



DEPARTMENT OF THE NAVY
OFFICE OF THE CHIEF OF NAVAL OPERATIONS
2000 NAVY PENTAGON
WASHINGTON, DC 20350-2000

IN REPLY REFER TO

OPNAVINST 5100.23G
N09F
30 Dec 05

OPNAV INSTRUCTION 5100.23G

From: Chief of Naval Operations

Subj: NAVY SAFETY AND OCCUPATIONAL HEALTH (SOH) PROGRAM MANUAL

Ref: (a) SECNAVINST 5100.10H
(b) OPNAVINST 5100.8G
(c) OPNAVINST 5100.19D
(d) SECNAVINST 5212.5D

Encl: (1) Navy Safety and Occupational Health Program Manual

1. Purpose. To affirm the Navy Safety and Occupational Health (SOH) Program for all Navy personnel and implement the following Department of Defense (DOD) instructions:

- a. DODI 6055.1 of 19 August 1998, Department of Defense Safety and Occupational Health (SOH) Program.
- b. DODI 6055.5 of 10 January 1989, Industrial Hygiene and Occupational Health.
- c. DODI 6055.7 of 3 October 2000, Accident Investigation, Reporting, and Record Keeping.
- d. DODI 6055.11 of 21 February 1995, Protection of DOD Personnel from Exposure to Radio frequency Radiation and Military Exempt Lasers (NOTAL).

2. Cancellations. OPNAVINST 5100.23F; OPNAV 5100/9 (Rev. OCT 1992), Dispensary Permit, S/N 0107-LF-127-3500; OPNAV 5100/12 (9-92), NAVOSH Deficiency Notice, S/N 0107-LF-126-8700; OPNAV 5100/13 (9-92), Navy Occupational Safety and Health (NAVOSH) Program Costs, S/N 0107-LF-983-7200; OPNAV 5100/14 (OCT 1991), Exposure Monitoring Plan, S/N 0107-LF-983-8400; OPNAV 5100-26, NAVOSH Deficiency Notice; OPNAV 5100-21, Navy Occupational Safety and Health (NAVOSH) Program Costs.

3. Discussion. References (a) and (b) provide policy and outline responsibilities for the implementation of the total Navy Safety and Occupational Health Program. The Navy program encompasses all safety disciplines such as aviation safety, weapons/explosives safety, off-duty safety, traffic safety, and occupational safety and health. This instruction covers the implementation of the SOH Program. Forms in Chapters 8, 9, 12, and 13 have been revised, renamed and/or renumbered. Two new ergonomic forms have been added to Chapter 23. Injury and illness investigation, reporting and recordkeeping requirements have been removed from Chapter 14 and now reside in OPNAV 5102.1D/MCO P5102.1B. Chapter 13, Navy Occupational Safety and Health Cost Data and Chapter 26, Man-Made Vitreous Fibers, were eliminated and replaced by two new chapters; Chapter 13, Fall Protection Program and Chapter 26, Chemical-Biological-Radiological-Nuclear-Explosive (CBRNE) Events. References were updated with web links.

4. Action. All levels of command shall implement and manage the SOH Program in compliance with the policies, procedures, actions, and guidance set forth by this instruction. Reference (c) is the implementing document for forces afloat. Reference (d) provides guidance on records disposition and shall be followed by shore and afloat commands. The policies, procedures, and actions prescribed here are published without the necessity for implementing instructions from the Echelon 2 commands, bureaus, and offices, except where specifically directed. However, commands having significant SOH responsibilities should provide appropriate supplemental guidance.

5. Reports and Forms

a. The following reports are required in this instruction and are approved in accordance with SECNAVINST 5214.2B.

(1) OPNAV 5100-25, Exposure Monitoring Plan, Chapter 8, page 8-5, paragraph 0802(f)3 (see appendix 8-A)

(2) OPNAV 5100-26, OSH Deficiency Notice, Chapter 9, page 9-2, paragraph 0903h (see appendix 9-A)

(3) OPNAV 5100-27, Navy Employee Report of Unsafe or Unhealthful Working Condition, Chapter 10, page 10-1, paragraph 1002b (see appendix 10-A)

(4) OPNAV 5100-28, Medical Referral Form, Chapter 14, page 14-4, paragraph 1410a (see appendix 14-A)

b. The following forms are available at Navy Forms Online, <http://forms.daps.dla.mil>. Local reproduction is authorized.

