5002.006, Toxic and Hazardous Substances - Hazard Communication; Safety Data Sheet) Number of times Exception occurred 13	Applicable safety data sheets have been placed in the BIOL and CHEM class rooms at Missouri City and in the MCHN class room at Stafford Workforce. Regarding the other cited rooms, the safety data sheets will be obtained and placed in the rooms in a readily available place.	Southwest College President; Southwest College Operations Officer; Faculty Division Chairs & Program Directors; COEs; Lab Manager	In Progress 7/31/2018
	8	An eyewash station, though required, is not present or operational, or the expiration date has passed on a portable eye wash station. (OSHA 1910.151.c, Medical and First Aid). Number of times Exception occurred 12	The cited eyewash station in Scarcella S118 has been repaired. Eyewash stations in the remaining cited Scarcella rooms will be repaired or replaced. Eyewash stations will be installed in all cited ARTS rooms.	Southwest College President; Southwest College Operations Officer; Faculty Division Chairs; COEs; Lab Manager	In Progress 8/26/2018
	9	Chemicals are not properly stored by hazard class (segregated chemical storage). (Uniform Fire Code. UFC 80.301(n), NFPA-45 8.2.4.2) Number of times Exception occurred 11	All chemicals have been properly stored by hazard class at Missouri City and Scarcella. Cabinets will be procured so that the chemicals can be properly stored in the Fine Arts and West Loop class rooms.	Southwest College President; Southwest College Operations Officer; Faculty Division Chairs; COEs	In Progress 7/31/2018

**FY 2018 Audit Observations and Management Action Plans**

Project Name	Obs #	Observation Description	Remediation Action	Responsible Person	Status/Est Completion Date
	10	Permanent aisles and passageways are not clear. (OSHA 29 CFR 1910.22(a), Walking-Working Surfaces) Number of times Exception occurred 11	All of the noted obstructions have been removed from permanent aisles and passageways in Fine Arts and Stafford Workforce. The remaining obstructions, including the electrical cords in passageways will be removed.	Southwest College President; Southwest College Operations Officer; Faculty Division Chairs & Program Directors; COEs	In Progress 7/31/2018
	11	The sashes on one or more fume hoods in use are not closed. (NFPA- 45 8.11.10). Number of times Exception occurred 8	All fume hood sashes have been closed in the noted Missouri City and West Loop rooms. Fume hood sashes will be closed in the noted Scarcella rooms.	Southwest College President; Southwest College Operations Officer; Faculty Division Chairs	In Progress 7/31/2018
	12	Chemicals are being stored under the fume hoods. (NFPA- 45 8.11.10). Number of times Exception occurred 7	All chemicals under fume hoods in Scarcella S102 and in West Loop 162 and 163 have been moved and stored in their proper places. The chemicals will be removed from under fume hoods in the remaining rooms.	Southwest College President; Southwest College Operations Officer; Faculty Division Chairs	In Progress 7/31/2018
	13	A safety shower is not present, as required. (OSHA 1910.151.c, Medical and First Aid). Number of times Exception occurred 7	Safety showers will be installed in the noted rooms.	Southwest College President; Southwest College Operations Officer; Faculty Division Chair; COE	In Progress 8/26/2018
	14	All containers used for the storage of hazardous chemicals are not properly labeled. (OSHA 29 CFR 1910.1200(f)(1) - (f)(9), Toxic and Hazardous Substances - Hazard Communication; Labels) Number of times Exception occurred 5	All containers used for the storage of hazardous chemicals have been properly labeled.	Southwest College President; Southwest College Operations Officer; Faculty Division Chairs	Completed 4/10/2018
	15	Signs are not posted, as applicable, for biohazard waste. (OSHA 29 CFR 1910.1030(g)(1)(i) - 1910.1030(g)(1)(ii)(B), Bloodborne pathogens). Number of times Exception occurred 5	Applicable biohazard waste signs have been posted in the noted Missouri City room and in the West Loop prep room 161. Applicable biohazard waste signs will be posted in the other three cited rooms.	Southwest College President; Southwest College Operations Officer; Faculty Division Chair & Program Director; Campus Manager	In Progress 7/31/2018

