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Safety

SAFETY AND OCCUPATIONAL HEALTH PROGRAM MANAGEMENT

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CHAPTER 1

INTRODUCTION

1-1. Applicability. This regulation is applicable to all organizational elements and operations of the US Army Engineering and Support Center, Huntsville (USAESCH), regardless of appropriation or funding source.

1-2. References. Required/related publications and forms are listed in Appendix A and B.

1-3. Purpose. This regulation establishes the USAESCH policy, programs, and responsibilities for managing Safety and Occupational Health (SOH) Programs in accordance with upper-level directives.

1-4. Commander's Safety Policy. The USAESCH Commander's Safety Policy can be viewed at https://hnc-ws-intra.hnd.usace.army.mil/im/publications/search/PM/PM09-11.pdf. All managers and supervisors are responsible for the prevention of accidents and for the safety and well being of persons exposed to their operations and activities. To accomplish this policy all managers and supervisors must be committed to the following objectives:

a. To provide and maintain safe and healthful working conditions for Government and Contractor personnel.

b. To provide safe environments for visitors and members of the public who are exposed to operations and activities managed by the USAESCH.

c. To include safety in the plans and specifications for projects designed and constructed under the USAESCH supervision.

d. To operate each activity in a manner to assure that the safety and health of personnel is always given due consideration.

e. To prevent accidents which can injure people, damage machinery and destroy materials, or cause needless personal suffering, inconvenience and expense.

f. To assure every reasonable effort is made in the interest of accident prevention, fire prevention and health preservation.

1-5. Proponent. The proponent of the regulation is the USAESCH Safety & Occupational Health Office.

1-6. Definitions. Appendix G.

1-7. Responsibilities.

a. The Directors, Separate Office Chiefs and Resident Engineers at Construction Offices are responsible for integrating the policies and applicable programs of this regulation into the operations and activities of the function they manage.

b. The Directors and Separate Office Chiefs are responsible for initiating action so personnel who observe surveys or perform inspections at field operations and work activities keep safety in mind. The individual assessing activities will evaluate safety performance and discuss observed discrepancies with the official-in-charge.

c. The Directors and Separate Office Chiefs will establish a safety self-examination program. As a minimum, each Director and Separate Office Chief will designate a safety and health representative with responsibility for conducting quarterly inspections of their work areas. Effective implementation of this program will ensure the objectives listed in paragraph 1-4 are achieved. When hazards or deficiencies are identified, the individual who discovers the hazard will correct it on the spot or take the necessary action to get the problem corrected such as submitting a Work Order to Logistics Management.

d. The Chief, SOH Office shall act as the designated Occupational Safety and Health Official for the USAESCH and is responsible for:

(1) Developing and administering a SOH Program suited to the USAESCH missions, priorities and activities.

(2) Interpreting safety codes, standards and procedures to assure uniform and consistent application of safety engineering provisions.

(3) Determining priorities with respect to the factors which cause occupational accidents, injuries and diseases, so that appropriate corrective actions may be taken.

(4) Providing information to the US Army Aviation and Missile Command Civilian Personnel Advisory Center (CPAC) (located on Redstone Arsenal) on the hazards present at specific work sites.

(5) Assist supervisors in obtaining the occupational health services at Fox Army Health Center-Occupational Medicine Clinic (FAHC-OM) for Government employees.

(6) Establishing procedures for notifying employees of their scheduled medical

examination. (Note: If the employee cannot make the appointment, he/she is responsible for rescheduling directly with the FAHC-OM).

(7) Providing liaison between USAESCH and the FAHC-OM.

(8) Ensuring that training programs are conducted to inform personnel of workplace hazards. Training topics may include the use of personal protective equipment, certify first aid and cardiopulmonary resuscitation (CPR) attendants, defensive driving, hazardous waste worker emergency response (HAZWOPER) refresher and the function of the SOH Program.

(9) Studying, surveying, and evaluating the efforts expended toward the prevention of accidents on all phases of the activities being conducted.

e. The Director, Engineering Directorate, is responsible for ensuring that:

(1) Accident potentials are considered and control measures incorporated in the development and planning stages of design. Human engineering and fail-safe principles will govern rather than reliance on the safety consciousness of personnel. System safety techniques will be used as appropriate.

(2) Nationally recognized safety codes and standards are observed in the design of facilities for the USAESCH and using agencies. Drawings and specifications will be consistent with the standards of the Williams-Steiger Occupational Safety and Health Act of 1970 (OSHA).

(3) Input is received from SOH Office and other staff elements in development of plans and specifications for high hazard projects, e.g., asbestos abatement or hazardous/toxic waste cleanup.

f. The Director, Chemical Demilitarization Directorate (CD), is responsible for:

(1) Forwarding safety comments from higher authority relating to safety to the SOH Office.

(2) Reviewing contractor accident reports for completeness prior to forwarding to the SOH Office.

(3) Ensuring that personnel are knowledgeable of:

(a) Safety policies, procedures, and requirements applicable to their work.

(b) Identifying hazards likely to be brought about by the movement of personnel,

equipment, and materials during the construction and/or operation and maintenance of facilities.

(c) Determining that appropriate Accident Prevention Plans and associated Activity and/or Position Hazard Analyses are developed for work performed by Government personnel, hired labor and/or contractor personnel.

(4) Observing working conditions and work methods during field surveys to ensure that safety standards are being adequately implemented.

(5) Will ensure that munitions training aids in the possession of Chemical Demilitarization (CD) Directorate are properly marked, serial numbered, secured, and annually inventoried in accordance with DA PAM 385-64, Chap 11-6. For accountability, a copy of the inventory is to be maintained and filed by CD.

g. The Chief, Contracting Office, is responsible for ensuring that the Accident Prevention Clause (52.236-13, Federal Acquisition Regulation) is in all contracts which may involve construction or dismantling, demolition, or removal of improvements.

h. The Chief, Logistics Activity (LA), is responsible for:

(1) Ensuring that LA personnel are knowledgeable of:

(a) Safety policies, procedures, and requirements applicable to their assigned duties.

(b) Identifying hazards likely to be brought about by the movement of personnel, equipment, and materials during operation and maintenance of this facility.

(c) Observing working conditions and work methods to ensure safety standards are being adequately implemented.

(2) Coordinating with the SOH Office on major renovations and repairs to include rearranging of office spaces.

i. The Chief, Public Affairs Office, is responsible for:

(1) Assisting leaders in the development, communication, and publicity of appropriate safety and health related key themes, messages, and achievements.

(2) Including safety items in the various USAESCH publications.

(3) Ensuring that SOH issues are appropriately addressed in command briefings and

presentations.

(4) Assisting the SOH Office with safety awareness and promotion through the Command Information Program.

j. Directors and Separate Office Chiefs are responsible for:

(1) Implementing the provisions of this and other safety and health regulations.

(2) Establishing and maintaining safe and healthful work areas.

(3) Ensuring that all subordinate personnel are apprised of building emergency, accident reporting and first aid treatment procedures.

(4) Providing initial and continuing indoctrination to personnel regarding safe practices and procedures essential to the performance of their work.

(5) Correcting or arranging for correction of unsafe acts and conditions, and for providing and assuring the utilization of personal protective equipment and apparel to reduce hazards which cannot be eliminated and to reduce the severity of potential accidents.

(6) Obtaining necessary first aid and medical treatment for employees who sustain job-related injuries, illnesses or diseases.

(7) Promptly investigating and reporting any injury or property damage accidents incident to personnel or activities under their jurisdiction.

(8) Ensuring that munitions training aids in their possession are properly marked, serial numbered, secured, and annually inventoried. A copy of the inventory will be provided to the SOH Office.

(9) Developing Position Hazard Analyses (PHA) for their respective personnel by job series and for the annual review during the employee's annual performance evaluation.

k. Managers and Supervisors will:

(1) Review duties of positions and notify the CPAC of physical requirements and special conditions of employment for the position.

(2) Assure that working conditions are taken into consideration in the classification of positions, and in the recruitment and placement processes.

(3) Ensure that safety responsibility is defined in appropriate job descriptions.

(4) Coordinate with and advise the SOH Office of plans for introducing new activities, processes, or chemicals into the work environment.

(5) Provide orientation to new employees regarding the occupational health program, SOH regulations and conduct a continuing training program keeping employees informed of hazards associated with the work environment.

(6) Establish requirements and enforce the use of appropriate protective equipment and work procedures to ensure workers are protected against health hazards.

(7) Take prompt action to abate unsafe or unhealthy working conditions identified by them or their employees. Where hazards cannot be immediately corrected, interim measures must be implemented to minimize the hazard until final action is taken.

(8) Fully investigate all accidents both personal injury and property damage occurring within their area of responsibility or supervision.

l. Employees are responsible for:

(1) Complying with prescribed SOH standards and procedures and ensuring that co-workers do the same.

(2) Reporting unsafe or unhealthy working conditions to their immediate supervisor and/or the SOH Office for corrective actions.

(3) Adhering to accident reporting requirements, i.e., immediately reporting all accidents to their supervisor.

(4) Reporting for physical examinations when scheduled.

(5) Wearing all personal protective equipment required for hazardous operations and/or work operations identified in their position hazard analysis.

(6) Supporting and following the PHA developed for their job series or work task.

1-8. Federal Employee Safety and Occupational Health Protection Program Poster. DD Form 2272 will be placed on all official bulletin boards. This poster informs employees of their rights and obligations provided in the Occupational Safety and Health Act of 1970, Executive Order

12196 and 29 CFR 1960.

1-9. Safety and Health Standards.

a. The safety and health standards for the Corps of Engineers are published in EM 385-1-1, Safety and Health Requirements Manual.

b. If the Corps requirements for a given practice or condition provides less protection than required by an OSHA standard, the OSHA standard will apply.

c. The Chief, SOH Office will determine if EM 385-1-1 is consistent with the Occupational Safety and Health Standards.

1-10. Standard Army Safety and Occupational Health Inspections (SASOHI).

a. The Directors and Separate Office Chiefs will establish a safety self-examination program. As a minimum, each Director and Separate Office Chief will designate a safety and health representative with responsibility for conducting quarterly inspections of their work areas. Effective implementation of this program will ensure the objectives listed in paragraph 1-4 are achieved. When hazards or deficiencies are identified, the individual who discovers the hazard will correct it on the spot or take the necessary action to get the problem corrected such as submitting a Work Order to Logistics Management.

b. All workplaces, including offices, will be inspected at least annually by a professional from the SOH Office or Safety and Occupational Health Advisory Council (SOHAC), or if designated, the supervisor or person in charge of the area of operation. For any workplace where there is an increased risk of accident, injury or disease, inspections will be made more frequently as determined by the Chief, SOH Office. Deficiencies will be categorized and recorded.

(1) The SOH Office will document the results of the inspections and provide copies to the responsible element for hazard abatement planning and action. When no deficiencies are noted, the inspection report need show only the dates the inspection was completed, state that no deficiencies were found, and identify the person or persons making the survey.

(2) The SOH Office will maintain records of inspection findings on DA Form 4754 (Violation Inventory Log) or equivalent. Post DA Form 4753 (Notice of Unsafe or Unhealthful Working Conditions), on the official bulletin board until the hazard has been corrected.

c. Construction field offices will be surveyed quarterly by professionals from the SOH Office, or more frequently as determined by the Chief, SOH Office. Construction operations include work practices and places of those employed in construction field offices.

1-11. Abatement of Safety and Occupational Health Deficiencies.

a. The abatement of deficiencies will be coordinated by the SOH Office. An analysis of all hazards will be made to determine the degree of risk. A Risk Assessment Code (RAC) based on severity and probability will be assigned for each identified hazard. Hazards involving toxic chemical agents will use the risk assessment procedures in AR 385-61. The hazard can usually be abated by altering the condition to comply with the protective measures prescribed in safety standards. Report unsafe conditions not covered by safety standards to the SOH Office.

b. The supervisor or person in charge of the area surveyed will notify the Chief of Logistics Activity, of the OSHA deficiencies identified and request the correction of same. Failure to correct the OSHA deficiencies in a timely manner will be referred to the SOH Office.

c. If it will require more than 30 working days to correct a RAC I or II hazardous condition, the SOH Office will prepare a DA Form 4756, Installation Hazard Abatement Plan, for each hazard recorded on DA Form 4754 or equivalent.

(1) Post a copy of the Abatement Plan, DA Form 4756, on the official bulletin board for the element involved and a copy filed in the SOH Office.

(2) Show violations in RAC III or below that cannot be immediately corrected as deferred on DA Form 4754 or equivalent until resources for correction become available.

(3) Bring violations that are the responsibility of another Army command or outside agency to the attention of their responsible official for action.

d. If applicable, the supervisor in charge will identify appropriate budgeting categories for all deficiencies and will assign appropriate priorities to the correction of these deficiencies.

1-12. Employee Reports of Unsafe or Unhealthful Working Conditions.

a. General. Any employee who believes that an unsafe or unhealthful working condition exists in any USAESCH workplace should report the condition to the supervisor of that area. Employees may also request an inspection of such workplace by notifying the SOH Office by telephone or in writing. Response to such requests will be in accordance with 29 CFR 1960.31(e).

b. Employees should report unsafe or unhealthful conditions using the following order of priority:

(1) Oral reports directly to their supervisor.

(2) Oral or written reports to their director of the office involved.

(3) Written reports on DA Form 4755 (Appendix J), Employee Report of Alleged Unsafe or Unhealthful Working Conditions, submitted directly to the SOH Office. Normally, reports will be signed. However, anonymous reports will be investigated and resolved in the same manner as signed reports. The SOH Office will not identify persons who request anonymity to anyone other than necessary members of the staff.

c. DA Form 4755. The SOH Office will investigate all alleged unsafe or unhealthful conditions submitted on DA Form 4755. The originator of the report, if known, will be notified in writing, within ten working days following receipt of the hazard report, of the results of the investigation. If this ten workday suspense cannot be met, the originator will be provided with an interim response. If it is determined that a hazard exists, the reply will include a summary of the actions to be taken and the anticipated date that the corrective action will be completed. If it is determined that a hazard does not exist, the reply to the employee will include the basis for that information.

d. Appeals. If the originator is dissatisfied with the SOH Office response, the originator may appeal to the USAESCH Commander. The Commander will review the findings and take appropriate action. If the originator is dissatisfied with the Commander's response, the originator may then appeal through command channels as stated in AR 385-10, Chapter 4. Appeal review levels will not be bypassed.

e. Reports. The SOH Office will retain copies of reports submitted under this hazard reporting system for five years following the end of the fiscal year in which they originate.

1-13. Safety and Occupational Health Advisory Council.

a. The SOHAC shall be established and maintained in accordance with 29 CFR 1960, Subpart F and AR 385-10. The purpose of this council will be advising and assisting the USAESCH commander or his designated representative, and the Chief, SOH Office, with respect to their responsibilities under the USAESCH Safety and Occupational Health Program.

b. Membership on this council shall be comprised of representatives of management and non-management employees or their representatives. The chairman of this council shall be the USAESCH Commander or his designated representative. The Chief, SOH Office, shall serve as Executive Secretary to the council in a non-voting role.

c. The council will hold regularly scheduled meetings on a biannual basis. Special

meetings may be called at the request of the Chairman or the Executive Secretary/Recorder when critical safety and health problems arise. A written agenda will be prepared for each meeting. Minutes of the meetings will be prepared and maintained by the SOH Office.

d. The SOHAC is authorized to perform the following functions in assisting the SOH Office in implementing safety and occupational health program responsibilities.

(1) Review of accident, injury, and disease data collected, so that they can assist the safety and health efforts and provide constructive action plans and program goals and objectives.

(2) Investigate work-related accidents and illnesses in order to determine methods of prevention.

(3) Inspect the workplace to monitor general conditions, identify hazards and problem areas, and investigate employee complaints of unsafe or unhealthful conditions.

(4) Organize and conduct health and safety training and promotional programs for employees.

(5) Other functions as directed by the USAESCH Commander or his designated representative.

CHAPTER 2

PROGRAM ELEMENTS

2-1. General

a. The SOH Program fosters health and diminishes illness arising from the individual's employment. This encompasses special preventive measures for both military and civilian personnel who are exposed, or are potentially exposed, to toxic materials or other hazardous environmental influences.

b. The SOH Program will include all elements needed to achieve the objectives identified in paragraph 1-4. As a minimum, the SOH Program will consist of elements contained as chapters to this regulation and preventive measures to include industrial hygiene surveys, medical surveillance, personal protective equipment, hearing conservation, occupational vision, ergonomics, occupational health and safety training, radiation protection, hazardous communication, and housekeeping.

2-2. Occupational Health

a. General.

(1) The Occupational Health Program encompasses aspects of a variety of elements involving industrial hygiene, safety, and occupational medicine. The objectives of the program are to:

(a) Ensure employees are suited to their work.

(b) Ensure employees health is monitored for protection against adverse effects of health and safety hazards in the workplace.

(c) Ensure employees receive proper medical care in the event of an occupational injury or illness.

(d) Reduce or eliminate economic losses associated with occupational injuries and illnesses.

(2) The Occupational Health Program promotes health and reduces risk of illness arising from an individual's work environment. This requires preventive measures for personnel who are exposed or potentially exposed to toxic materials, infectious agents, physical hazards, or other hazardous influences in the work environment. This program must address the procedures

used for the following occupational health elements:

(a) Industrial hygiene surveys and a health hazard inventory.

(b) Medical Surveillance.

(c) Personal Protective Equipment (PPE).

(d) Hearing conservation.

(e) Occupational Vision.

(f) Ergonomics.

(g) Occupational health and safety training.

(h) Radiation Protection.

(i) Hazardous Communication.

b. Responsibilities.

(1) Chief, SOH Office:

(a) Administer the requirements set forth in this document.

(b) Evaluate the effectiveness of the program annually or as needed.

(c) Ensure adequate industrial hygiene and safety surveys are conducted.

(d) Review accident reports and job hazard analyses to identify hazards.

(e) Review, concur and/or approve organizational operating procedures or their PHA, as appropriate, to assure that the proper type of PPE is identified.

(f) Investigate known or suspected hazards and respond to employee reports of unsafe or unhealthful conditions.

(g) Immediately notify the appropriate Director or supervisor of all imminent danger situations.

(h) Provide technical assistance to directors and supervisors and recommend actions for hazardous situations occurring in any program element.