(1) OPNAV 5100/19 (Rev. AUG 2000), Hazard Abatement Project Request Form, S/N 0107-LF-983-9600

(2) OPNAV 5100/20 (Rev. FEB 2005), Physical Risk Factor Ergonomic Checklist, S/N 0105-LF-132-4900

(3) OPNAV 5100/21 (Rev. FEB 2005), Computer Workstation Checklist, 0105-LF-132-6100

c. The following forms are available at the Department of Defense Forms Program, <http://www.dtic.mil/whs/directives/infomgt/forms/formsprogram.htm>

(1) DD 2215, JAN 2000, Reference Audiogram

(2) DD 2216, JAN 2000, Hearing Conservation Data

(3) DD 2272, NOV 2000, Department of Defense Safety and Occupational Health Protection Program

(4) DD 2521, OCT 2000, Hazardous Chemical Warning Label (8-1/2" x 11")

(5) DD 2522, OCT 2000, Hazardous Chemical Warning Label (4" x 6")

d. The following forms are available from the Navy Environmental Health Center (NEHC), <http://www-nehc.med.navy.mil/ih/ihfom.htm>:

(1) NEHC 5100/13, APR 2003, Industrial Hygiene Air Sample Survey Form.

(2) NEHC 5100/17, APR 2003, Industrial Hygiene Noise Survey Form.

e. The laser and radio frequency radiation (RFR) exposure reporting requirements are exempted from report control by SECNAVINST 5214.2B.

f. OSHA Form 174, Material Safety Data Sheet, is available from the Occupational Safety and Health Administration at:
<http://www.osha.gov/dsg/hazcom/msds-osha174/msdsform.html>.



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**Navy
Safety and
Occupational Health
Program Manual**

OPNAVINST 5100.23G



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CHAPTER 1

INTRODUCTION

0101. References

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0102. Definition of Terms

See the Glossary at the end of the manual for the definition of special terms used throughout the manual.

This manual uses the words "shall," "will," "must," "should," "may," and "can" throughout. Shall, will, and must are directive in nature and require mandatory compliance. Should is a strong recommendation, but compliance is not required. May or can, when used, are optional in nature, and compliance is not required.

0103. Background

a. The Navy has historically maintained safety and health programs to protect its personnel and property. Occupational safety has long been an element of the overall Navy safety program that also includes explosive safety, nuclear safety, aviation safety, traffic safety and off-duty safety. The Chief of Naval Operations (N09F) has traditionally managed the overall safety and health program.

b. The Safety and Occupational Health Program gained special prominence after passage of the Occupational Safety and Health Act on 31 December 1970. Although the primary thrust of the OSH Act was directed at the private sector employer, Section 19 of the OSH Act directed Federal agencies to establish and maintain comprehensive and effective OSH programs consistent with the standards issued under Section 6 of the OSH Act.

c. On 26 July 1971, the President signed Executive Order (E.O.) 11612, entitled *Occupational Safety and Health Programs for Federal Employees*. This E.O. stated the Federal government, as the nation's largest employer, has a special obligation to set an example for safe and healthful employment. It directed the head of each Federal department and agency to establish an Occupational Safety and Health program in compliance with Section 19 of the OSH Act. Over the next three years, many Federal agencies made only moderate progress. Consequently, Congress received considerable criticism for a perceived double standard in Occupational Safety and Health requirements between the private sector and Federal agencies. As a result, the President issued E.O. 11807 in 1974, which replaced E.O. 11612 and more clearly defined the scope, requirements, and responsibilities of Federal agency programs. In addition, E.O. 11807 tasked the Secretary of Labor to issue guidelines designed to assist Federal agencies in establishing their programs. The Secretary issued these guidelines on 9 October 1974 as Title 29, Code of Federal Regulations, Part 1960 *Safety and Health Provisions for Federal Employees*.

d. The actions described above still did not satisfy some critics since several Federal agencies questioned the regulatory authority of the Department of Labor (DOL) guidelines (29 CFR 1960). Addressing this issue, on 26 February 1980, the President signed E.O. 12196, *Occupational Safety and Health Programs for Federal Employees*, superseding E.O. 11807.