**FY 2018 Audit Observations and Management Action Plans**

Project Name	Obs #	Observation Description	Remediation Action	Responsible Person	Status/Est Completion Date
	16	Appropriate signs were not present that accurately indicate hazard information (BIOHAZARD). (OSHA 29 CFR 1910.145, Accident prevention signs and tags.) Number of times Exception occurred 5	Appropriate biohazard signs have been posted in all of the cited rooms.	Southwest College President; Southwest College Operations Officer; Faculty Division Chair & Program Director; Campus Manager	Completed 5/1/2018
	17	The valve protection caps were not properly in place for compressed gas cylinders not in use that are designed to accept caps. (OSHA 29 CFR 1910.253(b)(2)(iv), Oxygen-fuel gas welding and cutting) Number of times Exception occurred 5	Valve protection caps have been properly placed on the compressed gas cylinders not in use in Scarcella W126. The valve protection caps will be placed on the compressed gas cylinders not in use in the other noted rooms.	Southwest College President; Southwest College Operations Officer; Faculty Division Chairs; COEs; Lab Manager	In Progress 7/31/2018
	18	All containers, including non-hazardous chemicals and wastes are not legibly labeled with the full chemical or trade name (note: abbreviations/formulas are not adequate). (OSHA 29 CFR 1910.1200(f); TAC 502.007, Toxic and Hazardous Substances - Hazard Communication; Labels). Number of times Exception occurred 4	The container in West Loop 165 has been labeled. The containers in the other cited rooms will be appropriately and legibly labeled.	Southwest College President; Southwest College Operations Officer; Faculty Division Chair; COE; Lab Manager	In Progress 8/26/2018
	19	All gas cylinders were not properly and adequately secured so they cannot fall. (NFPA 45-1.11.1 Prudent Practices 2011, 7.D.3, Handling and Use of Gas Cylinders) Number of times Exception occurred 4	The noted gas cylinders in Missouri City and Scarcella have been properly and adequately secured so they cannot fall. The noted gas cylinders in Fine Arts and Stafford Workforce will be properly and adequately secured so they cannot fall.	Southwest College President; Southwest College Operations Officer; Faculty Division Chair & Program Directors; Lab Manager	In Progress 8/26/2018
	20	Where individuals are exposed, one or more methods of machine guarding to protect them from hazards of ingoing nip points, rotating parts, flying chips, and sparks were not present. (OSHA 29 CFR 1910.212(a)(1), Machinery and Machine Guarding - General requirements for all machines). Number of times Exception occurred 3	Appropriate shields will be procured and installed on each of the three noted grinders or the grinders will be replaced.	Southwest College President; Southwest College Operations Officer; Program Director; COEs	In Progress 8/26/2018
	21	Exit routes are obstructed. (OSHA 29 CFR 1910.22(c)). Number of times Exception occurred 2	The shelving and equipment that is obstructing the exit doors in rooms 115 and 117, respectively, will be moved.	Southwest College President; Southwest College Operations Officer; Faculty Division Chair; COE	In Progress 8/26/2018

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Project Name	Obs #	Observation Description	Remediation Action	Responsible Person	Status/Est Completion Date
	22	There are damaged or missing ceiling tiles. (OSHA 29 CFR 1910.37(a)(4)). Number of times Exception occurred 2	The noted ceiling tile in room 161 has been properly seated. The missing tile in room 163 will be replaced.	Southwest College President; Southwest College Operations Officer; Area Facilities Manager	In Progress 7/31/2018
	23	There was no evidence that a copy of the Exposure Control Plan is accessible to students/staff/faculty. (OSHA 29 CFR 1910.1030(c)(1)(iii), Bloodborne pathogens). Number of times Exception occurred 2	An Exposure Control Plan has been placed in a readily accessible area within each noted classroom.	Southwest College President; Southwest College Operations Officer; Campus Manager	Completed 6/11/2018
	24	Appropriate hazardous waste containers are not present for the collection/disposal of hazardous chemical waste streams. (CFR 262.211(e)(1), Making the hazardous waste determination at an on-site central accumulation area). Number of times Exception occurred 1	An appropriate hazardous waste container will be placed in the noted room for the collection/disposal of hazardous chemical waste streams.	Southwest College President; Southwest College Operations Officer; Faculty Division Chair; Lab Manager	In Progress 7/31/2018
	25	Hazardous waste containers are not properly marked concerning contents. (CFR 262.211(e)(1), Making the hazardous waste determination at an on-site central accumulation area) Number of times Exception occurred 1	The hazardous waste container in the noted room has been properly marked concerning contents.	Southwest College President; Southwest College Operations Officer; Faculty Division Chair	Completed 4/10/2018
	26	Food or drink was noted in the vicinity of blood or other potentially infectious materials (in refrigerators, freezers, shelves, cabinets or on countertops). (OSHA 29 CFR 1910.1030(d)(2)(x), Bloodborne pathogens). Number of times Exception occurred 1	The noted coffee pot will be removed from the vicinity of blood or other potentially infectious materials.	Southwest College President; Southwest College Operations Officer; Faculty Division Chair	In Progress 7/31/2018
	27	Required working space around equipment was being improperly used for storage. (OSHA 29 CFR 1910.303(g)(1)(ii), Electrical - General). Number of times Exception occurred 1	The scissor lift that was obstructing a transformer has been moved.	Southwest College President; Southwest College Operations Officer; Admin & Student Support Services Director	Completed 4/16/2018
	28	Portable power tools were found to not be properly grounded. (OSHA 29 CFR 1910.243(a)(5), Guarding of portable powered tools). Number of times Exception occurred 2	The plugs on the noted power tools will be replaced, or the tools will be removed from service.	Southwest College President; Southwest College Operations Officer; Faculty Division Chair; COE	In Progress 8/26/2018