(i) Work with supervisors and the Fox Army Health Center Physician in determining the job categories and hazardous tasks that would require the implementation of one or more of the program elements.

(j) Assist organizational elements, when requested, in determining the need for PPE and type of PPE, i.e., protective eyewear, respiratory devices, hearing protection, and protection required in specific operations.

(k) Coordinate with external agencies for support of the program elements that are not available within the USAESCH resources as required for compliance with applicable regulations.

(2) Civilian Personnel Advisory Center – CPAC/Civilian Personnel Operations Center – CPOC Representative:

(a) Identify and document the requirements and conditions of employment in job descriptions when requested by the appropriate supervisor.

(b) Provide support to ensure that appropriate training and medical evaluations are provided for personnel as applicable to the performance of their job.

(c) Ensure that the appropriate records are maintained for employees in accordance with applicable regulations and policies.

(d) Assist with guidance on appropriate disciplinary action against employees for failure to comply with required program elements when necessary.

(3) Directors, Separate Office and Division Chiefs:

(a) Prepare the required PHA ENG Form 6017-R for each employee by job series. The ENG Form 6017-R for the PHA can be found in Appendix B and at the first Intranet link below. The Safety Office is available to assist in developing PHAs. Example PHAs may be found at the second Intranet link below:
https://hnc-ws-intra.hnd.usace.army.mil/PHA/files/blank%20eng6017-r.pdf
https://hnc-ws-intra.hnd.usace.army.mil/PHA/index.asp

(b) Ensure the appropriate training, PPE and medical clearances have been obtained prior to allowing personnel to work in environments that require these special considerations.

(c) Enforce the use of appropriate PPE.

(d) Seek advice from the SOH Office if changes to operations result in hazardous conditions that require the affected employees PHA to be updated.

(e) Report all known or suspected hazards to the appropriate office, e.g., LA and SOH, and take appropriate actions to correct these hazards.

(f) Provide support to ensure that appropriate training and medical evaluations are commensurate with the duties performed by their employees. Notify the SOH Office of the need for termination medical examinations. The notification should be as far in advance of the termination as possible so that the medical examination can be scheduled before the employee's departure.

(g) When conducting an accident investigation, be sure to include PPE as a factor in the accident report, if applicable. If PPE was a factor, identify if there was a failure by the employee to utilize the required PPE or if there was a malfunction of the PPE which results in an injury.

(4) All USAESCH Personnel shall:

(a) Comply with the Corps of Engineers Health and Safety standards and procedures for each program element as required.

(b) Inspect, maintain and use all appropriate PPE provided for the task being performed.

(c) Notify supervisor immediately if it is suspected that the required PPE is defective or ineffective.

(d) Attend all assigned safety and occupational health training as directed.

(e) Report for appropriate medical surveillance examinations when scheduled.

(f) Inform their supervisor and/or the SOH Office of any uncontrolled hazardous conditions in the work place. Submit work orders to correct the hazardous condition as appropriate.

c. Industrial Hygiene Surveys

(1) Industrial hygiene surveys are a key element in the recognition, evaluation, and control of hazardous conditions in the work environment. The primary purpose of these surveys is to identify and evaluate potential hazards and determine the proper controls, or the

effectiveness of any existing controls. A walk-through survey will be conducted for all operations to identify where hazards or potential hazards exist. Hazards that present a potential imminent danger will be reassessed as necessary to determine the extent of the hazardous conditions, the proper controls that may be required, and the effectiveness of the controls after they have been applied. The industrial hygiene services for contractor-performed work where DA military or civilian personnel are on-site are the responsibility of the contractor. Industrial hygiene surveys of these sites will be performed by industrial hygienists for each type of operation being performed as determined appropriate by the Chief, SOH Office. This will assist in the evaluation of the effectiveness of site safety and health plans (SSHP) reviewed by the SOH Office.

(2) The SOH Office will investigate all reported hazards in the USAESCH work environment and provide technical assistance to the appropriate supervisor or director for corrective actions. For field offices the Resident Engineer (RE) will designate a member of his/her staff to investigate. The Director, Separate Office Chief, Supervisor or RE will be responsible for correcting the hazardous condition, or implementing engineering and administrative controls as necessary. In imminent danger situations, operations will be ceased and personnel will be withdrawn from the hazardous area until appropriate controls or personal protective equipment is available.

(3) The industrial hygiene and safety functions for the USAESCH are the responsibility of the SOH Office. However, there is the potential requirement for some operations to exceed the capabilities of this office due primarily to the lack of appropriate sampling or monitoring equipment. In these instances, arrangements will be made with the installation medical authority (IMA) for industrial hygiene support or equipment. In the unlikely event that a situation arises that is beyond the capability of the SOH Office and the FAHC Industrial Hygiene Office, the US Army Center Public Health Command (USAPHC) will be contacted for support.

(4) All hazards identified during industrial hygiene surveys will be maintained in a hazard inventory. While the surveys will serve as a basic means for identifying hazards, the hazards may also be identified through accident reporting, employee/supervisor identification of hazards, work plan and site safety and health plan reviews, PHA, or many other available resources which may identify hazards. A PHA will be performed for all USAESCH positions as warranted by the hazards associated with the job tasks. Work plans, accident prevention plans and site safety and health plans will be reviewed by the SOH Office for all contractor work.

d. Medical Surveillance. Medical surveillance is used for planning, implementing, and evaluating occupational health controls and programs, and to identify any biological effects from occupational exposures so remedial actions and any required treatment can be initiated. Medical surveillance is a key element in the identification of the health risks or effects associated with workplace hazards. It is designed to ensure that the USAESCH meets applicable regulatory

requirements, assesses the effects of the work environment on worker's health, identifies any medical conditions that limit a worker's ability to perform assigned duties, and promotes the health of its military and civilian work force.

(1) Responsibilities.

(a) Commander, USAESCH, is responsible for the effective implementation of the Medical Surveillance Program.

(b) Chief, SOH Office, will:

(1) Coordinate the Medical Surveillance Program with the servicing health organization, i.e., FAHC.

(2) Assess the effectiveness of the program annually or as needed.

(3) In conjunction with the medical authority and supervisors, assist in determining job categories, functions, and tasks, which require participation in the Medical Surveillance Program.

(4) Update and maintain the Center's medical surveillance database.

(5) Provide support to supervisors in referring personnel to the FAHC-OM for required medical evaluations.

(c) Directors, Division, and Separate Office Chiefs will:

(1) Refer personnel to the FAHC-OM for scheduling of medical evaluations such as fit for duty or occupational illness examination, e.g., carpal tunnel. Requests for scheduling shall be by memorandum addressed to the FAHC-OM through the SOH Office.

(2) Maintain the completed original of the physician's statement (CEHNC Form 954) (Appendix G) documenting the employee's fitness for duty in the employee file and provide a copy to the employee.

(3) Report any program deficiencies to the Chief, SOH Office.

(d) Personnel whose job assignments require participation in the Medical Surveillance Program will:

(1) Inform supervisors of the need for medical evaluation if overdue or if new job tasks

or assignments may require medical evaluation.

(2) Provide CEHNC Form 954 to the FAHC-OM at the time of examination.

(3) Notify the supervisor if signs or symptoms indicating possible overexposure to hazardous substances or health hazards develop, or if a work related injury occurs.

(4) Keep their scheduled appointment or arrange for an alternate date.

(5) Provide necessary information for medical and work history.

(6) Report any program deficiencies to their supervisor.

(7) Notify to the SOH Office when examination is completed.

(e) USAESCH personnel will provide to the FAHC-OM a list of hazards from their position hazard analysis for use in the determination of appropriate medical surveillance requirements for personnel who work in hazardous environments. The following information will be included:

(1) Operation.

(2) Location.

(3) Hazards (includes any chemical, physical, biological, environmental, or radiological hazard including personal sampling/monitoring results).

(4) The risk assessment code.

(5) The Medical Surveillance Category as applicable.

(6) Job Title.

(f) The examinations in the Medical Surveillance Program will be provided to all military and civilian personnel who are potentially exposed to health hazards in the work environment. Examinations include pre-placement, periodic, special purpose, and terminations.

(g) Medical Surveillance Categories. USAESCH personnel who are or may be exposed to hazardous substances or health hazards at or above the established OSHA Permissible Exposure Limits (PELs) for thirty (30) days a year or more will be placed in one of four medical surveillance categories discussed in paragraph 2-2 f. These categories are based on extent and

frequency of exposure. Employees who are or may be exposed to chemical warfare agents may be covered by additional medical surveillance requirements as defined in "Interim Guidance on Occupational Health Practices for the Evaluation and Control of Occupational Exposures to Nerve Agents GA, GB, GD, GF, and VX with App B covering Mustard Agents H, HD, and HT.-Revised 8 June 2004."

http://www.hnd.usace.army.mil/safety/organization/Implementation%20Guidance%20Policy%20for%20New%20AELs%20(w-AMC%20Supplement).pdf

A risk assessment, conducted by the installation medical authority for the supported chemical activity or operation with the assistance of the Safety Office and based on the individual(s) activities, will be used to evaluate the employee's exposure potential to chemical warfare agents.

(2) Procedures.

(a) The SOH Office, with assistance from supervisors and the FAHC-OM Physician, will evaluate positions for inclusion in the Medical Surveillance Program. Placement in the program will be based on assigned duties and the potential for exposure to hazardous materials and/or conditions. Evaluation will determine in which of four categories, (Category I-1V), an employee will be placed. These categories will identify each employee's examination scope and frequency.

(b) FAHC-OM will be provided names of USAESCH employees participating in the medical surveillance program to facilitate scheduling and maintenance of records.

(c) The SOH Office will facilitate scheduling individuals in the Medical Surveillance Program for initial, periodic, and termination examinations. Individuals will be notified by written and/or electronic means approximately two weeks prior to appointment. After the appointment is made the employee is responsible for keeping their appointment and if necessary, rescheduling by contacting the FAHC-OM at 256-955-8888, ext. 1440 .

(d) Recordkeeping. FAHC, as the Center's servicing Medical provider is responsible for maintaining employee's medical records in accordance with applicable Army regulatory requirements and 29 CFR 1910.120. Per Army requirements, records are required to be maintained for the duration of employment plus 30 years.

(1) Supervisors shall maintain the original completed CEHNC Form 954 in employee's office personnel file until superseded by the next examination. The employee will be provided a copy.

(2) Physician's statements will not reveal specific findings or diagnoses unrelated to

occupational exposures in compliance with privacy act concerns.

(3) Employee will notify the SOH Office of exam completion. The SOH Office will update and maintain the Center's medical surveillance database.

(3) Job Categories that may require Medical Surveillance. Participation in the Medical Surveillance Program (MSP) may be required for the employees involved in direct support of the following programs. These typically require routine or frequent visits to potentially contaminated sites.

(a) Hazardous, Toxic, and Radioactive Waste (HTRW).

(b) Ordnance and Explosives/Recovered Chemical Warfare Materiel (RCWM) or other job categories (e.g. electronic surveillance) that require employees to work in or around areas containing chemical warfare agents.

(c) Asbestos. Any employee involved in inspecting buildings for asbestos containing building materials or supervision of asbestos abatement projects must be included in the MSP.

(d) Categories. Each employee who is entered into the MSP will be designated into a medical surveillance category based on job duties and the potential for exposure to hazardous material. The SOH Office in consultation with the FAHC-OM Physician will determine this designation. The four categories are outlined as follows:

(1) *Category I* personnel have job assignments that have a high potential for exposure to the hazards at HTRW sites. Category I personnel are routinely required to work in PPE that includes respiratory protection and protective clothing in known hazardous environments. Typical examples of this type of employee would be toxic chemical handlers and asbestos removal personnel.

(2) *Category II* personnel have a moderate risk of exposure to hazards at HTRW sites. Assignments involve the use of PPE that includes respiratory protection on a frequent basis during non-emergency operations. May also include designated emergency response personnel. Examples: core drillers working at suspected HTRW sites, employees performing intrusive sampling activities that bring them into contact with materials suspected to be contaminated with HTRW.

(3) *Category III* personnel have minimal probability of exposure to hazards at HTRW sites, but their activities may place them in close proximity to HTRW. These employees are not normally required to use respiratory protection during any of their routine job functions for extended periods. However, because they may be required to inspect sites that have not been

thoroughly classified for hazard potential, they are at some risk of unanticipated direct contact with HTRW and other site hazards. Examples include: employees performing non-intrusive site investigations or preliminary assessments of sites for real estate transactions or for the HTRW program and construction representatives who are assigned for extended periods to provide quality assurance (QA) oversight at HTRW sites. Also included are safety personnel performing jobsite safety for work taking place within the exclusion zone at ordinance and explosives (OE) or RCWM remediation sites.

(4) *Category IV* personnel are those individuals who are infrequent visitors to sites where there is a potential for exposure. These employees are not trained to assist site personnel during routine or emergency operations. Examples may include: project managers who visit HTRW projects to perform administrative or consultative functions, center personnel who visit HTRW sites to assess overall program effectiveness, and staff personnel who visit HTRW sites for orientation purposes.

(4) Medical Evaluation

(a) Employees assigned to Categories I, II, and III of the Medical Surveillance Program will be medically evaluated at the following times:

(1) Prior to assignment (pre-placement). Prior to assignment of individuals to duties that have the potential for exposure, an examination will be conducted as indicated in Table 2-1. This is to document that they are physically and mentally capable to wear protective clothing and equipment and can safely perform the assigned duties without a higher vulnerability to exposure.

(2) Periodically. After the pre-placement examination, personnel in categories I, II, and III will be evaluated on a periodic basis. This examination is to ensure continuing capability of employee to safely work in his/her assigned duties, and to identify any physical baseline deviation that may identify a possible exposure or limiting condition.

(3) Termination. Personnel will be examined at termination of employment or reassignment to a position not requiring medical surveillance. If the employee has been evaluated within the previous 90 days, termination medical examination is not required.

(4) As Warranted. Medical examination will be provided upon notification by the employee that signs or symptoms indicating possible overexposure to hazardous substances exit, or that health hazards have developed, or that a work related injury or illness has occurred, or as directed by the attending physician.

(5) Respirator – Under provisions of 29 CFR 1910.134 all individuals required to wear respirators must be medically evaluated to ensure that they are physiologically and

psychologically able to wear the respirators for the intended tasks.

(b) The medical examination will be performed under the supervision of a licensed Government physician who is certified in Occupational Medicine or who, by training and experience is considered Board eligible by the American Board of Preventive Medicine. The physician, based on potential occupational exposure, regulatory requirements, and medical practice, shall determine the content of medical examinations. Typical exam content is outlined in Table 2-1.

(c) Exam Frequency: All employees enrolled in the Medical Surveillance Program under categories I, II, and III, will have a pre-placement examination and then periodically as indicated in Table 2-1. The installation medical authority will determine the exam frequency due to specific duties or an existing physical condition. Individuals designated as needing an examination on a more frequent basis will be identified in the medical surveillance database as such.

(5) Job-Related Immunizations. Appropriate immunizations will be provided to all military and civilian personnel when required for official travel. Immunizations may also be offered to reduce illness and absence due to sickness. Required immunizations for Outside Continental United States (OCONUS) travel and deployments will be provided by FAHC-OM. These immunizations must be completed before clearance is given for deployment.

e. Personal Protective Equipment (PPE).

(1) Whenever feasible, occupational hazards will be eliminated through substitution, engineering, or management controls. PPE is the least desired form of hazard mitigation.

(2) PPE that is required by the task being performed will be provided by the employer at no cost to the employee in the following situations, when:

(a) Engineering or management controls are not possible.

(b) Development or installation of engineering controls is pending.

(c) Non-routine, short-term operations occur, for which engineering controls are not practical.

Table 2-1
CATEGORY SPECIFIC MEDICAL SURVEILLANCE

CATEGORY	PREPLACEMENT	PERIODIC	TERMINATION
I & II	Occupational history (OH) Medical history (MH) Physical exam (PE) PPE fitness evaluation Urinalysis Basic blood chemistries to determine baseline function of liver, kidneys and blood forming organs (BBC) Specific tests indicated by job assignments	Annual - same as pre-placement	OH MH PE BBC Urinalysis
III	OH MH PPE	Biennial - OH PPE	OH
IV	None required	None required	None required

Notes:
1. Additional examination or treatment may be required for employees in HTRW exposure incidents.

(d) Emergencies, such as spill clean-up operations, ventilation malfunctions, emergency egress, and damage control activities occur.

(e) Engineering controls and/or management controls fail to reduce the hazard to acceptable levels.

(3) Military protective masks (M40 series) will protect against military chemical agents. DA PAM 385-61, dated 12 October 2001, prescribes the use of these military protective masks. Several commercial respirators have also been approved for chemical agent. Department of the Army Chief of Staff-Standard Form (DACS-SF) Memorandum dated 28 Feb 02, Subject: Generic Approval of Commercial Chemical Protective Equipment lists the approved respirators. For a listing of the commercially approved respirators contact the Safety Office. When commercial respiratory protection is appropriate, National Institute For Occupational Safety And Health (NIOSH) certified respirators would be used.

(4) PPE will be used as the manufacturer states and when the Accident Prevention Plan (APP) with associated PHA and/or SOP dictates.

(5) PPE necessary for areas of deployment shall be obtained before departing home station.

(5) Responsibilities

(a) Chief, SOH Office shall:

(1) Administer the PPE requirements.

(2) Evaluate the effectiveness of the program annually or as needed.

(3) Assist organizational elements, when requested, in determining the need for PPE and type of PPE, i.e., protective eyewear including prescription lenses, respiratory devices, hearing protection, and protection required in specific operations.

(4) Review, concur and/or accept organizational operating plans or procedures and their associated PHA to assure that the proper type of PPE is identified, as appropriate.

(5) Determine job categories, functions, and tasks that require medical clearance prior to utilizing PPE, and coordinate with FAHC-OM and supervisor when PPE problem areas are noted.

(6) Notify employee and make arrangements for physical examinations.

(b) CPAC/CPOC shall with input from the responsible supervisor/director:

(1) Identify the ability to use PPE as a condition of employment.

(2) Document the requirements for PPE use, (e.g., respirators) into the job description when requested by the appropriate supervisor.

(3) Provide support to ensure that personnel are provided the required medical evaluations.

(4) Ensure that pertinent records, to include medical, are maintained and transferred, as needed, to new employers in accordance with applicable regulations and policies.