The Secretary of Labor revised DOL guidelines (29 CFR 1960) on 21 October 1980 and reissued them as *Basic Program Elements for Federal Employee Occupational Safety and Health Programs*.

e. The Department of Defense (DOD) has issued many directives and instructions to implement the Federal guidance outlined above. Reference 1-1 provides specific guidance for implementation of the basic program elements specified in 29 CFR 1960.

f. Following the provisions of reference 1-1, the Assistant Secretary of the Navy (Installations and Environment) (ASN (I&E)) was appointed as the Designated Safety and Occupational Health Official for the Department of the Navy (DON), with responsibilities outlined in reference 1-2. Reference 1-2 contains policy statements and outlines responsibilities for the implementation of the total safety and occupational health program for the Navy. Reference 1-2 delegate's responsibility for managing the program to the Chief of Naval Operations (CNO) (N09F) who is specifically responsible for the issuance of appropriate implementing directives.

g. This manual implements references 1-1 and 1-2 and provides policy, procedures, and guidance for the SOH program.

0104. Navy Policy

Navy policy is to provide a safe and healthful workplace for all personnel. The Navy achieves these conditions through an aggressive and comprehensive program fully endorsed by the Secretary of the Navy (SECNAV) and implemented through the appropriate chain of command. The program includes the following features:

- a. Compliance with applicable standards.
- b. Inspection of all workplaces by qualified inspectors at least annually.
- c. Prompt abatement of identified hazards, including elimination or minimization of all hazards through engineering or administrative controls. Where engineering or administrative controls are not feasible, regions and activities shall provide appropriate personal protective equipment (PPE) at government expense. Where hazard abatement resources are limited, regions and activities shall eliminate the most serious problems first. Where unabated serious hazards have not been eliminated, regions and activities shall post appropriate notices to warn employees and define interim protective measures.
- d. Procedures for all personnel to report suspected hazards to their supervisors and/or safety and health officials without fear of reprisal.

e. Appropriate training for all safety and health officials, supervisory and management personnel, and employees. Activities shall integrate applicable requirements into training programs and technical and tactical publications.

f. Procedures to review, in advance of construction or procurement, the design of facilities, systems, and subsystems to ensure that hazards are eliminated or controlled throughout the life cycle.

g. Thorough mishap investigations and a comprehensive management information system provide all data required by higher authority.

h. Comprehensive occupational health surveillance programs, both medical and industrial hygiene, implemented by qualified personnel.

i. Procedures consistent with Office of Personnel Management (OPM) and Navy Personnel Command (COMNAVPERSCOM) directives to measure employee performance in meeting requirements/objectives.

0105. Applicability

a. The provisions of this manual apply to all Navy civilian and military personnel and operations worldwide except where responsibility rests with the Commandant of the Marine Corps (CMC), and for those afloat personnel falling under the requirements of reference 1-3. Exceptions also include military-unique equipment, systems and operations; conditions governed by other statutory authorities or interservice support agreements; and conditions governed by international agreements overseas.

b. The provisions of this manual do not apply to Navy contractors, except for the following:

(1) Situations in which the United States, by admiralty law or other law, is responsible for contractor employee injury compensation (e.g., for employees working under the Commander, Military Sealift Command (COMSC), (reference 1-3)).

(2) Situations where the Navy exercises statutory authority for safety and health and, as a result, the OSH Act does not directly apply.

c. Where the safety and health of the contractor's employees are affected, the contractor is responsible directly to the DOL's Occupational Safety and Health Administration (OSHA) or appropriate state office where OSHA has approved a state plan.

d. Regional Commanders/Commanding Officers shall apply this manual consistently with the provisions of reference 1-4, other provisions of law providing for collective bargaining agreements and procedures, and any agreements entered into under such provisions. They shall determine matters of official leave for employee representatives involved in activities under this manual by the procedures of reference 1-4 or applicable collective bargaining agreements.