**FY 2018 Audit Observations and Management Action Plans**

Project Name	Obs #	Observation Description	Remediation Action	Responsible Person	Status/Est Completion Date
	29	All compressed gas cylinders were not stored where they will not be knocked over, damaged or subject to tampering. (OSHA 29 CFR 1910.253(b)(2)(ii), Oxygen-fuel gas welding and cutting). Number of times Exception occurred 1	The noted gas cylinder has been properly stored so that it will not be knocked over, damaged or subject to tampering.	Southwest College President; Southwest College Operations Officer; Faculty Program Director; Campus Manager	Completed 6/11/2018
	30	There were power tools or equipment with electrical hazards, such as exposed or damaged wiring. (OSHA 29 CFR 1910.305(j), Electrical - Wiring methods, components, and equipment for general use). Number of times Exception occurred 1	Cover plates will be installed on the two noted electrical outlets that are missing them.	Southwest College President; Southwest College Operations Officer; Faculty Division Chair; Lab Manager	In Progress 7/31/2018
	31	Warning signs are not posted in and around equipment that emits nonionizing radiation. (OSHA 1910.145(c)(3), Nonionizing (Electromagnetic - the radio frequency region, including the microwave frequency region) radiation). Number of times Exception occurred 1	An appropriate warning sign for nonionizing radiation has been posted in this room.	Southwest College President; Southwest College Operations Officer; COE Dean	Completed 5/15/2018
18-O-2 Ethics Program Review	1	Responses to the employee survey indicated that a significant percentage of employees did not know how to make an anonymous misconduct report, even though Hotline posters are prominently displayed in break rooms and pamphlets have been distributed throughout HCC buildings. A prominently displayed link to the Ethics and Compliance Hotline on HCC's website Home page would improve the communication for reporting misconduct.	This survey result is particularly insightful in light of the outreach materials posted. We have added a link to the homepage (under Resources) and will likely incorporate navigation to additional (anonymous and non-anonymous) reporting options while bolstering an understanding of conventional resolution methods that begin with the employee's supervisor, when appropriate.	OGC - Compliance Officer	Completed 7/31/2018
	2	The Standards of Conduct training module that was required to be completed by all employees in May 2018 did not include information about how to report a misconduct issue. Our survey results indicated that, although 82% of employees agreed that they received adequate training, only 53% knew how to make an anonymous report of misconduct. Twenty-four percent (24%) of survey respondents disagreed that it was safe to speak up about ethical issues, reinforcing the value of HCC's anonymous reporting option. Inclusion of the Ethics and Compliance Hotline in the annual mandatory Standards of Conduct training would enhance employee understanding and utilization of this anonymous option.	It is our intention to encourage employees to bring forth concerns of any kind. The Standards of Conduct training, as well as the homepage link discussed above, presents an opportunity to remind employees about the Hotline and, as such, we have added a slide to the Standards of Conduct training that addresses anonymous reporting through EthicsPoint.	OGC - Compliance Officer	Completed 8/6/2018