(5) Assist supervisor in disciplinary action against employees for failure to utilize the required PPE.

(c) Directors, Division and Separate Office Chiefs shall:

(1) Provide input to CPOC/CPAC regarding the position's PPE requirements.

(2) Conduct the required Activity or Job Hazard Analysis for all tasks or work operations to be performed by the employee.

(3) Ensure applicable personnel receive the required training and required medical clearance for the type of PPE, as needed.

(4) Ensure personnel have PPE when it is required by the operation being performed.

(5) Advise the SOH Office of changes to procedures, operations, or job that might result in new hazardous operations requiring PPE.

(6) Enforce the use of appropriate PPE.

(7) Include PPE as a factor in the accident report, when failure to utilize the PPE, or the malfunction of PPE that resulted in an injury.

(8) Make the necessary arrangements to have employee attend scheduled physical examinations.

(d) USAESCH personnel requiring PPE shall:

(1) Comply with prescribed Corps of Engineers health and safety standards and procedures.

(2) Maintain the PPE assigned to them in a clean and serviceable condition.

(3) Report for physical examination when scheduled. Note: After the appointment is made the employee is responsible for keeping their appointment and if necessary, rescheduling by contacting the FAHC–OM at 256-955-8888, ext. 1440.

(4) Inform their supervisor of any new or existing conditions that will prevent performance of assigned duties because of their inability to wear required PPE.

(5) Notify supervisor immediately if it is suspected that the required PPE is defective.

(6) Respirator Selection, Medical Surveillance, Training, and Fit Testing

(a) The type of respiratory PPE required (such as supplied air, full face with filter, etc.) will be determined by activity tasks and potential health hazards and will be documented in each employee's PHA as required.

(b) There are many types, shapes, sizes and models of respiratory PPE available, each item having different characteristics, capabilities, and limitations. The following selection factors must be considered in the determination of the proper type of respiratory PPE:

(1) Type of hazard.

(2) Oxygen deficient environment (less than 19.5 percent).

(3) Concentration of toxic materials, chemical properties, physical properties, and the physical effects on the human body.

(4) Hazards that present an Immediately Dangerous to Life and Health (IDLH) situation.

(5) Respirator protection factors for the various types of PPE.

(c) After the type of required respiratory PPE is established, the medical status of potential respiratory PPE user must be determined. Upon written request from the employee's supervisor, the SOH Office will schedule an examination for the employee through FAHC-OM. After completion of the examination and clearance by the FAHC-OM physician, the employee

will furnish evidence of the exam FAHC Respiratory Protection Program Record for Army MSFC Form 3790-1 (Appendix H) to the SOH Office. Depending upon the situation, the employee may or may not be placed into the Medical Surveillance Program. If placed in the Medical Surveillance Program the required periodic exam and testing related to respiratory protection will be tracked by FAHC-OM.

(d) The medical status is determined by the FAHC-OM Physician through a careful examination which generally includes a pulmonary function test. When the results of PFT are abnormal, the medical authority may require a "use test". If a use test is ordered, the supervisor of the individual may be required to provide to the medical authority a copy of the work instruction outlining the specific operation to be performed when utilizing respiratory PPE. This work instruction will be utilized to determine specifics of the use test, including medical monitoring or supervisory actions. Prior to performing the use test the individual will be fit-tested and trained on the respiratory PPE.

(e) For the safe use of any respirator, it is essential that the user be properly instructed in its selection, use, inspection, and maintenance. The on-site contractor is responsible for ensuring the training is accomplished for the employees. Training requirements are as follows:

(f) For the respiratory PPE user:

(1) Provide an opportunity to handle the respirator, proper fitting instructions, test of face-piece to face seal and a long familiarizing period of wear in normal air.

(2) Explanation of the nature and extent of the respiratory hazards and what happens if the respirator is not used properly.

(3) Explanation of why the particular respiratory PPE has been selected and its limitations and capabilities.

(4) Discussion of how to recognize and handle emergencies.

(5) Provide an opportunity to learn proper cleaning and disinfection techniques.

(g) The SOH Office is responsible for ensuring that training is accomplished for the supervisors of employees requiring respiratory protection. Training requirements include:

(1) Basic elements of the Respiratory PPE Program.

(2) Legal requirements pertinent to use of respiratory PPE.

(h) Every make and model of respiratory PPE has a slightly different shape and size. It is during the fit test that both the correct size and a specific manufacturer are established. The fit test determines the respiratory PPE that is most comfortable for the wearer and affords the optimum level of protection against the hazard. Generally, the on-site contractor shall provide the required respirator to USAESCH employees. The contractor shall also ensure the proper fit of the respirator through a qualitative or quantitative fit test.

(1) Determination of face piece fit may involve a qualitative or quantitative test or both. The contractor shall issue a Record of Fit Test to the employee. The Record of Fit Test indicates the date, brand and size of respiratory PPE for which testing has occurred.

(2) Fit testing will be done while wearing all protective equipment such as glasses, goggles, etc., required to be worn during activities that could interfere with the fit.

(3) The contractor and the employee will maintain a record of the fit test results.

(4) The employee shall provide a copy of the Record of Fit Test to the USAESCH SOH Office.

f. Hearing Conservation

(1) The Hearing Conservation Program (HCP) is designed to protect employees from hearing loss due to occupational noise exposure. Hazardous noise environments may exist at Ordnance and Explosives Program and Chemical Demilitarization Program sites. Personnel who work where they are continuously exposed to noise levels above 85 dBA on an 8-hour time weighted average; these personnel will be enrolled in the Hearing Conservation Program. NOTE: Personnel, who are infrequently exposed to hazardous noise, i.e. enter noise hazard areas on an incidental basis and not as a routine tasking of their employment, are not required to be entered in a HCP.

(2) For USAESCH employees the Hearing Conservation Program is administered by the FAHC-OM.

(3) The FAHC-OM will schedule personnel for audiometric examinations. These examinations include an initial baseline exam, periodic exams, any significant threshold shift exams that may be necessary, and a termination exam. All medical audiometric records are maintained by FAHC, and will be available to the affected employee upon request.

(4) It is the responsibility of the employee to report to all scheduled medical evaluations and it is the supervisor's responsibility to ensure the employee reports.

(5) It is the responsibility of the individual employee and their supervisor to ensure properly fitted hearing protection is utilized. They should also report suspected noise hazards to the SOH Office for evaluation. Personnel who experience hearing problems or have problems wearing the issued hearing protection should be referred to the FAHC-OM for appropriate evaluation or training.

(6) The SOH Office will facilitate noise surveys of areas as appropriate and maintain an inventory of these areas in the hazard inventory. A RAC will be assigned to each noise hazardous operation, and the names of the personnel exposed to these operations will be provided to the FAHC-OM as part of the hazard database used for medical surveillance.

g. Occupational Vision.

(1) The purpose of the occupational vision program is to improve worker production and morale by reducing eye stress, and reducing eye injuries. This is accomplished by performing eye screening and issuing prescription safety glasses as appropriate. USAESCH personnel that may be included in this program include all personnel who work in eye hazardous areas, such as Safety and Occupational Health Specialists and Chemical Demilitarization personnel working at construction sites.

(2) Pre-placement, special purpose, and periodic examinations or screening may be performed. Pre-placement and periodic screening is authorized as FAHC workload allows. Appointments for these exams will be made on a case-by-case basis. Special purpose examinations will be used for visual complaints thought to be related to job functions, or for the issuance of prescription safety glasses. These personnel will be referred to FAHC for screening. When prescription safety glasses are required they will be paid for by the employee's organization.

(3) When eyestrain or fatigue is reported, the SOH Office will perform an evaluation of the operator's workstation. These problems are often associated with poorly arranged lighting, glare on the monitor, or ergonomic stressors. Attempts to correct deficiencies and relieve these stresses will be made. Educating the operator on the importance of performing at least 15 minutes of alternate work (preferably requiring distant vision), shifting positions at the workstation, moving from the workstation, and/or performing stretching and relaxing exercises every two hours will also be performed.

(4) When engineering and administrative controls cannot eliminate an ocular hazard, the use of PPE is required. PPE determined to be required per the employee's PHA will be provided by the employee's organizational element. To meet the minimum general requirements per 29 CFR 1910.133, PPE shall meet the following requirements:

(a) Provide adequate protection against the particular hazard(s) for which they were designed.

(b) Be reasonably comfortable when worn under the designated conditions.

(c) Fit snugly and shall not unduly interfere with the movements of the wearer.

(d) Be durable.

(e) Be capable of being disinfected.

(f) Be easily cleanable.

(g) Be kept clean and in good repair.

(5) In addition to the 29 CFR 1910 requirements, the eye protectors must also meet the following requirements:

(a) Meet current ANSI Z87.1 standards.

(b) Have distinctive marks that will allow identification of the device as approved PPE, e.g., stamped Z87.1.

(c) Be appropriate to the hazard.

(d) Minimally obstruct vision.

(e) Include instructions on use, cleaning, and adjustment of the equipment.

(6) The types of eye protection that may be provided by the employee's organization as determined by the job hazards include the following eyewear:

(a) Nonprescription eyewear meeting ANSI Z87.1 requirements for employees who do not require prescription eyewear.

(b) Prescription eyewear meeting ANSI Z87.1 requirements for employees who require prescription eyewear and who are exposed to eye hazards on a regular basis. Single vision, bifocal or trifocal (flat top, round top or double segments) will be provided as appropriate.

(c) Plano (nonprescription) protectors may be worn over non-industrial safety spectacles where exposure to the eye hazards does not exceed 10 hours per week on a regular basis, and the

protector does not cause a safety problem or is unduly uncomfortable.

(7) Industrial safety eyewear lenses must meet or exceed the requirements of ANSI Z87.1.

(a) All industrial safety lenses must be made of polycarbonate material unless the power of the lenses exceeds 4.0 diopters or another lens material is prescribed by a vision care provider as medically indicated.

(b) When the use of polycarbonate is not appropriate, other plastic lens material, such as CR–39, will be used. Since the impact resistance of glass is less than polycarbonate and usually less than CR–39, glass lens materials will be approved only in extremely rare conditions when the vision care provider determines no other material is satisfactory.

(c) Glass lenses must be approved as being the only material acceptable when no other material, i.e., polycarbonate or CR-39, is found to be satisfactory.

(d) The USAESCH Safety Manager, in coordination with the FAHC, must approve the use of glass lens material. The supervisor is responsible for requesting the use of glass lens material to the USAESCH Safety Office. The written request must contain the reason for using glass lens material along with supporting evidence, e.g., letter from the eye care provider. If approved, a 1st endorsement will be prepared and sent back to the requesting supervisor with a file copy placed in the individual's Occupational Health medical record.

(8) Tinted lenses may be required under certain circumstances.

(a) When tinted lenses are required for job performance in eye hazardous areas, they will:

(1) Provide adequate filtering of the hazardous wavelengths; and

(2) Be in the form of a flip-up lens covering an ANSI Z87.1 device; or

(3) Be in a lens and frame combination meeting ANSI Z87.1.

(b) The organizational element whose employees require tinted lenses must prepare a thorough PHA to support the use of such lenses. Tinted lenses must be approved by the USAESCH Safety Manager for specific worksites or hazards and supervisors must advise employees that tinted lenses will not be worn indoors.

(9) Photo chromic lenses.

(a) Photo chromic lenses are rarely authorized throughout the Army, which is the accepted standard for USAESCH projects. As noted above, if it is determined that tinted lenses are mission necessary for outdoor use, then the preferred method is one pair of tinted/sun glasses in addition to the employees clear spectacles (2 pair of safety glasses).

(b) However, in the extremely rare instance that photo chromic lenses are authorized for use, they may only be used in outdoor locations where frequent movement into and out of buildings or other facilities does not occur. The relatively slow rate of change in photo chromic lenses presents a hazard to workers moving indoors or into other areas with lower illumination levels. If employees are authorized to wear photo chromic lenses, then they must be advised by their supervisor of the potential hazards when moving from an area of full illumination to one of reduced illumination. For these reasons, it is the responsibility of the both the supervisor and employee to ensure safe use of photo chromic lenses (e.g., outdoor wear only). In those extremely rare instances when a supervisor authorizes an employee to wear photo chromic lenses, the employee must be advised that they will bear the additional cost over that of standard clear lenses, unless they are proven to be mission necessary. Use of photo chromic lenses must clearly be identified in the PHA as to the hazardous condition in which photo chromic lenses are mitigating and be reviewed and accepted by the USAESCH Safety Office prior to the use of photo chromic lenses.

(10) Variable focus lenses (progressive addition lenses or no-line bifocals). Variable focus lenses in an eye-hazardous environment are not normally authorized because of peripheral distortions, difficultly in properly measuring lens alignment, and additional costs. Employees who are authorized to wear prescription lenses as determined in their PHA will be required to wear standard bifocal or trifocal lenses unless determined otherwise as outlined below. Employees who are successfully wearing variable focus lenses and have good safety records may be allowed to obtain ANSI Z87.1 variable focus lenses provided they present compelling reasons to their supervisor as to why variable focus lenses are needed. If the supervisor accepts the compelling reasons, then they must ensure the employee is made aware that he/she will bear the additional cost over that of standard bifocals or trifocals (to include remakes if necessary). The cost estimate presented to the organization's credit card holder from the eye care provider must have the variable focus lenses deducted or a line item showing the cost difference between the authorized lenses (i.e., bifocal or trifocal) and the variable focus lenses (i.e., progressive or no-line bifocals). As noted above, the employee is responsible for covering the price difference between authorized lenses and variable focus lenses.

(11) Multifocal lenses. When a single power lens will not correct the worker for distance and near tasks, multifocal lenses are the correction of choice. Reading glasses will not be allowed as safety eyewear meeting ANSI Z87.1, because when the employee removes the reading glasses to walk or look across the room the PPE is no longer in place and the employee

is not protected.

(12) Eyeglass frames for safety eyewear will meet ANSI Z87.1 requirements. In addition, the following apply:

(a) Metal frames will not be used in work where there is an electrical hazard.

(b) Spring-loaded hinges may be used on a frame if the frame and hinge combination meet ANSI Z87.1 requirements.

h. Ergonomics

(1) General -

(a) Ergonomics is the science aimed at making an employee's workplace fit comfortably with their work style. Simply put, "Ergonomics is essentially fitting the workplace to the worker". Ergonomics tailors the work environment to each individual's needs and characteristics.

(b) The goals of ergonomics in the workplace are to reduce the risk of injuries and illnesses by eliminating or reducing workers' exposure to work-related musculoskeletal disorders (WMSD).

(c) The program objectives are designed to:

(1) Prevent workplace injuries and illnesses

(2) Increase supervisor and employee awareness of WMSD, productivity, quality of work, worker safety, and worker satisfaction and morale

(3) Reduce exposure to WMSDs and cumulative trauma disorders (CTDs)

(4) Reduce worker compensation costs

(5) Decrease fatigue, injuries and strains, unsafe acts, and absenteeism

(6) Improve overall organizational readiness

(2) Responsibilities –

(a) Commander, USAESCH, will:

(1) Establish an Ergonomics Program in accordance with AR 385-10, AR 40-5 and DA PAM 40-21.

(2) Provide resources for ergonomics training/education for military and civilian personnel, and to carry out all responsibilities related to this program per DA PAM 40-21.

(3) Integrate ergonomics into all phases of the Occupational Safety and Health Program to include discussion topics for the SOHAC.

(b) The SOH Manager will:

(1) Implement the Ergonomics Program for the Center.

(2) Advise the Commander on issues relating to ergonomics.

(3) Perform the duties of Ergonomics Coordinator as outlined in this document.

(4) Oversee the safety aspects of the Ergonomics Program.

(5) Coordinate annual Standard Army Safety and Occupational Health Inspections (SASOHI) required by AR 385-10, and consider WMSDs and CTDs during the inspection.

(6) Provide periodic ergonomics training information and education for USAESCH personnel.

(7) Perform in-depth ergonomics assessments as needed.

(8) Assist supervisors in solving problems related to identified WMSDs and CTDs.

(c) USAESCH supervisors will:

(1) Provide the necessary equipment and tools as recommended by the SOH Office, to reduce the health risk of WMSDs and CTDs.

(2) Ensure personnel are trained in and follow safe work practices.

(3) Recognize, correct, and report hazardous work practices to the SOH Office.

(4) Recognize and report employee's early symptoms of potential WMSDs and CTDs to the SOH Office.

(5) Coordinate with trained ergonomics, safety, and health personnel to reduce risks and support the overall ergonomics program.

(d) USAESCH employees will:

(1) Notify supervisor of problems encountered with their work environment that may cause injury or affect the health of employees.

(2) Participate in training sessions offered by the SOH Office.

(3) Submit work orders through the USAESCH intranet for workplace hazards or problems encountered with the work environment such as lighting, temperature, and/or dust problems.

(3) Worksite Analysis

(a) To identify jobs or work sites with WMSD risk factors, both passive and active surveillance procedures will be used within USAESCH.

(1) Passive surveillance procedure involves the analysis of data provided in existing routine reports. Sources of data include injury and illness reports, i.e., ENG Form 3394, limited medical and safety records and workforce reports or suggestions.

(2) Active surveillance procedures involve focused and active efforts to gather information about WMSD hazards and to identify workers potentially at risk. Active surveillance procedures will include formal questionnaires, face-to-face surveys, observation during reviews and inspections, feedback from training classes, and supervisor referrals.

(b) Trained individuals from the USAESCH SOH Office and/or FAHC-OM personnel will perform workplace analysis. If additional support is needed because of an unusually high-risk job or worksite, personnel from the USAPHC may be called upon to assist with an analysis. For further evaluation of identified risk jobs or worksites, a detailed analysis may be performed using the guidelines in DA PAM 40-21.

(4) Hazard Prevention and Control –

(a) The primary method of preventing and controlling exposure to WMSD hazards is through effective design (or redesign) of a job or worksite. Others in order of priority are:

(1) Elimination of the demanding process or taking the human factor out of a task

essentially eradicates the WMSD hazard.

(2) Engineering controls used to redesign the equipment or worksite to fit the limitations of the specific worker. This typically offers a permanent solution.

(3) Substituting a new work process or equipment can effectively eliminate the hazard. Using more ergonomically designed tools versus traditionally designed tools can help achieve desired results.

(4) Using work practices that decrease worker exposure to risk factors include changing techniques, personnel conditioning programs, and regular monitoring of practices. Maintenance, adjustment, and modification of equipment and tools may also be employed. Correct posture and proper use of body mechanics should be encouraged.

(5) Limiting the duration, frequency, and severity of exposure to WMSD hazards are administrative controls that may be employed. Personnel that have been subjected to WMSD hazards may be rotated into varying duties to prevent repetitive actions. Instituting temporary job rotation between personnel may also work as a preventative measure.

(6) Personal protective equipment may be useful in some instances, but is generally the least desired method of hazard control.

(b) Hazard prevention and control measures will be implemented in consultation with trained ergonomics personnel as well as direction from medical personnel during the healing process.

(5) Health Care Management – Early recognition and health care management of WMSDs are critical to reduce the impact of injury.

(a) Common symptoms of WMSDs can include pain, tingling, numbness, soreness, stiffness and weakness in the neck, shoulders, arms, hands, back and legs. Other symptoms can include headaches, visual fatigue, and increased errors.

(b) Personnel with symptoms or concerns of WMSDs should report to conditions to their supervisor. The supervisor receiving complaints may request the Ergonomics Coordinator to perform a personal or worksite evaluation. If the Ergonomics Coordinator cannot resolve the issue causing the discomfort, the supervisor will be encouraged to obtain a medical evaluation from the FAHC-OM.

(c) If medical treatment suggests modified or restricted duty, the Ergonomics Coordinator will provide assistance to the supervisor and employee in working out the best

possible solution.

(d) Documentation of WMSDs will be IAW current Army and Department of Labor guidance.

(6) Education and Training. The SOH Office will integrate ergonomics training into scheduled safety training as appropriate. General and detailed information on ergonomics issues will be disseminated periodically to USAESCH personnel by printed and electronic means. Individuals requesting specific ergonomics training or guidance should consult with the SOH Office.

(7) Evaluation. The Ergonomics Coordinator and Ergonomics Subcommittee will conduct semi-annual evaluations; participate in procurement initiatives and reviews of the ergonomics program. These results will be presented to the SOHAC. The program evaluation should include progress summary or program update, external evaluation results, plans, goals and accomplishments for the program, identification of trends, deficiencies and corrective actions, and new or revised program goals, priorities, and timelines.

i. Occupational Health and Safety Training

(1) Occupational health and safety training is used to make employees aware of the potential hazards in the workplace, and to identify work practices that can be modified to achieve a more healthful work environment. Training is necessary to ensure employees are specifically informed about preventive measures, proper operating procedures and controls used for an operation. This can be achieved through formal classes, safety document reviews, on-the-job-training, and safety meetings or briefings.

(2) USAESCH personnel working in hazardous areas are provided with a variety of formal educational courses which may include the Hazardous Waste Operations and Emergency Response Course, First Aid/CPR Course, Facilities Inspection for Asbestos Containing Materials Course, Management of Asbestos Programs Course, and the Ordnance and Explosives Workshop. Organizational training courses and meetings are also available. On-site training is required in the form of formal safety briefings, tailgate briefings, and Site Safety and Health Plan reviews and briefings.

j. Radiation Protection. The Army Radiation Protection Program is directed towards safeguarding personnel from unnecessary exposure to ionizing and non-ionizing radiation. However, USAESCH personnel are not routinely exposed to radiation sources at levels above ambient conditions so a formal policy is not delineated here. Requirements can be found in EM 385-1-80. If a radiation source is needed to support construction activities, the Resident Engineer will contact the installation's Radiation Protection Officer (RPO) to discuss

requirements and procedures for handling, storing, and using any radiation source. A radiation source may not be taken onto a military installation without prior approval of the installation RPO.

k. Hazard Communication

(1) All employees who handle, use or are potentially exposed to hazardous chemicals (in the course of their official duties) shall be provided information and training in their Workplace hazard communication program (HAZCOM) Program.

(2) Military regulations and standard operating procedures require conformance to, and compliance with, public law and national consensus standards for the HAZCOM program. DOD Instruction 6050.5, the Department of Defense Hazard Communication Program, outlines responsibilities and procedures for a comprehensive HAZCOM program that includes training for DOD personnel in potential occupational health hazards. Department of Defense personnel are to be informed of safe work practices and are to be trained in the selection, use, and availability of PPE to prevent injuries and illnesses. It states that it is the Department of Defense policy to protect personnel from the adverse effects of workplace hazardous materials and waste, to reduce chemically related injuries and illnesses, and to establish and maintain a standardized hazardous materials information system. Each service and component is required to establish and maintain hazard communication programs that conform to the requirements of DOD Instruction 6050.5 and comply with the OSHA hazard communication requirements.

(3) Workplace Hazard Communication

(a) Each work area supervisor is responsible for establishing a HAZCOM Program for their employees. The HAZCOM Program includes a written program, labeling of hazardous materials, and training for the employees.

(b) An inventory of hazardous materials used in the work area or by the workers will be maintained in the work area. The inventory should be updated when chemicals are added or deleted from the work area.

(c) Material Safety Data Sheets (MSDS) for each hazardous material. The MSDS shall be maintained in the work area and made available to workers for each hazardous material in the work area.

(d) Work Instructions (WI) for Nonroutine Tasks. A WI should be available for nonroutine tasks performed by the workers. Nonroutine tasks are those tasks that are performed infrequently or outside a worker's normal job routine. The work area supervisor is responsible for developing a list of nonroutine tasks performed by the workers, and he/she should provide

written WI's and technical information on the proper method of performing a task. The area supervisor must ensure workers review these procedures and are adequately trained before performing the nonroutine task. This training shall be documented.

(e) Labeling of Hazardous Materials: Hazardous materials brought into or used within USAESCH shall be labeled with the identity of the hazardous material; appropriate hazard and health warnings; and the name, address, and phone number of the manufacturer, vendor or responsible party.

(f) Supervisors will ensure all hazardous materials, including working solutions and individual breakdown quantities, are properly labeled.

(g) Employee Information and Training: Upon initial work-area assignment, annually, and whenever a new hazard is introduced in the work area, each work-area supervisor must provide HAZCOM Training to all employees. This training must address effects and available controls of potential health hazards. The training must also advise employees of the availability and location of the work area's written HAZCOM Program. The training must include a discussion of the work area's inventory of hazardous chemicals, the MSDS's for the hazardous materials, and the nonroutine tasks performed by the workers. All Occupational Safety and Health Training shall be documented and maintained.

(h) Contractor Personnel. Contractor personnel will have their own written HAZCOM program. All work operations conducted in USAESCH facilities that use hazardous materials will be coordinated through the USAESCH Safety Office prior to the start of these operations.

2-3. Housekeeping

a. Proper housekeeping is the foundation for a safe work environment. It definitely helps prevent accidents and fires, as well as creating a professional appearance in the work area.

b. All work areas, floors, aisles, and stairways will be kept clean and orderly, and free of tripping and slipping hazards. Oils, greases, and other liquids will be immediately cleaned up if spilled.

c. Combustible scrap, debris, and garbage shall be removed from the work area at frequent and regular intervals.

d. Stairways, walkways, exit doors, in front of electrical panels, or access to fire fighting equipment will be kept clear of storage, materials, supplies, trash, and other debris at all times.

e. Overhead storage areas will be marked as to maximum load rating.

2-4. Fire Protection/Emergency Operations

a. Responsibilities.

(1) The Safety & Occupational Health Manager will:

(a) Establish and/or coordinate fire prevention and protection programs, plans, and procedures within the USAESCH and coordinate these plans with other appropriate federal, state, and local agencies. Conduct annual fire drills for USAESCH facilities.

(b) Designate a Fire Marshal and alternate (s) with duties and responsibilities set forth in paragraph f. below.

(c) Review all plans for the evacuation of special assistance and handicapped personnel in the event of a fire alarm.

(d) Review all floor plan changes, modifications to facilities, and new space allocations prior to work being authorized or new space being leased or purchased.

(e) Investigate fire incidents involving USAESCH facilities, property, or equipment, and prepare the Fire and Damage Reports in accordance with AR 420-90 and AR 385-40 as appropriate.

(f) Review fire evacuation plans whenever there is a major change to the floor plan.

(2) The Director of USACE Logistics Activity (ULA) will:

(a) Coordinate all floor plan changes, facility modifications, and new space planning with the SOH Office prior to work being authorized.

(b) Provide assistance to the SOH Office for fire incident investigation.

(c) Prepare updated fire evacuation plans and submit to the SOH Office for review and acceptance for all major floor plan changes.

(d) Responsible for building maintenance and fixed fire protection/detection equipment to include inspecting and testing the portable fire extinguishers and completing associated documentation.

(3) Directors and Separate Office Chiefs will:

(a) Be responsible for the creation and maintenance of fire safe conditions within their elements and for assuring their personnel are familiar with and adhere to the fire prevention and protection procedures identified by this regulation.

(b) Appoint, in writing, one or more Area Fire Monitors and Alternates to be responsible for administering the evacuation plan within the building area(s) occupied by their respective organization. When a monitor and/or alternate leaves the organization or is reassigned to work on a different floor or new quadrant a replacement monitor/alternate name must be submitted prior to the existing monitor and/or alternate departs or is moved to the SOH Office. The SOH will coordinate with the Security and Law Enforcement Office in updating the floor monitor listing.

(c) Assure all personnel evacuate their area in a safe, orderly, and timely manner in the event of a fire alarm.

(d) Implement a plan for the safe and orderly evacuation of each temporarily or permanently handicapped or special assistance personnel under their supervision, and furnish a copy of the plan to the SOH Office. Example is contained at the end of this chapter.

(4) Each Supervisor will:

(a) Assure all personnel under his/her supervision are thoroughly familiar with fire reporting and evacuation instructions.

(b) Perform regular visual inspections of assigned areas during normal operations to detect and eliminate fire hazards and to assure compliance with all plans and procedures.

(c) Assure all classified materials are secured or otherwise protected in the event of a fire alarm evacuation.

(5) Each Employee will:

(a) Be familiar with building exits and with the fire reporting and emergency procedures of their work area and paragraph 3-3.

(b) Report any fire that is brought to his/her attention in accordance with established procedures.

(c) Evacuate the building in a prompt, safe, and orderly manner, using the nearest available exit whenever the evacuation alarm sounds.

(d) Conduct routine training on the Occupant Emergency Plan (OEP).

(6) The Fire Marshal, or in his absence, the Alternate Fire Marshal will:

(a) Supervise the evacuation during fires or fire drills. Monitor evacuation during fire drill to check compliance with established plans and procedures.

(b) Compile the results of evacuations, as observed and furnished by the Area Fire Monitors, and initiate action when necessary.

(c) After each fire drill prepare an after action report for the Safety and Occupational Health Manager's signature.

(7) Area Fire Monitors will:

(a) Monitor the evacuation of personnel from their assigned area to determine that the evacuation is accomplished in a safe, orderly, and timely manner.

(b) Ensure all doors exiting from assigned area are closed as soon as personnel are evacuated.

(c) Complete the Fire/Evacuation Drill Report for their respective area(s) and submit to the SOH Office within three working days after an evacuation. This report shall follow the format found later in this chapter.

(d) Attend local Area Fire Monitor training when scheduled.

b. Procedures.

(1) The National Fire Protection Association (NFPA) National Fire Codes will form the basis for the USAESCH Fire Prevention and Protection Procedure. In addition to the NFPA requirements, the following shall apply:

(a) No aisle, passageway, hallway, lobby, foyer, or stairway leading to or from any exit will be blocked or obstructed in any way that would interfere with the free use of such passageway by any person.

(b) Combustible materials will not be allowed to accumulate in any area or in any manner so as to create a fire hazard. Flammable and combustible liquids will be limited to the minimum amount necessary for efficient operations. Storage of flammable and combustible

liquids inside buildings will comply with NFPA Standard No. 30 and will be inside an approved storage cabinet or room that is locked at the close of business each day. Flammable liquids will not be used for cleaning purposes.

(c) The use of portable heaters is generally not allowed. When permitted, they must be designed and constructed to Underwriters Laboratories (UL) and NFPA standards. In no case will portable heating equipment utilizing flammable or combustible liquids be permitted inside buildings without the express written approval of the SOH Office. Portable heaters, if necessary, will be located so that they cannot be easily overturned or come in contact with ordinary combustible materials (see USAESCH Facility Operation and Maintenance Policy Memo 06-02). The heaters must be equipped with an internal protection thermostat to cut off the power supply and activate an audible alarm warning user and/or other employees of an overheating condition. The units must not be altered and the user must follow all of the manufactures instructions and precautions for safe use. The heaters wattage requirements as stated in the LM building policy will be followed and the unit must be in good condition with no frayed cords. If the unit has settings greater than minimum acceptable wattage limitation, it is the responsibility of the employee to ensure the temperature position switch does not go above the restriction. The appropriate supervisor is responsible for spot-checking to ensure the wattage restriction is being observed. Temperature settings greater than specified minimum wattage setting may cause a circuit overload situation, which could result in tripping a circuit breaker or potentially a fire. The heaters must not be plugged into the isolated power outlets (designated by orange markings on or next to the wall outlet) located in each cubicle or office. Portable heaters will be turned off or unplugged at the close of each business day.

(d) The use of microwave ovens, coffee-making equipment, and refrigerators will be strictly limited to kitchenette areas only. They are not allowed in private office areas unless the Safety and Occupational Health Manager gives specific written consent. Adequate safeguards will be taken to prevent fires started by such equipment. They will be turned off or unplugged at the close of each business day or when not in use. In no case, will portable deep fat fryers, hot plates, electric frying pans or toaster ovens or similar type appliances be allowed.

(e) Electrical holiday decorations are allowed, if approved in writing by the supervisor. Ensure lighting sets and electrical cords are UL listed, are in good serviceable condition, e.g., not frayed, and are placed to prevent direct contact with combustible material. Extension cords will not be placed in open walk areas. Arrange cords to avoid pinch points where heat can be concentrated. Nails or staples should not be used to suspend or secure electrical cords to ceilings or walls. If assistance or advice is needed concerning energized decorations please contact the SOH Office.

c. Fire Reporting and Evacuation Instructions.

(1) Reporting Fires. The person discovering a fire will:

(a) Call the fire emergency number 9-911. Report your name, location of the fire, and if known, the type of fire (electrical, paper, etc.).

(b) Evacuate the building, activating an alarm box while exiting. Fire alarm boxes are located near stairway exits. If the fire is of a significant size, activate alarm box first, and then report the fire to the fire emergency number from outside the building or report to the security guard's position and have them call 911.

(2) Building Evacuation. Personnel, upon hearing the fire alarm or receiving other notification that a fire exists, will hastily and orderly:

(a) Secure all classified materials before evacuating the building.

(b) Evacuate the building through the nearest available exit. All exits, corridors, and stairs leading to exits are plainly marked. Elevators will not be used as a means to evacuate the building. SPECIAL NOTE: The elevators continue to operate during a fire/fire drill, but will not operate in unsafe conditions. For example, if the fire is on the first floor, the elevator will work on the third and stop on the second; it would not continue to the first. If the fire is in elevator shaft, the elevators will not work. If there is a fire alarm while personnel are in the elevator, the elevator goes to a floor where there is not fire. The fire alarm can be reset, but the flashing lights will stay on as long as there is smoke in the building. When the smoke has dissipated, the flashing lights will stop after resetting the toggle switch at the activated alarm box. In the event someone has pulled the fire alarm, the toggle switch has to be reset before the alarm at the guard desk can be reset.

(c) Move away from the building at least 100 feet and out of the roadway watching for emergency service vehicles and personnel. Employees will gather at a predetermine site (see the OEP) so their supervisor can account for all employees under their charge. Remain in a safe area until the "all clear" is given by the SOH Office, Fire Department, or senior level management to return to the building.

(3) Supervisors, or their designees, will account for all personnel under their charge to assure all have evacuated the building and will report any unaccounted for individuals to the SOH Office representative at the Crisis Management Team (CMT). The CMT Meeting Point is as indicated in the OEP.

(4) The overall objective and primary concern when evacuating is to get everyone out of the building safely and efficiently. No building occupant is expected to fight a fire.

d. Evacuation of Personnel with Disabilities Requiring Special Assistance: (See OEP)

e. Fire Evacuation/Drill Report. (Appendix E)

f. Severe Weather and Bomb Threat Procedures. Severe weather and bomb threat procedures are found in the current OEP.

(1) Tornado Watch. When a Tornado Watch is issued the SOH Office will send a message notifying employees. In the absence of safety personnel, the Executive Office will send the notification.

(2) Tornado Warning. When a Tornado Warning is issued the SOH Office will notify employees at 4820 University Square via the buildings public address (PA) system to go to their designated safe area.

(3) Bomb Threat. Employees will be notified of what to do by an announcement on the PA system. This announcement will be made by the Security Office, in the absence of security personnel, the Executive office or the security guard will make the announcement.

2-5. First Aid Attendant / Automated External Defibrillator Program

a. Program Objective. To ensure that first aid care and assistance is available for USAESCH employees and visitors in the event of a traumatic injury or sudden illness.

b. Responsibilities.

(1) The Chief, SOH Office will:

(a) Develop and administer a First Aid Attendant Program suited to Center missions, priorities, and activities.

(b) Maintain adequate First Aid supplies and equipment to support the accomplishment of the duties and responsibilities of the First Aid Attendants.

(c) Ensure that necessary training for the First Aid Attendants is made available during duty hours.

(d) Schedule First Aid, CPR, and Automated External Defibrillator (AED) training courses, as needed, to ensure that the First Aid Attendants maintain current certifications.

(e) Administer and maintain the AED Program as outlined in the Appendix D.

(2) The First Aid Attendants are to:

(a) Provide first aid care and assistance to USAESCH employees and visitors in the event of a traumatic injury or sudden illness.

(b) Maintain current certification in First Aid, CPR and AED.

(c) Maintain, dispense material from, and keep supplied, assigned first aid kits.

(d) Document First Aid treatment.

(e) Keep up-to-date on the methods and procedures of First Aid, CPR and AED through independent study and review of training material.

(3) Directors and Separate Office Chiefs will encourage participation in the First Aid Attendants program and must allow the individual's appointed time to maintain their certifications in First Aid, CPR, and AED.

c. First Aid Attendant Selection Process.

(1) The SOH Office will determine which Directorates/Separate Offices should provide First Aid Attendants. This determination will ensure that the First Aid Attendants are evenly distributed throughout the Center.

(2) The SOH Office will notify the Chiefs of those Directorates/Separate Offices of this determination and identify the number of First Aid Attendant positions needed to be filled.

(3) The Directorate/Separate Office Chiefs will seek out, encourage, and nominate individuals to participate in the First Aid Attendant Program. The names of the individuals selected as being the best suited for carrying out the duties and responsibilities of a First Aid Attendant will be forwarded to the SOH Office.

(4) The SOH Office will conduct interviews with nominees, explaining program requirements and to assess their suitability in becoming an attendant.

(5) The SOH Office will arrange for selected individuals to take the required courses for certification.

(6) Upon successful completion of training courses, the Directorate/Separate Office Chiefs will officially appoint, in writing, their nominee(s) to the collateral duty position of First

Aid Attendant. A copy of appointment document will be forwarded to the SOH Office.

(7) There is no specified length of assignment for this position. Individuals designated as First Aid Attendants will be allowed to continue to serve in the position as long as:

(a) The individual and the individual's Directorate/Separate Office Chief desires.

(b) The individual can carry out the duties and responsibilities.

(c) Maintains required certifications.

(8) If an individual elects to withdraw or is not longer suited to perform the required attendant duties, their Directorate/Separate Office Chief will take prompt actions to fill the First Aid Attendant position vacancy.

d. Training and Certification.

(1) Designated First Aid Attendants will obtain and maintain certification by attending and successfully completing the following courses annually:

(a) Basic First Aid

(b) Adult CPR/AED Training

(c) Prevention of Disease Transmission (PDT)

(2) The SOH Office will arrange for courses as necessary, track certification needs, and maintain training records.

e. Automated External Defibrillator Program. The Automated External Defibrillator Program is maintained as a separate document due to external oversight and signatory requirements, but is included in its entirety on the Publications page of the Safety Office Internet page or by viewing, http://www.hnd.usace.army.mil/safety/Safety_Pol_Reg_Docs.aspx

2-6. Project Safety and Occupational Health Program

a. Project Safety and Occupational Health.

(1) The contract obligates a contractor to fulfill the safety requirements as firmly as all project requirements. It is mandatory that the contractor complies with the safety and occupational health requirements set forth in the contract and to assume responsibility for

compliance by all subcontractors. The contract also requires the contractor to conform to installation safety requirements. Examples are the participation and involvement in emergency evacuation procedures and contingency exercises.

(2) Every contractor will be required to comply with all pertinent provisions of EM 385-1-1, Safety and Health Requirements Manual. The contractor must also comply with OSHA standards.

(3) In addition to EM 385-1-1, Safety and Health Requirements, the specifications for all contract work will include additional safety and occupational health measures as are necessary.

b. Philosophy of Accident Prevention on Projects. In addition to being a contract requirement, a well-planned and conscientiously applied safety program is essential to efficiency, quality, and minimization of costs. To ensure that the Contractor's Safety Program meets these intents, the Government's representative (Resident Engineer or Project Manager) must take a sincere, aggressive interest in deriving the maximum efforts and benefits from the contractor and their plan. Paramount to achieving this is the Government's representative involvement in, support and enforcement of, training in, and expectations of safety.

c. Accident Prevention Plans. (APP)

(1) Contractors shall submit, in writing, through the contracting officer to the USAESCH SOH Office, their proposals for effectuating the provisions of the contract clause entitled "Accident Prevention". The Accident Prevention Plan is an administrative document and, as such, shall highlight site-specific safety and health requirements. See EM 385-1-1, Appendix A, for the minimum requirements and format for an acceptable Accident Prevention Plan. Additional guidance is given in work instruction: CEHNC-WI-SO-64-01, Abbreviated Accident Prevention Plans, Accident Prevention Plans and Activity Hazard Analysis. The work instruction may be viewed at:
https://hnc-ws-intra.hnc.ds.usace.army.mil/ISO9000/Center-Wide/Center-wide%20TOC.htm

(2) The intent of the Accident Prevention Plan is for the contractor to state the specific methods, practices and procedures necessary to implement the Corps of Engineers Safety and Health Requirements Manual and other applicable SOH standards. The proposed actions in the plan must not be stated in general terms, but will be specific proposals for controlling mishaps on all the work activities to be performed.

(3) All accident prevention plans must be dated and signed IAW Appendix A of EM 385-1-1.

(4) A copy of the plan shall be forwarded to the SOH Office for review and acceptance prior to work commencing on the jobsite.

d. Accident Investigating and Reporting (HNC-WI-64-02). Accidents will be investigated and reported. The contractor has responsibility to fully investigate on-site accidents and to identify corrective actions. For serious accidents, the Government will conduct a parallel investigation and will note additional findings and corrective actions on the accident investigation report.
https://hnc-ws-intra.hnc.ds.usace.army.mil/ISO9000/Center-Wide/Center-wide%20TOC.htm

e. Resident Engineer's Safety Program Requirements.

(1) Safety Policy. The Resident Engineer will write a safety policy for his/her area. This policy will state how he/she plans to implement the requirements of this regulation. The policy will assign responsibilities and will be updated annually.

(2) Government Employees Monthly Safety Meeting. The Resident Engineer will conduct a monthly safety meeting for Government employees. If the Resident Engineer conducts a contractor monthly safety meeting, Government employees may be included in lieu of conducting a separate meeting. Minutes of the meeting will be documented and will include the names of those present.

(4) Self-Inspection System, Contract. The Resident Engineer will establish an internal self-inspection system to keep advised on contract safety performance.

(5) Contractor's Accident Prevention Plan. The Resident Engineer, in conjunction with the Safety and Occupational Health Office, will review provisions of the contractor's Accident Prevention Plan to determine that they are appropriate for the work to be performed.

(6) Personal Protective Equipment. The Resident Engineer will provide safety equipment for Government employees as required. Personal protective equipment will be furnished to all Government employees according to the nature of exposure. As a minimum, all Government personnel will be equipped with the protection required by their job hazard analysis or as directed by the Resident Engineer.

(7) OSHA Poster, DD Form 2272. Post DD Form 2272 on all official bulletin boards and other items which the SOH Office and EM 385-1-1 identify for posting.

(8) SASOHI. The Resident Engineer will designate a safety and health inspector in writing. This person will make inspections of Government facilities annually. Document inspections in a locally developed spreadsheet and post on the official bulletin board until all

deficiencies have been corrected.

(9) Formal Safety Training for Supervisors. One or more supervisors shall receive formal safety training during the calendar year. Training will be documented.

(10) Safety Training for Non-Supervisory Employees. Ten percent of employees (excluding clerical) should receive a minimum of eight hours safety training. Training will be documented.

(11) Contractor's Safety Program. Keep the contractor's safety program on file at the job site throughout the duration of the contract.

(12) Contract Safety Sign. The contractor will keep the project safety sign updated with current information (POCs, emergency telephone numbers, etc.).

(13) Daily Log - Government Representative. A Government representative on the project will document safety activities on daily logs.

(14) First Aid Case History Report. Contractors will submit a report on each contract monthly, reporting all first aid and lost time injuries to contractor and subcontractor personnel. When no injuries occur, submit a negative report. The resident office personnel will review all first aid reports and logs to determine accident trends, and will forward reports to the SOH Office.

(15) Reporting of Contractor Injury and Exposure Data. Contractors, including subcontractors, are required to report injury and exposure data on contracts in accordance with EM 385-1-1.

(16) Contractors performing contracts administered by USAESCH will report the following information to the USAESCH SOH Office:

(a) An accident report for all lost time injuries or occupational illness attributable to the performance of contract work will be reported on ENG Form 3394 as soon as possible after occurrence of the accident or occupational illness. An accident that results in serious injury or death or property damage is $500,000 or more, 3 or more employees injured in a single event, or as noted in the contract, will be reported immediately. Contractors are responsible for notifying OSHA when one or more of their employees are seriously injured.

(b) Exposure data will be reported within 10 days after the end of the previous month. Exposure data consists of man-hours expended in direct performance of the contract (contractor payroll, personnel section and similar administrative activities are not counted) and number of

lost workday cases.

(17) Tool Box Safety Meetings.

(a) Government. The Resident Engineer shall establish procedures for and conduct monthly safety meetings to provide safety training and motivation to their employees. The minutes of these safety meetings shall be recorded and maintained.

(b) Contractor. Contractor field supervisors or foremen will conduct at least one safety meeting weekly for all workers. They will maintain an outline report of the meeting giving date, time, attendance, subject discussed, and who conducted it, and furnish a copy to the Resident Engineer.

(18) Contractor Notification. Upon award of contract, the Resident Engineer shall send a letter to the contractor with the intent of calling the contractor's attention to the contract clause entitled, "Accident Prevention". This letter will also instruct the contractor to develop and present the Accident Prevention Plan for the contract prior to the Pre-Work Safety Conference. In addition the letter will contain information on preparing the contract Accident Prevention Plan, Activity Hazard Analyses, and accident investigation and reporting procedures.

(19) Preconstruction Safety Conference. The Resident Engineer will provide a minimum of seven days advance notification to the USAESCH SOH Office of the Preconstruction Safety Conference for all construction contracts, contracts involving asbestos or hazardous waste abatement/handling, or contracts involving other hazardous or unusual activities. The conference shall be attended by those who will be in daily charge of the work at the site, both Government and contractor. The SOH Office may attend Preconstruction Safety Conferences for the purpose of assisting the Resident Engineer's presentation on safety. They may also attend Preconstruction Safety Conferences, if requested by the Resident Engineer, when the project involves hazards more severe or frequent than those normally encountered. The role of the SOH Office will serve as technical advisors to the Resident Engineer. The agreements relating to safety and occupational health reached at the conference shall become a matter of record and shall be included as amendments to the contractor's Accident Prevention Plan. Any agreement reached on safety and occupational health shall not waive, exempt, vary or violate the Corps Safety Manual. Minutes of the conference, including agreements reached and a record of attendance shall be maintained. The minutes of the conference will be forwarded to the SOH Office for review. A copy of the minutes will be maintained at the job site.

(20) PHA. The Resident Engineer or his/her designated representative will meet with the contractor prior to the preparatory inspection of each activity or major phase of construction. The purpose of the meeting will be to identify the specific hazards that are associated with that phase of construction and discuss construction methods and equipment to protect the workers

against the hazards anticipated.

(21) Compliance Inspection. The Resident Engineer will ensure that inspections are made, as necessary, but not less than once daily, to check the contractor's compliance with the requirements contained in the contract, Accident Prevention Plan, AHA, and agreements reached at the Pre-work Mutual Understanding Conference. The Resident Engineer shall also ensure that contractor personnel conduct inspections, at least once daily, for compliance with these requirements. This inspection will also include any subcontractor's activities. Inspections will be documented, preferably on the Inspector's Daily Report, and will identify all observed deficiencies, the actions required to correct the deficiencies, and will be followed-up to ensure correction of the deficiencies.

(22) Gaining Compliance with Safety Requirements.

(a) The Resident Engineer will ensure that all Government representatives under their jurisdiction take the steps outlined below when they observe a condition, work practice, or act involving immediate hazard to workers, equipment, materials, or structures (imminent danger):

(1) Require a contractor's representative to remove workers immediately from an area of danger or cease the dangerous operation or practice.

(2) If a contractor's representative is not at the site of the hazard, the Government representative will order the workers to leave the dangerous location or cease the hazardous operation.

(3) The Government representative will see that work is not resumed or that defective equipment, tools, scaffolds, or other facilities are not used until adequate corrective action is taken.

(4) The Government representative will immediately report any such partial work stoppage to the Resident Engineer.

(5) If the Government representative is unable to correct the hazard, he/she will immediately report the situation to his/her supervisor.

(b) Suspension of Work for Noncompliance with Safety Requirements. Under the Accident Prevention Contract Clause, the Contracting Officer may order the suspension of all or part of the contract work if the contractor fails or refuses to comply with contract requirements. This authority is also delegated to Resident Engineers.

(c) When a contractor has consistently disregarded safety requirements, or has failed to

make substantial progress to correct safety deficiencies, the Resident Engineer may withhold funds due the contractor as authorized under the Progress Payment Clause of the contract. Funds will be withheld until satisfactory progress toward safety compliance is achieved.

(f) Inspection of Equipment. Inspection of construction equipment will be performed in accordance with EM 385-1-1, USACE Safety and Health Requirements Manual.

(1) The contractor or his designated employee shall inspect all construction equipment prior to it being placed in operation. A Safety Inspection Checklist for Construction Equipment shall be completed and submitted to the Government representative in charge.

(2) Equipment not approved by the inspection is not permitted on the job.

(3) Equipment will be re-inspected annually. Exception to this will be hoisting equipment that will be inspected in accordance with EM 385-1-1 and its references every six months or prior to unusual or critical lifts. Additionally, all construction type equipment will be re-inspected prior to use and anytime equipment is removed; then subsequently returned to the job site.

(g) Radiological Safety. A radiation source may not be taken onto a military installation without prior approval of the installation Radiation Protection Officer (RPO). The Resident Engineer will contact the installation's RPO to discuss requirements and procedures for handling, storing, and using any radiation source.

2-7. Accident Investigation and Reporting (See ER 385-1-1, USACE Accident Investigation and Reporting, dated 15 March 2010, for accident classifications at the following website: http://140.194.76.129/publications/eng-regs/er385-1-99/entire.pdf

a. Accident Definitions.

(1) Accident - An unplanned event that causes personal injury or illness, or property damage.

(2) Class A - Fatality or permanent total disability (Government Civilian, Military Personnel, and/or Contractor), or property damage* is $2,000,000 or more.

(3) Class B - Permanent partial disability or inpatient hospitalization of 3 or more persons (Government Civilian, Military Personnel, and/or Contractor), $500,000 ≤ $2,000,000 property damage*.

(4) Class C - Lost Workday (Contractor) or Lost Time (Government Civilians and Military Personnel), $50,000 ≤ $500,000 property damage*.

(5) Class D - $2,000 ≤ $50,000 property damage*.

*Property damage examples - rental cars, leased items/equipment, General Service Administration (GSA) property, USAESCH property, installation property, land owner property.

(6) Army Motor Vehicle. All accidents involving the operation (whether moving or halted) of any Army vehicle that results in injury, damage to vehicle, or damage to any other property regardless of the amount of damage. For the purpose of this regulation, "Army vehicles" will include the following:

(a) All Corps of Engineers vehicles, regardless of who was operating the vehicle at the time of the accident.

(b) Vehicles leased or rented and operated by Corps of Engineers personnel.

(c) Privately owned vehicles when used for official business, authorized by travel orders, and operated by Corps of Engineers personnel.

(d) GSA vehicles operated by Corps of Engineers personnel.

(7) Injuries to the Public. Accident reports are required for injuries to the general public, as follows:

(a) Accidents and permanent disability involving public persons that occur on Corps of Engineers administered property.

(b) Injury in any degree, to a public person, incident to a Corps of Engineers activity, or occurring on premises under control of the Corps of Engineers, which might result in a claim against the United States Government.

(8) Private Property Damage. Accidental damage to private property, equipment, or material incident to a Corps of Engineers activity, regardless of the amount of damage, will be reported.

(9) Other Accidents. Accident reports must be submitted covering accidental explosions; fire involving ammunition and other explosives; exposure to microwave or ionizing radiation; chemical exposures, and contamination or damage of property from biological, radiological, or chemical agents.

b. Accident Notification.

(1) All Class A or B accidents are to be reported without delay and the task/activity being performed at the time of the accident immediately stopped and the accident scene preserved. Similar work will not resume until approved by the Chief, SOH Office.

(2) Fatalities or serious accidents will be reported as required per CEHNC-WI-SO-64-02, Accident Reporting, and can be viewed on the Safety Office website at: https://hnc-ws-intra.hnc.ds.usace.army.mil/ISO9000/Center-Wide/Center-wide%20TOC.htm

(3) Additionally, immediate telephonic notification will be made to the SOH Office of any accident resulting in any of the following consequences:

(a) Accidents in which three or more persons are hospitalized.

(b) Damage of $500,000.00 or more to Corps of Engineers or contractor property and/or equipment.

(c) Any mishap, regardless of the consequences, if it is suspected that it will result in unfavorable criticism of the Corps of Engineers, the Army, or provoke questions at headquarters.

(d) Drivers of Army motor vehicles involved in a motor accident will make telephonic/radio report of the accident to their supervisor as soon as possible after the accident occurs. Supervisors, upon notification, will make an immediate report through supervisory channels to the appropriate Director/Separate Office Chief. Directors/Separate Office Chiefs will then ensure that USACE Logistics Activity, Office of Counsel and the SOH Office are notified in a timely manner.

(4) All Class C or D accidents are to be reported within 24 hours except for accidents occurring on weekends, which will be reported the next workday following the accident. Work being performed at the time of the accident should be temporarily suspended and a preliminary investigation/assessment conducted to determine cause and ensure mitigation measures are employed to prevent reoccurrence prior to work resuming.

(5) When reporting an accident, which requires immediate telephonic notification after duty hours, or on weekends or holidays, follow the notification roster procedures. The SOH Office will follow the procedures outlined in AR 385-10 when reporting Class A or B accidents.

(6) Use DA Form 7306-R, Worksheet for Telephonic Notification of Ground Accident when reporting. (See Appendix B-1)

(7) Government civilian accidents are to be immediately reported to the first line

supervisor.

(8) Contractor accidents are to be reported to, the project manager (PM), contracting officer (KO), contracting officer representative (COR) and/or resident engineer (RE) herein referred to as the "Government Designated Authority (GDA)", who by position is responsible for overseeing, managing, directing, and/or administering the project/activity contract, operation, material or person(s) involved at the time of an accident.

(9) The supervisor or GDA upon learning of an accident must promptly contact the Safety and Occupational Health Office and provide a brief summary of the events surrounding the accident. The Safety Office in coordination with the GDA will notify the Command Group as appropriate.

(10) Upon Command Group notification, the Safety and Occupational Health Office will immediately notify the Headquarters Safety Office as appropriate. Additionally, the Safety and Occupational Health Office will prepare and forward the Report of Serious Accident (ROSA) to Headquarters as required.

(11) Chemical events will be reported in accordance with CEMP-CE Memo, Subject: Interim Guidance - Notification Procedures for Discovery of Recovered Chemical Warfare Materiel (RCWM) During USACE Projects, dated 23 April 2004.

c. Accident Reports.

(1) Accident Reporting Integrity. It shall be the responsibility of supervisors to take reasonable steps to ensure that all accidents are being properly reported. In any case, where there is doubt as to who is chargeable in an accident, the operating official shall submit an accident report to the SOH Office, with memorandum outlining facts pertinent to the case, and the decision as to whom is chargeable will be rendered by the proper authority.

(2) Exposure hours and lost workday (LWD) cases will be submitted through the COR and Contracting (CT) monthly to the USAESCH, Safety Office. The data must be submitted to arrive at the USAESCH not later than 10 calendar days after the end of each month. The information cut-off date will be the last day of each month. The monthly submission shall be on the spreadsheet located at the website listed below under USACE Prime Contractor Monthly Record of Accidents and Exposure Hours. If no hours are worked on the project/task, a report showing "zero (0)" is required. Complete page 1 only.

http://www.hnd.usace.army.mil/safety/Safety_Pol_Reg_Docs.aspx

(3) Reporting

(a) GOVERNMENT: The following accident reporting procedures apply to Government employees sustaining occupational disease or on-the-job traumatic injuries.

(1) EMPLOYEE. An employee who sustains a job-related injury or disease shall obtain from their supervisor and complete the employee portion of an Office of Workers Compensation Program (OWCP) Form CA-1 (for traumatic injury) or a CA-2 (for occupational disease). After completion, return form to the immediate supervisor. A CA-1 must be submitted on all injuries regardless of how insignificant they seem. The form will be returned to the OWCP at Redstone Arsenal 842-8850.

(2) SUPERVISOR.

(a) The supervisor shall provide the appropriate CA forms to the injured employee. The CA-1 or 2 will be completed as above. A CA-16 authorizing medical treatment will be furnished to the employee to take to the physician. Upon completion by the physician, the CA-16 will be returned to OWCP at Redstone Arsenal 842-8850.

(3) GOVERNMENT EMPLOYEE

(a) In addition, the supervisor of the injured employee shall complete the DA Form 285 Army Ground Accident Report (AGAR). The original DA Form 285 shall be forwarded through management channels and then to the SOH Office within five (5) working days from the date of the accident.

(4) CONTRACTOR: The following reporting procedures apply to all contractor activities.

(1) In the event of an accident, which results in a lost workday or $2,000 or more in property damage, the ENG Form 3394 will be completed with original signatures and submitted through the Government Designated Authority (GDA) to the SOH Office within five (5) workdays.

(2) Should an accident occur resulting in a fatality, $500,000 or more in property damage, permanent total disability or permanent partial disability, three or more persons being hospitalized, or any incident, which would result in adverse publicity to the Corps of Engineers, immediate notification, must be made to the USAESCH Commander, the Resident Engineer or Corps representative and SOH Office. (See notification chain listed in CEHNC-WI-SO-64-02, Accident Reporting)

https://hnc-ws-intra.hnc.ds.usace.army.mil/ISO9000/Center-Wide/Center-wide%20TOC.htm

(3) Damage to contractor or subcontractor property, which occurs incident to an operation, project, or facility for which EM 385-1-1 is applicable.

(4) Lost workday contractor or subcontractor injuries or occupational diseases that occur incident to an operation, project, or facility for which EM 385-1-1 is applicable.

(5) The following signature chain is to be used on the ENG Form 3394 on construction accidents. After each signature the name must be typed or printed legibly.

(a) Item 15c. Corps Construction Representative and Contractor On-site Representative.

(b) Item 16. Resident Engineer or Contractor Management/Corporate Headquarters.

(c) Item 17. Program Director

(d) Item 18. USAESCH SOH Office

(e) Item 19. Commander.

(c) Any questions concerning these reporting procedures should be directed to the Chief, SOH Office.

d. Accident Investigations:

(1) Government Civilian Accidents. The supervisor of a Government civilian employee who experiences an accident is responsible for investigating the accident and completing DA Form 285.

(2) Contractor Accidents. For Contractor accidents occurring incident to a USAESCH project/ activity, the contractor is responsible for performing the accident investigation in accordance with the contractor's accepted APP, a.k.a. Safety and Health Plan. Additionally, the Government may also investigate some contractor accidents due to their nature or seriousness.

(3) For all accidents, it is essential for the supervisor or contractor to take positive measures and any necessary corrective actions to prevent future occurrences. The investigation is the supervisor's or contractor's documented root cause analysis, internal review, and accurate account of an accident. The investigation report must be based on factual information gathered by a thorough and conscientious examination of all causal factors. The focus should be from a PREVENTION perspective. Carefully determining the root cause and then concentrating on identifying measures to mitigate or eliminate of similar future accidents can achieve this focus.

(4) At the conclusion of an accident investigation, the supervisor or contractor must submit a properly completed DA Form 285 (AGAR) for civilian or original ENG Form 3394 (contractor), with its instructions to the USAESCH Safety and Occupational Health Office for review and processing within 5 working days following the accident.

A copy of DA Form 285 and instructions can be found at:

http://www.hnd.usace.army.mil/safety/Safety_Pol_Reg_Docs.aspx

A copy of the ENG Form 3394 (pdf template) can be found at:

http://www.hnd.usace.army.mil/safety/organization/systems-eng/Safety/Safety%20Info/ENG%20Form%203394%20-%20Template.pdf

or you may access a copy of the ENG Form 3394 using the FormFlow filler.

The instructions for completing the ENG Form 3394 above can be found at:

http://www.hnd.usace.army.mil/safety/organization/systems-eng/Safety/Safety%20Info/3394_Instructions.pdf

This form must contain the original signatures.

(5) The USAESCH Safety and Occupational Health Office will assess the adequacy of the investigation as described in the ENG Form 3394 along with all submitted analyses to determine whether the information provided is acceptable.

(6) For Class A or B accidents, if the investigation report is found acceptable the Safety and Occupational Health Office will notify the supervisor or GDA that the specific work activity that was stopped may resume.

(7) For all classes of accidents if the report submitted is found unacceptable, e.g., missing data, any attachments or incomplete corrective actions, etc., the USAESCH Safety and Occupational Health Office will provide to the appropriate supervisor or GDA the rationale along with recommendations to improve the report. The GDA is responsible for notifying the contractor that the report requires additional information for completeness.

e. Safeguarding Accident Information. The completed ENG Form 3394 and any attachments or copies and extracts will not be appended to or enclosed in any report or document, unless the sole purpose of the other report or document is to aid in accident

prevention. Requests for copies of completed accident reports will be in writing and forwarded to the SOH Office.

f. Board of Investigation (BOI).

(1) A BOI appointed by the USACE Commander will investigate accidents involving a fatality or permanent total disability to Government, contractor, or military personnel or damage of $500,000 or more. Basic requisites of investigations for accidents are outlined in AR 385-10 dated 23 August 2007/RAR 14 June 2010.

(2) A representative of the USAESCH, SOH Office will serve on the board as president, member or technical advisor on accident investigation and reporting and technical safety requirements. Other members of the USAESCH may be designated as advisors to facilitate the investigation of the accident as required.

(3) Only Commanders at the general officer level, to include promotable Colonels, can appoint an accident investigation board. Accident Investigation boards for this Center will be appointed at the HQUSACE using the authority of the Commanding General. Requests for appointment will include a summary of the accident and recommendations for board members. All other provisions of AR 385-10 including, but not limited to, confidentiality and release of information for accident prevention purposes continue to apply.

(4) In the event that HQUSACE appoints the USAESCH to conduct the BOI, the procedures listed in this chapter will be followed. Two members of the SOH office will travel as soon as possible to all accidents that result in a fatality.

g. Board of Investigation Procedures.

(1) Appointment. A Board of Investigation will be appointed on orders by the HQUSACE Commander in the event of:

(a) Any accident involving a fatality, or permanent total disability to Government, contractor, or military personnel or damage of $2,000,000 or more.

(b) Any accident that the Chief of the SOH Office, USACE, or the USAESCH Commander determines a BOI is warranted due to the complexity of the accident or its potential for negative impact on the Corps.

(2) Board Membership. The USAESCH Commander nominates BOI members to the Commander HQUSACE with SOH Office input. The board will consist of at least three voting members: in addition, non-voting technical advisors will be appointed to facilitate the

investigation:

(a) The president of the board may be either a field grade officer or DA civilian in the grade of GS-13 or higher.

(b) The nomination of board members will be based on their ability to analyze accident circumstances, causes, and develop corrective measures to prevent future similar accidents.

(c) Board members will not be selected from the element incurring the accident, and members will be screened to ensure no member of the board has an interest in the investigation. For Chemical Demilitarization construction, members from the Resident Engineer's Office may be designated as advisors (non-voting) to facilitate the investigation of the accident. The same is true for the Ordnance and Explosives Program.

(d) Both members and advisors will be appointed on orders that specify:

(1) Board members are to be relieved of their regular duties, so they may give first priority to the accident investigation, until such time as the board report is submitted to the HQUSACE Commander for final approval.

(2) Board members and advisors are responsible for following AR 385-10 in safeguarding limited use accident investigation reports.

(e) Investigation, analysis, and preparation of board reports will involve only those members and advisors, including their clerical support, specified in the appointment orders. The Board report will not be staffed through or reviewed by other elements or individuals.

(f) Appointment of the Board shall be immediate and the Board provided a list of objectives to accomplish. The BOI report shall be attached to ENG Form 3394 and forwarded through channels within 45 days to SOH Office, HQUSACE.

(g) The Board of Investigation shall have authority to contact an outside expert to assist with the investigation where warranted. Board members shall be provided open-ended travel orders, which shall include provisions for rental vehicles, excess baggage, purchase of materials and supplies and consulting fee authorization.

(3) Actions. Action to be taken by SOH Office personnel in case of accidents as described in paragraph 1 of this chapter:

(a) Immediately notify the USAESCH Commander, HQUSACE and the US Army Safety Center (USASC).

(b) Complete a Report of Serious Accident (ROSA) and transmit to USACE.

(c) Provide any necessary input regarding selection of BOI members and advisors.

(d) Notify Public Affairs Office (PAO). All media inquiries shall be directed to PAO.

(e) Notify Government employees at accident site of the arrival date and time of the members of the BOI.

(f) Ensure that point of contact (POC) has been identified by name to assist BOI at the accident scene.

(g) Serve as technical advisor on BOI.

(4) Instructions for a Board of Investigation. Essential steps to be taken and reported in the investigation will include, but not be limited to, the following:

(a) The Board will visit the scene of the accident as soon as possible after the accident occurs. A reconstruction of the circumstances is highly desirable if the scene cannot be kept intact from the time of the accident.

(b) Clearly illustrate on drawing or chart all pertinent information of the vicinity.

(c) Take photographs, if practicable. Accompany each with an accurate description.

(d) Statements from witnesses and supervisors should include:

(1) Where the witness was at the time of the accident.

(2) What action, operation, etc., was taking place immediately prior to the time of the accident.

(3) How the accident happened.

(4) Written statements should be signed.

(e) As a minimum, establish the following facts about the accident:

(1) How long employee(s) involved, had been employed on the job.

(2) Was employee(s) qualified to perform his/her assigned duties?

(3) Did employee(s) have any known physical impairments?

(4) Was employee(s) familiar with safety requirements covering his/her work? If so, were safety requirements violated?

(5) Was an unsafe act or condition the cause of the accident?

(6) What safety instructions had been given by the supervisor?

(7) Has hazard or safety violation been called to the attention of the supervisor? If so, by whom and when?

(8) Was the equipment involved in safe operating condition? If not, by and to whom had this condition been reported and what action was taken?

(9) How could the accident have been prevented? (Include systematic weaknesses that contributed to mishap).

(10) Describe direct and indirect causes.

(11) Has hazard analysis been completed and accepted for this particular phase of construction?

(f) If conflicting evidence is obtained, secure enough additional evidence from reliable sources to resolve the conflict.

(g) BOI members will take the appropriate equipment to conduct the investigation. As a minimum, the following items should be carried to accident site:

(1) Camera, film, flash unit and appropriate batteries for both.

(2) Cassette recorder, blank tapes, and batteries.

(3) Directional compass.

(4) Tape measure, 100-foot.

(5) Ruler, 12-inch.

(6) Marking pencils, paint, chalk or crayon (suitable for marking pavement).

(7) Tags (adhesive and tie-on type).

(8) Re-sealable plastic bags.

(9) Engineering tape (to mark off area).

(10) Writing supplies (pens, pencils, and paper).

(11) Flashlight (spare batteries and bulb).

(12) Appropriate PPE if warranted.

(5) BOI Report. Reports of the Board are to include the following information that is applicable to the particular type of accident investigated.

(a) General.

(1) BOI authorization and board members.

(2) Classification of accident: name, age, and occupation of deceased; equipment involved; date of accident; name of employer; name and location of project.

(b) Description. Give scenario of accident, describing the factual details.

(c) Findings. List all relevant factual findings of the investigation. Summarize testimony of witness in the discussion and do not include verbatim statements. The Board will resolve conflicts in testimony based on the best available evidence. Identify witnesses only by job title or assignments such as Resident Engineer, heavy equipment operator, etc.

(d) Conclusions. List the Board's conclusions as to the causes, direct and indirect, of the accident. Conclusions and recommendations each shall be printed on separate pages to facilitate their removal in the event the Board Report is released. With regards to standards and operation procedures, reports will identify the following:

(1) Standards or procedures were incomplete, unclear, impractical, or did not exist.

(2) Standards or procedures exist but were not known or ways to achieve them were not known.

(3) Standards or procedures were known but were not enforced, and the reasons the standards were not enforced.

(4) Standards or procedures were known but were not followed, and the reasons the standards were not followed.

(e) Recommendations. For each causal factor, direct or indirect, the Board will recommend actions to preclude their future occurrence. As appropriate, recommendations will target all levels of involvement, i.e., employee, supervisory, managerial; support center, or headquarters, USACE levels; Corps and contractor.

(f) Signatures. All members of the Board.

(g) Abstract Report. An abstract of the accident in the following format, which will only include factual information:

(1) Type of location.

(2) Date and Time.

(3) Agent directly causing the accident.

(4) Personnel and equipment categories.

(5) Details of occurrence.

(6) Nature and number of injuries and property damage.

(7) Causes, direct and indirect.

(8) Remarks.

(9) Recommendations for corrective actions to preclude future occurrences of similar accidents (one for each direct and indirect cause identified in (7).

(h) Appendices. The report should include photographs, sketches, diagrams and other exhibits such as inspection reports, accident prevention programs, training documents, etc., necessary to present a clear picture.

(i) The Board chairperson will send all reports of the Board of Investigation to the Chief, SOH Office. Four copies are required.

(6) Recommendations and Findings. The Chief, SOH Office is designated to review and make recommendations on the findings and recommendations of the Board. He will ensure that each report meets the following criteria:

(a) Was the true cause of the accident identified?

(b) Were the necessary significant engineering factors and system errors brought to light?

(c) Was realistic corrective action recommended?

(d) Have the responsible personnel taken recommended corrective action?

(e) If the major reason/cause of the accident was human error the following will be identified:

(1) Required safety or health standards were not clear or practical, or did not exist.

(2) Standards exist but were not known, or ways to achieve them were not known.

(3) Standards were known but not enforced.

(4) Standards were known but not followed.

(7) Disposition. The Chief, SOH Office will submit the report of the Board in its final form to the USAESCH Commander for review, comments, and approval before forwarding with final ENG Form 3394 through channels to the Chief of Engineers. The original and two copies of the report will be forwarded to reach HQ USACE, Washington, DC 20314-1000, not later than 45 calendar days following the accident. The report is to reach the USAESCH Commander within 30 calendar days of the accident in order to reach USACE within the 45-day limit. A cover letter should be prepared and signed by the USAESCH Commander, and should include:

(a) Concurrence or non-concurrence in each recommendation.

(b) Actions taken or to be taken to implement each recommendation concurred with by the Resident Engineer and if endorsed USAESCH Commander.

(c) The date's corrective action will be effective or completely implemented.

(d) Additional alternative preventative measures, as appropriate.

(8) Injury/illness data analysis. The OSHA Form 300 log of all recordable occupational injuries and illnesses is maintained for and/or at each work facility. In some cases, the log may be kept at the main office (This involves ensuring the information from the initial accident report is posted onto the master form in the main office within six days after the accident has occurred). The summary section of the OSHA Form 300 must be posted at each work facility/site by February 1st of the following year and remain in place until April 30th. Workplace injury and illness data shall be evaluated and analyzed to enumerate injury and illness types, to detect time trends and spatial patterns, and to determine proportional distributions among operations and personnel. Results of the analyses are useful in detecting hazards and setting priorities for hazard corrections.

(9) Hazard incidence data analysis. Workplace "near misses" and incident data shall be evaluated and analyzed to enumerate hazard types, to detect time trends and spatial patterns, and to determine proportional distributions among operations and personnel. Results of the analyses are useful in setting hazard prevention priorities.

2-8. Records/Evaluations

a. Records Maintenance.

(1) The SOH Office will maintain accident reports and safety training records.

(2) The hazard and exposure data of the employee's PHA will be supplied to the FAHC-OM. Record of this information, along with the medical surveillance and hearing conservation records generated during the examinations will be maintained by the clinic.

b. Audits/Safety Surveys. All identified hazards from inspections, job surveillance and employee concerns shall be documented and tracked to verify corrective actions. In addition, all scheduled maintenance activities and repair orders shall be documented and tracked to verify the completion or corrective action. Corrective actions shall be completed in a timely manner pending its seriousness. Corrective actions taking 30 days or longer shall be reviewed by the safety manager / safety committee.

2-9. Innovative and Special Emphasis Programs

a. Family and Off-the-Job Safety. The SOH Office will provide to all USAESCH employees applicable safety information related to family and off-the-job activities. This information will be disseminated as necessary through electronic mail and printed media. Examples of this safety information are holiday safety messages, Consumer Product Safety Commission notices, and general safety information provided by commercial sources.

b. Operation of Motor Vehicles.

(1) All personnel who operate vehicles on official business will possess a valid state driver's license and operate such vehicles IAW applicable Federal and governing state laws. Seat belt usage is required while on official business and while operating a Government vehicle.

(2) Operators of USAESCH motor vehicles shall not eat, drink, or smoke while the vehicle is in motion. The principles of defensive driving shall be practiced. Operators of Army motor vehicles shall receive Defensive Driving Training every 4 years.

(3) Operators of USAESCH motor vehicles/equipment or USAESCH employees using their vehicles on official business, either on or off USAESCH projects, and operators of Contractor motor vehicles/equipment being used on USAESCH projects may only use cellular telephones with hands-free devices while the vehicle is in motion. Prior to using a hand-held cellular phone, drivers shall find a safe place to bring their vehicle to a stop. This requirement does not preclude passenger(s) from using cellular phones while the vehicle is in motion. The use of headphones and/or earphones is prohibited while operating a motor vehicle/equipment.

(4) Prior to using a Government vehicle, personnel will perform a check of equipment necessary for the safe operation of that vehicle. This will include an inspection of tires, lights, wipers, and any other equipment deemed necessary for operating the vehicle in a safe manner. Any items found to be deficient will be corrected prior to using that vehicle.

(5) All vehicle accidents involving Government personnel or Government vehicles will be reported to the SOH Office. Accidents involving contractor personnel or vehicles while on the USAESCH project site will also be reported. Reporting of these accidents will be completed on ENG Form 3394. If the accident falls outside the definition of a Class A through a Class D accident, ENG Form 3394 will be marked with "Info Only" across top margin on first page.

Martha E. Cook

MARTHA E. COOK
Executive Officer

Appendices

APP A – References
APP B – Forms
APP C – Risk Assessment Codes and Matrix
APP D – Automated External Defibrillator Program
APP E – Fire/Evacuation Drill Report
APP F – Contractor Monthly Record of Accidents and Exposure Hours
APP G – Definitions

APP H – Medical Surveillance Program Physicians Statement CEHNC Form 954
APP I – Respiratory Protection Program Record (MSFC Form 3790-1)
APP J – OSHA Respirator Medical Evaluation Questionnaire (Mandatory), MCXW Form 720, 15 April 2008

APPENDIX A

REFERENCES

1. Commander's Safety Policy Memorandum No. 09-11, CEHNC-SO, 28 July 2009.

https://hnc-ws-intra.hnd.usace.army.mil/im/publications/search/PM/PM09-11.pdf

2. Title 29, Chapter XVII, Part 1910, Code of Federal Regulations. Standards for General Industry
http://www.osha.gov/pls/oshaweb/owastand.display_standard_group?p_toc_level=1&p_part_number=1910

3. Title 29, Part 1910.120, Code of Federal Regulations, Hazardous waste operations and emergency response
http://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=STANDARDS&p_id=9765

4. Title 29, Chapter XVII, Part 1926, Code of Federal Regulations. Standards for the Construction Industry
http://www.osha.gov/pls/oshaweb/owastand.display_standard_group?p_toc_level=1&p_part_number=1926

5. Title 29, Chapter XVII, Part 1960, Code of Federal Regulations. Basic Program Elements for Federal Employee OSH Program and Related Matter
http://www.osha.gov/pls/oshaweb/owastand.display_standard_group?p_toc_level=1&p_part_number=1960

6. Title 29, Part 1910.1030, Code of Federal Regulations, Bloodborne Pathogens Exposure Control.
http://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=STANDARDS&p_id=10051

7. 29 CFR 1910.132 - General Industry Standard for PPE.
http://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=STANDARDS&p_id=9777

8. Executive Order 12196, Occupational Safety and Health Programs, Federal Employees.
http://www.archives.gov/federal-register/codification/executive-order/12196.html

9. AR 11-34, The Army Respiratory Protection Program.
http://www.apd.army.mil/pdffiles/r11_34.pdf

10. AR 40-5, Preventative Medicine. http://www.army.mil/usapa/epubs/pdf/r40_5.pdf
ftp://pubs.army.mil/pub/epubs/pdf/r40_5.pdf

11. AR 40-10, Health Hazard Assessment Program.
http://www.army.mil/usapa/epubs/pdf/r40_10.pdf

12. AR 50-6, Nuclear and Chemical Weapons and Materiel, Chemical Surety
http://www.apd.army.mil/pdffiles/r50_6.pdf

13. AR 385-10, The Army Safety Program.
http://www.army.mil/usapa/epubs/pdf/r385_10.pdf

14. AR 600-55, The Army Driver and Operator Standardization Program (Selection, Training, Testing, and Licensing). http://www.army.mil/usapa/epubs/pdf/r600_55.pdf

15. DA Pamphlet 40-8, Occupational Health Guidelines for the Evaluation and Control of Occupational Exposure to Nerve Agents. http://www.army.mil/usapa/epubs/pdf/p40_8.pdf

16. DA Pamphlet 40-173, Occupational Health Guidelines for the Evaluation and Control of Occupational Exposure to Mustard Agents. http://www.army.mil/usapa/epubs/pdf/p40_173.pdf

17. DA Pamphlet 40-501, Hearing Conservation Program.
http://www.army.mil/usapa/epubs/pdf/p40_501.pdf

18. DA Pamphlet 40-503, The Army Industrial Hygiene Program.
http://www.army.mil/usapa/epubs/pdf/p40_503.pdf

19. DA Pamphlet 40-506, Occupational Vision. The Army Vision Conservation and Readiness Program.
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20. DA Pamphlet 385-61, Toxic Chemical Agent Safety Standards.
http://www.army.mil/usapa/epubs/pdf/p385_61.pdf

21. DA Pamphlet 385-64, Ammunition and Explosives Safety Standards
http://www.army.mil/usapa/epubs/pdf/p385_64.pdf

22. DA PAM 385-24, The Army Radiation Safety Program
http://www.army.mil/USAPA/epubs/pdf/p385_24.pdf

23. ER 385-1-92, Safety and Occupational Health Requirements for Hazardous, Toxic and Radioactive Waste (HTRW) Activities
http://www.usace.army.mil/inet/usace-docs/eng-regs/er385-1-92/toc.htm

24. ER 385-1-95, Safety and Health Requirements for Munitions and Explosives of Concern (MEC) Operations
http://140.194.76.129/publications/eng-regs/er385-1-95/toc.htm

25. DA PAM 40-21, Ergonomics Program
http://www.army.mil/usapa/epubs/pdf/p40_21.pdf

26. EP 385-1-96, USACE Ergonomics Program Procedures
http://140.194.76.129/publications/eng-pamphlets/ep385-1-96/toc.htm

27. EP 415-1-260, Resident Engineer's Manual
http://www.usace.army.mil/inet/usace-docs/eng-pamphlets/ep415-1-260/toc.htm

28. EM 385-1-1, U.S. Army Corps of Engineers, Safety and Health Requirements Manual.
http://www.usace.army.mil/CESO/Pages/EM385-1-1.aspx

29. PL 91-596, Occupational Safety and Health Act of 1970
http://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=OSHACT&p_id=2743

30. American National Standards Institute Inc. (ANSI) Z88-2, Respiratory Protection Program.

31. ANSI Compressed Gas Association G-7.1-1989, Commodity Specifications for Breathing.

32. ANSI Z87.1, Practice for Occupational and Educational Eye and Face Protection.

33. TB Med 502, Occupational and Environmental Health – Respiratory Protection Program.
http://www.army.mil/usapa/med/DR_pubs/dr_a/pdf/tbmed502.pdf

34. FM 5-19, Composite Risk Management
https://rdl.train.army.mil/soldierPortal/atia/adlsc/view/public/23137-1/FM/5-19/toc.htm

35. DA PAM 385-30, Mishap Risk Management
http://www.army.mil/usapa/epubs/pdf/p385_30.pdf

36. ER 385-1-99, USACE Accident Investigation and Reporting, 15 March 2010
(This regulation supersedes USACE Supplement 1 to AR 385-1-40, dated 30 March 1990)
http://140.194.76.129/publications/eng-regs/er385-1-99/

APPENDIX B

FORMS

1. DD Forms

   DD Form 2272
   Department of Defense Safety and Occupational Health Protection
   http://www.dtic.mil/whs/directives/infomgt/forms/forminfo/forminfopage1397.html

2. SF Forms

   SF 91 Motor Vehicle Accident Report
   http://www.army.mil/usapa/eforms/pdf/S91.PDF

3. DA Forms

   DA Forms 285 (with Instructions)
   http://www.hnd.usace.army.mil/safety/Safety_Pol_Reg_Docs.aspx

   DA Form 7306-R Worksheet for Telephonic Notification of Ground Accident
   http://www.army.mil/usapa/eforms/pureEdge/A7306.XFDL
   DA Form 4753 Notice of Unsafe or Unhealthful Working Conditions
   http://www.army.mil/usapa/eforms/pdf/A4753.PDF

   DA Form 4754 Violation Inventory Log
   http://www.army.mil/usapa/eforms/pdf/A4754.PDF

   DA Form 4755 Employee Report of Alleged Unsafe or Unhealthful Working Conditions
   http://www.army.mil/usapa/eforms/pdf/A4755.PDF

   DA Form 4756 Installation Hazard Abatement Plan
   http://www.army.mil/usapa/eforms/pdf/A4756.PDF

4. CEHNC Forms

   CEHNC 954 Medical Surveillance Program Physician's Statement
   See Appendix H-2 or
   http://www.hnd.usace.army.mil/safety/Safety_Health_Links.aspx

MSFC Form 3790-1 Respiratory Protection
http://www.hnd.usace.army.mil/safety/Safety_Health_Links.aspx

OSHA Respirator Medical Evaluation Questionnaire (Mandatory), 28 Jan 2010
http://www.hnd.usace.army.mil/safety/Safety_Health_Links.aspx
ENG Form 3394 Accident Investigation Report (for Contractors)
See Safety Homepage at: http://www.hnd.usace.army.mil/safety/Safety_Pol_Reg_Docs.aspx

ENG Form 6017-R Position Hazard Analysis
See https://hnc-ws-intra.hnd.usace.army.mil/PHA/index.asp or FormFlow

APPENDIX C

RISK ASSESSMENT CODES (RAC) AND MATRIX

1. Table 3-3 DA PAM 385-30, Mishap Risk Management Process probability categories

Probability	Symbol	Definition
Frequent	A	Occurs very often; known to happen regularly.
Likely	B	Occurs several times; a common occurrence.
Occasional	C	Occurs sporadically, but is not uncommon.
Seldom	D	Remotely possible; could occur at some time.
Unlikely	E	Can assume will not occur but not impossible.

2. Table 3–4 from DA PAM 385-30, Mishap Risk Management Process severity categories

a. Category: I

1. Description: CATASTROPHIC

2. Definition: Loss of ability to accomplish the mission or mission failure. Death or permanent total disability (accident risk). Loss of major or mission-critical system or equipment. Major property (facility) damage. Severe environmental damage. Mission-critical security failure. Unacceptable collateral damage.

b. Category: II

1. Description: CRITICAL

2. Definition: Significantly (severely) degraded mission capability or unit readiness. Permanent partial disability, temporary total disability exceeding 3 months time (accident risk). Extensive (major) damage to equipment or systems. Significant damage to property or the environment. Security failure. Significant collateral damage.

c. Category: III

1. Description: MARGINAL

2. Definition: Degraded mission capability or unit readiness. Minor damage to

equipment or systems, property, or the environment. Lost day due to injury or illness not exceeding 3 months (accident risk). Minor damage to property or the environment.

d. Category: IV

1. Description: NEGLIGIBLE

2. Definition: Little or no adverse impact on mission capability. First aid or minor medical treatment (accident risk). Slight equipment or system damage, but fully functional and serviceable. Little or no property or environmental damage.

3. Table 3–5 from DA PAM 385-30, Standardized Army risk matrix

	Probability				
Severity	Frequent A	Likely B	Occasional C	Seldom D	Unlikely E
Catastrophic I	E (1)	E (1)	H (2)	H (2)	M (3)
Critical II	E (1)	H (2)	H (2)	M (3)	L (4)
Marginal III	H (2)	M (3)	M (3)	L (4)	L (5)
Negligible IV	M (3)	L (4)	L (4)	L (5)	L (5)

APPENDIX D

AUTOMATED EXTERNAL DEFIBRILLATOR (AED) PROGRAM

See http://www.hnd.usace.army.mil/safety/Safety_Pol_Reg_Docs.aspx

APPENDIX E

FIRE EVACUATION/DRILL REPORT

1. Name, telephone extension, and office symbol of Area Fire/Floor Monitor:

_____

2. Date of fire evacuation/drill: _____

3. Area of responsibility: _____

	YES	NO	N/A
4. Did all area personnel evacuate?	☐	☐	☐
5. Did personnel evacuate in a safe, orderly manner?	☐	☐	☐
6. Are there special assistance personnel in your area, e.g., handicapped?	☐	☐	☐
a. If so, is someone assigned to assist?	☐	☐	☐
b. Did handicapped person evacuate quickly and safely?	☐	☐	☐
7. Was fire alarm clearly audible?	☐	☐	☐
8. Was the fire alarm strobes working properly?	☐	☐	☐
9. Were all doors leading from your area closed?	☐	☐	☐
10. Were all classified materials secured or otherwise protected?	☐	☐	☐
11. Were means of egress clear of any obstruction?	☐	☐	☐
12. Were all personnel accounted for at the designated meeting point?	☐	☐	☐

13. Remarks (explain all NO answers to questions 4 through 11):

_____
_____
_____

_____ Signature

_____ Office Symbol

APPENDIX F

CONTRACTOR MONTHLY RECORD OF ACCIDENTS AND EXPOSURE HOURS

See Safety Homepage at: http://www.hnd.usace.army.mil/safety/Safety_Pol_Reg_Docs.aspx
or
http://www.hnd.usace.army.mil/safety/organization/systems-eng/Safety/Safety%20Info/Contractor_Monthly_Record_of_Accidents_and_Exposure_Hours3-10_formula%20protected.xls

APPENDIX G

DEFINITIONS

1. Abate. To eliminate or reduce a hazard.

2. Accident. An unplanned event that causes personal injury or illness, or property damage.

a. Class A - Fatality or permanent total disability (Government Civilian, Military Personnel, and/or Contractor), or $2,000,000 or more property damage*.

b. Class B - Permanent partial disability or inpatient hospitalization of 3 or more persons (Government Civilian, Military Personnel, and/or Contractor), $500,000 ≤ $2,000,000 property damage*.

c. Class C - Lost Workday (Contractor) or Lost Time (Government Civilians and Military Personnel), $50,000 ≤ $500,000 property damage*.

d. Class D - $2000 ≤ $50,000 property damage*.

*Property damage examples - rental cars, leased items/equipment, GSA property, USAESCH property, installation property, land owner property.

3. Accident Probability. An assessment of the likelihood that; given exposure to a hazard, an accident will result.

4. DOD Contractor. A non-Federal employer performing under a DOD contract, whether as prime contractor or subcontractor.

5. Engineering Controls. Physical changes to work stations, equipment, materials, processes, production facilities or any other relevant aspect of the work environment that reduce or prevent exposure to workplace risk factors. The use of personal protective equipment is not considered an engineering control.

6. Ergonomics. The field of study that seeks to fit the job to the person, rather than the person to the job. Includes the evaluation and design of workplaces, environments, jobs, tasks, equipment, and processes in relationship to human capabilities and interactions in the workplace.

7. Hazard Severity. An assessment of the expected consequence, defined by degree of injury or occupational illness that could occur from exposure to a hazard.

8. Imminent Danger. Conditions or practices in any workplace or operational area that pose a danger that reasonably could be expected to cause death or permanent total disability, significant mission degradation, system loss, or major property damages before such danger could be eliminated through normal procedures

9. Inspection. The process of determining compliance with safety and health standards through physical surveys of workplaces, operations, and facilities.

10. OSHA. Occupational Safety and Health Administration of the United States Department of Labor.

11. Report of Serious Accident (ROSA) – Notifications that are required whenever a Class A or B accident occurs.

12. Risk Assessment. A structured process to identify and assess hazards. An expression of potential harm, described in terms of hazard severity, accident probability, and exposure to hazard.

13. Risk Assessment Code (RAC) – A numerical expression of risk that combines the elements of hazard severity (I – Catastrophic, II – Critical, III – Marginal, IV – Negligible) and mishap probability (A – Frequent, B – Likely, C – Occasional, D – Seldom). Often used to quantitatively assess a hazard for potential adverse effects and to determine hazard abatement priorities.

14. Risk Decision. The decision to accept or not accept the risk(s) associated with an action. Made by the commander, supervisor, or individual performing the action within the constraints of the law.

15. Risk Management. A structured risk reduction process to assist leaders in identifying and controlling safety and health hazards and making informed decisions. Risk management is a cyclical process that involves:

a. Identifying hazards.

b. Evaluating hazards in relation to personnel, equipment, and mission.

c. Developing controls.

d. Implementing controls.

e. Supervising and evaluating the appropriateness of established controls and making adjustments where necessary.

16. Safety and Health Committee - A committee with representation of workers' safety and health representatives and employers' representatives established and functioning at *organization* level according to national laws, regulations and practice.

17. Serious Accident – Term used to describe a Class A or B accident.

APPENDIX H

MEDICAL SURVEILLANCE PROGRAM PHYSICIAN'S STATEMENT

CEHNC FORM 954
http://www.hnd.usace.army.mil/safety/Safety_Health_Links.aspx

MEDICAL SURVEILLANCE PROGRAM
PHYSICIAN'S STATEMENT

Employee Name_____ SSN: (last four)_____

Office Symbol _____Supervisor_____

This form when completed serves as the examining physician's medical opinion for the above named employee in accordance with Title 29, Code of Federal Regulations, Part 1910. The employee has been informed of the results of the medical examination and any medical conditions, which require further examination and treatment.

Place an X in the block for each statement that applies. Provide additional information where indicated and as necessary. Attach additional pages where necessary.

1. [ ] The above named employee has been medically evaluated and is found physically fit to enter and work on a hazardous, toxic, explosive, and/or radioactive waste site. There are no detected conditions, which would place the employee at increased risk of impairment of the employee's health from work in hazardous waste operations.

2. [ ] The above named employee has been medically evaluated and does not exhibit any detected medical conditions that would place the employee at an increased risk of material impairment from exposure to asbestos, tremolite, anthophyllite, or actinolite. The employee has been informed of the increased risk of lung cancer attributable to the combined effect of smoking and asbestos exposure.

3. [ ] The above named employee is physically able to perform tasks as assigned wearing respiratory protection.

4. [ ] Recommended limitations upon assigned work. List all that apply. Attach additional pages as necessary.

Signature: _____ Date_____
Examining Physician

PRIVACY ACT STATEMENT - Data Required by the Privacy Act. Authority: Title 5, US Code, Sections 301, 2105. Purpose and Use: To secure information that will be used solely as part of the medical surveillance program which will implement 29 CFR 1910.120, Hazardous Waste Operations and Emergency Response, and CEHNCR 385-1-1, Safety & Occupational Health Program Management. Effects of Nondisclosure: Personal information provided is given on a voluntary basis. Failure to provide information requested may require employee's exclusion from hazardous waste operations. Routine Uses: Information collected will be used to verify that personnel have had any required medical evaluations.

CEHNC Form 954, 28 Feb 02

APPENDIX I

RESPIRATORY PROTECTION PROGRAM RECORD FOR ARMY

MSFC FORM 3790-1
http://www.hnd.usace.army.mil/safety/Safety_Health_Links.aspx

RESPIRATORY PROTECTION PROGRAM RECORD FOR ARMY

Name: (Last) (First) (Middle)	Phone: 256-895-	Bldg.: 4820 Univ Square	Date:
Email address:	Office Code: CEHNC-	Job Title:	
SS#: (last 4 digits): / MACOM: U.S. Army Corps of Engineers (COE)			
Name of Supervisor:	Supervisor's Phone: 256-895-		
Supervisor, Industrial Hygienist, or Safety Certification Signature That Employee "Potential Occupational Exposure" is Accurate:	Recommended Type of Respirator (SSHO)		

POTENTIAL OCCUPATIONAL EXPOSURE

CHEMICALS (Check if Applicable) _____

_____ Photographic _____ Adhesives _____ Isocyanates _____ Formaldehyde _____ Lubricants/Oils
_____ Paints _____ Cryogenics _____ Benzene _____ Compressed Gas _____ PCBs
_____ Solvents _____ Fuels _____ Plating/Surface Treatment Chemicals
_____ Resins _____ Ammonia _____ Pesticides/Herbicides/Insecticides
_____ Other: (Explain): _____ Explosives/OE/UXO, Mustard/Nerve Agent/CWM

Explain use: Respirators are available on-site through the contractors; and respirator selection is based on "a reasonable estimate of employee exposure."

METALS/DUSTS/FIBERS (Check if Applicable) _____

_____ Lead _____ Fiberglass _____ Soldering Fumes _____ Nickel _____ Beryllium
_____ Mercury _____ Asbestos _____ Chromium _____ Arsenic _____ Nuisance Dusts
_____ Cadmium _____ Welding Fumes _____ Silica/Abrasive Blasting Media
_____ Other (Explain): _____

Explain Use: The Individual named above has:
Undergone a physical examination per OSHA (29CFR 1910.134 (b)) and been found
Medically: ( ) qualified to use a respirator; ( ) not qualified to use a respirator

PHYSICIAN'S APPROVAL

ACTION TAKEN:	TYPE OF ACTION:	Signature of Physician:	DATE:
_____ Approved _____ Disapproved _____ Use Test required _____ Corrective Lenses Required	_____ Initial Issuance _____ Annual Review		

FUNDING APPROVAL

Funding for these services has been made to RASA.

_____
Date

MSFC FORM 3790-1 (Jan 1999)

FOX ARMY HEALTH CENTER
OCCUPATIONAL MEDICINE

OSHA Respirator Medical Evaluation Questionnaire
(Mandatory)

FOX ARMY HEALTH CENTER
OCCUPATIONAL MEDICINE

OSHA Respirator Medical Evaluation Questionnaire
(Mandatory)

To the employer: Answers to questions in Section 1, and to question 9 in Section 2 of Part A, do not require a medical examination.

To the employee:

Can you read? (select one): Yes ☐ No ☐

Your employer must allow you to answer this questionnaire during normal working hours, or at a time and place is convenient to you. To maintain your confidentiality, your employer or supervisor must not look at or review your answers, and your employer must tell you how to deliver or send this questionnaire to the health care professional who will review it.

Part A, Section 1 (Mandatory) The following information must be provided by every employee who has been selected to use any type of respirator (please print). Today's date _____

Name _____ Job Title _____

Age _____ Male/ Female (circle one) Height (ft, in) _____ Weight (lbs) _____

A phone number where you can be reached by the health care professional who reviews this questionnaire (include the Area Code): _____

The best time to phone you at this number: _____

Has your employer told you how to contact the health care professional who will review this questionnaire (select one): Yes ☐ No ☐

Check the type of respirator you will use (you can check more than one category):

a. _____ N, R, or P disposable respirator (filter-mask, non-cartridge type only).
b. _____ Other type
☐ half- face
☐ full- facepiece type,
☐ powered-air purifying,
☐ supplied-air,
☐ self-contained breathing apparatus.

Have you worn a respirator (select one): Yes ☐ No ☐
If "yes," what type(s): _____

Part A, Section 2. (Mandatory) Questions 1 through 9 below must be answered by every employee who has bee selected to use any type of respirator (please select "yes" or "no").

1. Do you currently smoke tobacco, or have you smoked tobacco in the last month Yes ☐ No ☐

OSHA Respiratory Questionnaire

2. Have you ever had any of the following conditions?

Seizures (fits)	Yes ☐	No ☐
Diabetes (sugar disease)	Yes ☐	No ☐
Allergic reactions that interfere with your breathing	Yes ☐	No ☐
Claustrophobia (fear of closed-in places)	Yes ☐	No ☐
Trouble smelling odors	Yes ☐	No ☐

3. Have you ever had any of the following pulmonary or lung problems?

Asbestosis	Yes ☐	No ☐
Asthma	Yes ☐	No ☐
Chronic bronchitis.	Yes ☐	No ☐
Emphysema:	Yes ☐	No ☐
Pneumonia	Yes ☐	No ☐
Tuberculosis	Yes ☐	No ☐
Silicosis	Yes ☐	No ☐
Pneumothorax (collapsed lung)	Yes ☐	No ☐
Lung cancer	Yes ☐	No ☐
Broken ribs:	Yes ☐	No ☐
Any chest injuries or surgeries:	Yes ☐	No ☐
Any other lung problem that you've been told about:	Yes ☐	No ☐

4. Do you currently have any of the following symptoms of pulmonary or lung illness?

Shortness of breath:	Yes ☐	No ☐
Shortness of breath when walking fast on level ground or walking up a slight hill or incline	Yes ☐	No ☐
Shortness of breath when walking with other people at an ordinary pace on level ground	Yes ☐	No ☐
Have to stop for breath when walking at your own pace on level ground:	Yes ☐	No ☐
Shortness of breath when washing or dressing yourself:	Yes ☐	No ☐
Shortness of breath that interferes with your job:	Yes ☐	No ☐
Coughing that produces phlegm (thick sputum):	Yes ☐	No ☐
Coughing that wakes you early in the morning.	Yes ☐	No ☐
Coughing that occurs mostly when you are lying down:	Yes ☐	No ☐
Coughing up blood in the last month:	Yes ☐	No ☐
Wheezing:	Yes ☐	No ☐
Wheezing that interferes with your job:	Yes ☐	No ☐
Chest pain when you breathe deeply:	Yes ☐	No ☐
Any other symptoms that you think may be related to lung	Yes ☐	No ☐

5. Have you ever had any of the following cardiovascular or heart problems?

Heart attack	Yes ☐	No ☐
Stroke:	Yes ☐	No ☐
Angina:	Yes ☐	No ☐
Heart failure:	Yes ☐	No ☐
Swelling in your legs or feet (not caused by walking):	Yes ☐	No ☐
Heart arrhythmia (heart beating irregularly):	Yes ☐	No ☐
High blood pressure.	Yes ☐	No ☐
Any other heart problem that you've been told about.	Yes ☐	No ☐

6. Have you ever had any of the following cardiovascular or heart symptoms?

Frequent pain or tightness in your chest	Yes ☐	No ☐
Pain or tightness in your chest during physical activity	Yes ☐	No ☐
Pain or tightness in your chest that interferes with your job	Yes ☐	No ☐
In the past two years, have you noticed your heart skipping or missing a beat :	Yes ☐	No ☐
Heartburn or symptoms that is not related to eating	Yes ☐	No ☐
Any other symptoms that you think may be related to heart or circulation problems:	Yes ☐	No ☐

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OSHA Respiratory Questionnaire

7. Do you currently take medication for any of the following problems:

Breathing or lung problems:	Yes ☐	No ☐
Heart trouble:	Yes ☐	No ☐
Blood pressure:	Yes ☐	No ☐
Seizures (fits):	Yes ☐	No ☐

8. If you've used a respirator, have you ever had any of the following problems? (If you've never used respirator, check the following space and go to question 9)

Eye irritation:	Yes ☐	No ☐
Skin allergies or rashes:	Yes ☐	No ☐
Anxiety:	Yes ☐	No ☐
General weakness or fatigue:	Yes ☐	No ☐
Any other problem that interferes with your use of a respirator:	Yes ☐	No ☐

9. Would you like to talk to the health care professional who will review this questionnaire about your answers to this questionnaire: Yes ☐ No ☐

Questions 10-15 below must be answered by every employee who has been selected to use a ***full-facepiece*** respirator or a ***self-contained breathing apparatus (SCBA)***. For employees have been selected to use other types of respirators, answering these questions is voluntary.

10. Have you ever lost vision in either eye (temporarily or permanently): Yes ☐ No ☐

11. Do you currently have any of the following vision problems?

Wear contact lenses:	Yes ☐	No ☐
Wear glasses:	Yes ☐	No ☐
Color blind:	Yes ☐	No ☐
Any other eye or vision problem:	Yes ☐	No ☐

12. Have you ever had an injury to your ears, including a broken ear drum: Yes ☐ No ☐

13. Do you currently have any of the following hearing problems?

Difficulty hearing:	Yes ☐	No ☐
Wear a hearing aid:	Yes ☐	No ☐
Any other hearing or ear problem:	Yes ☐	No ☐

14. Have you ever had a back injury: Yes ☐ No ☐

15. Do you currently have any of the following musculoskeletal problems?

Weakness in any of your arms, hands, legs, or feet:	Yes ☐	No ☐
Back pain:	Yes ☐	No ☐
Difficulty fully moving your arms and legs:	Yes ☐	No ☐
Pain or stiffness when you lean forward or backward at the waist:	Yes ☐	No ☐
Difficulty fully moving your head up or down:	Yes ☐	No ☐
Difficulty fully moving your head side to side:	Yes ☐	No ☐
Difficulty bending at your knees:	Yes ☐	No ☐
Difficulty squatting to the ground:	Yes ☐	No ☐
Climbing a flight of stairs or a ladder carrying more than 25 lbs.	Yes ☐	No ☐
Any other muscle or skeletal problem that interferes with using a respirator:	Yes ☐	No ☐

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OSHA Respiratory Questionnaire

Part B Any of the following questions, and other questions not listed, may be added to the questionnaire at the discretion of the health care professional who will review the questionnaire.

1. **In your present job, are you working at high altitudes (over 5,000 feet) or in a place that has lower than normal amounts of oxygen:** Yes ☐ No ☐

If "yes," do you have feelings of dizziness, shortness of breath, pounding in your chest, or other symptoms when you're working under these conditions: Yes ☐ No ☐

2. **At work or at home, have you ever been exposed to hazardous solvents, hazardous airborne chemicals (e.g., gases, fumes, or dust), or have you come into skin contact with hazardous chemicals:** Yes ☐ No ☐

If "yes," name the chemicals if you know them. _____

_____

Have you ever worked with any of the materials, or under any of the conditions, listed below:

Substance/Condition			**Description of exposure (only if answer is yes)**
Asbestos	Yes ☐	No ☐	
Silica (e.g., in sandblasting)	Yes ☐	No ☐	
Tungsten/cobalt (e.g., grinding or welding this material)	Yes ☐	No ☐	
Beryllium:	Yes ☐	No ☐	
Aluminum	Yes ☐	No ☐	
Coal (for example, mining)	Yes ☐	No ☐	
Iron:	Yes ☐	No ☐	
Tin	Yes ☐	No ☐	
Dusty environments.	Yes ☐	No ☐	
Any other hazardous exposures:	Yes ☐	No ☐	

4. **List any second jobs or side businesses you have:** _____

_____

5. **List your previous occupations:** _____

_____

6. **List your current and previous hobbies:** _____

_____

7. **Have you been in the military services?** Yes ☐ No ☐
   If "yes," were you exposed to biological or chemical agents (either in training or combat): Yes ☐ No ☐

8. **Have you ever worked as a HAZMAT team?** Yes ☐ No ☐

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OSHA Respiratory Questionnaire

9. **Other than medications for breathing and lung problems, heart trouble, blood pressure, and seizures mentioned earlier in this questionnaire, are you taking any other medications for any reason (including over-the-counter medications):** Yes ☐ No ☐

If "yes," name the medications if you know them: _____

10. **Will you be using any of the following items with your respirator(s)?**

HEPA Filters: Yes ☐ No ☐
b. Canisters (for example, gas masks): Yes ☐ No ☐
c. Cartridges: Yes ☐ No ☐

11. **How often are you expected to use the respirator(s) (select "yes" or "no" for all answers that apply to you)?**
a. Escape only (no rescue): Yes ☐ No ☐
b. Emergency rescue only: Yes ☐ No ☐
c. Less than 5 hours per week: Yes ☐ No ☐
d. Less than 2 hours per day: Yes ☐ No ☐
e. 2 to 4 hours per day: Yes ☐ No ☐
f. Over 4 hours per day: Yes ☐ No ☐

12. **During the period you are using the respirator(s), is your work effort:**

Light (less than 200 kcal per hour): Yes ☐ No ☐	If "yes," how long does this period last during the average shift: _____ hrs. _____ mins.
Examples of a light work effort are sitting while writing, typing, drafting, or performing light assembly work; or standing while operating a drill press (1-3 lbs.) or assembling machines	
Moderate (200 to 350 kcal per hour): Yes ☐ No ☐	If "yes," how long does this period last during the average shift: _____ hrs. _____ mins
Examples of moderate work effort are sitting while nailing or filing; driving a truck or bus in urban traffic; standing while welding, nailing, performing assembly work, or transferring a moderate load (about 35 lbs.) at trunk level; walking on a level surface about 2 mph or down a 5-degree grade about 3 mph; or pushing a wheelbarrow with a heavy load (about 100 lbs.) on a level surface.	
Heavy (above 350 kcal per hour): Yes ☐ No ☐	If "yes," how long does this period last during the average shift: _____ hrs. _____ mins.
Examples of heavy work are lifting a heavy load (about 50 lbs.) from the floor to your waist or shoulder; working on a loading dock; shoveling; standing while bricklaying or chipping castings; walking up an 8-degree grade about 2 mph, climbing stairs with a heavy load (about 50 lbs.)	

13. **Will you be wearing protective clothing and/or equipment (other than the respirator) when you're using your respirator:** Yes ☐ No ☐

If "yes," describe this protective clothing and/or equipment: _____

14. **Will you be working under hot conditions (temperature exceeding 77 deg. F):** Yes ☐ No ☐

Page 5

OSHA Respiratory Questionnaire

15. Will you be working under humid conditions? Yes ☐ No ☐

16. Describe the work you'll be doing while you're using your respirator(s): _____

_____

17. Describe any special or hazardous conditions you might encounter when you're using your respirator(s) (for example, confined spaces, life-threatening gases):

_____

_____

18. Provide the following information, if you know it, for each toxic substance that you'll be exposed to when you're using your respirator(s):

Name of Toxic Substance	Estimated maximum Exposure level per shift	Duration of exposure per shift

The name of any other toxic substances that you'll be exposed to while using your respirator:

_____

19. Describe any special responsibilities you'll have while using your respirator(s) that may affect the safety and well-being of others (for example, rescue, security):

_____

_____

_____

To the best of my knowledge, the information I have provided is true and accurate.

_____ _____
Employee Name Date

_____
Employee Signature

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Employee name: _____ Age____ Sex____ Date of birth: _____

Agency: _____ Work location: _____ Job title: _____

Supervisor's name: _____ Supervisor's phone: _____ Fax: _____

Type of respirator use requested: __disposable, __negative pressure (cartridge), __PAPR, __airline, __SCBA

I. Basis for recommendations on respirator clearance:

Recommendations below on medical clearance for respirator use are based on a review of (check all that apply):

__ Mandatory OSHA Respirator Medical Evaluation Questionnaire

__ Records of a medical examination, including physical exam, done on: _____

Additional information supplied by employee's personal physician.

__ Other information (specify): _____

II. **Recommendations on medical clearance for respirator use:** *(Choose A, B or C below)*

☐ **A. The employee is given medical clearance to use the following respirator(s) under the conditions noted** *(choose all that apply)*

__ N, R or P disposable respirator (filter-mask, non-cartridge type only)	__ Supplied air (air line) respirator
__ Negative pressure air-purifying (cartridge) respirator -- either half- or full-face	__ Self-contained breathing apparatus (SCBA)
__ Powered air purifying respirator (PAPR) -- either half or full face	

When using respirators, the employee is approved to perform the following (choose one)

__ Mild exertion *(low heat stress)*
__ Moderate exertion
__ Heavy exertion
__ Escape only
__ Normal job duties
__ Other Activity _____

Mild exertion (2-3 mets) e.g. lifting up to 10 lbs, extended walking on a flat surface, extended standing
Moderate exertion (4-5 mets) e.g. lifting 10 lbs, 5 lifts per min, fast walking (4 mph), gardening/digging, painting, pulling
Heavy exertion (5-10 mets) e.g. jogging (10 min/mi), chopping wood, climbing hills, life-saving activities, fire fighting

This respirator clearance expires (circle one) 1 2 3 4 5 *years from the date below* (If not marked, clearance expires in 1 year)

☐ **B. The employee is not given medical clearance for respirator use because more information is needed** *(Specify what is needed to make a decision)*

☐ 1. A medical examination, including a physical exam*, is needed to make a decision*

**. Please use the FOH Medical Surveillance Health History and Physical Evaluation forms for this*

☐ 2. The following additional information is needed for review *(specify what)*:

_____

☐ **C. The employee is not given medical clearance for respirator use because of the health problems as noted below** *(choose one below)*

☐ 1. A temporary health problem (which should be reevaluated in _____ months)

☐ 2. A health problem that appears permanent (routine re-evaluation is not needed)

_____ Examiner / Reviewer Name (Print) _____ Phone number for questions

_____ Examiner / Reviewer Signature _____ Date: _____

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