e. Under the statutory authority of the Atomic Energy Act of 1954, Section 309(a) of the Department of Energy Organization Act, and E.O. 12344 of 1 February 1982, (statutorily prescribed by Public Laws 98-525 and 106-65), the Director of Naval Nuclear Propulsion Program (CNO (N00N)) is responsible for the safety of reactors and associated naval nuclear propulsion plants, and the control of radiation and radioactivity associated with naval nuclear propulsion plant activities, including prescribing and enforcing standards and regulations for these areas as they affect the environment and the safety and health of workers, operations and the general public. Accordingly, for the above areas, the Naval Nuclear Propulsion Program is exempt from the requirements of this manual. However, for areas other than those described above, such as asbestos controls, machine guarding, etc., the requirements of this manual apply to Naval Nuclear Propulsion Program activities.

f. By the authority of 10 U.S.C. Section 172, explosive safety is exempt from the requirements of this manual. However, this manual does apply to SOH issues in explosives and ordnance areas, such as the evaluation of exposure to hazardous materials, noise, machine guarding, etc.

g. While the general concepts and provisions of this manual apply to forces afloat, exceptions must be made for military-unique equipment, systems, and operations. Because of differences in organization and operating environment among surface ships, submarines and shore regions and activities (such areas as chain of command relationships, required councils or committees, training and hazard abatement procedures), forces afloat require specifically tailored procedures. Reference 1-3 contains these provisions.

Chapter 1

References

1-1. DOD Instruction 6055.1, of 19 Aug 98, DOD Safety and Occupational Health Program. http://www.dtic.mil/whs/directives/corres/pdf/i60551_081998/i60551p.pdf.

1-2. SECNAVINST 5100.10J, of 26 Oct 05, Department of the Navy Policy for Safety, Mishap Prevention, Occupational Health and Fire Prevention Programs. http://www.nosc.mil/usn/nepmu5/assets/images/secnav5100_10j.pdf.

1-3. OPNAVINST 5100.19D CH-1, of 30 Aug 01, Navy Occupational Safety and Health (OSH) Program Manual for Forces Afloat. <http://www.safetycenter.navy.mil/instructions/afloat/510019D.htm>.

1-4. P.L. 95-454, Title VII, Civil Service Reform Act, 5 U.S.C. Sections 7101-7135 (1978 Supp.), 13 October 78. <http://www.dol.gov/esa/regs/compliance/olms/complcsra.htm>.

CHAPTER 2

RESPONSIBILITIES

0201. Discussion

a. The maintenance of a safe and healthful workplace is a responsibility of commands throughout the Navy. A successful program, one that truly reduces work-related risks and mishaps, results only when support and commitment to the program permeate every level of an organization. Within the Navy, the Chief of Naval Operations (CNO) has overall responsibility for the Safety and Occupational Health Program and implements the Program through the chain of command. Line management is responsible for the maintenance of safe and healthful working conditions.

b. This chapter describes the responsibilities at each command level for implementing the program.

0202. Assistant Secretary of the Navy (Installations and Environment (ASN (I&E))

ASN (I&E) is the Designated Agency Occupational Safety and Health Official (DASHO) for the Department of the Navy (DON), which includes the Navy and Marine Corps (see reference 2-1).

0203. Chief of Naval Operations (CNO)

Under reference 2-1, the CNO, in coordination with the Commandant of the Marine Corps (CMC) (concerning safety and occupational health matters of mutual interest), shall:

a. Issue appropriate directives and policies for the program per references 2-1 through 2-3. Special Assistant for Safety Matters (N09F) is responsible for developing program policy and guidance and issuing standards under references 2-1 through 2-4. Note: CNO (N09F) has additional duty assignment as Commander, Naval Safety Center.

b. Establish, manage and maintain appropriate planning, programming, staffing and budgeting for program implementation.

c. Issue criteria for records maintenance and provide to the Secretary of the Navy (SECNAV) all reports required by references 2-3 through 2-8.

d. Conduct appropriate research and development to preclude occupational exposures degrading an employee's health status or work performance.

e. Ensure acquisition managers comply with the requirements of reference 2-9 and other applicable Federal agency safety and health standards or criteria in the procurement of military systems, subsystems, equipment, and related facilities.

f. Provide CNO (N09F) as co-chair of the Navy and Marine Corps Safety Council.

g. Adopt, develop, and issue, as necessary, standards (see chapter 16 on Standards).

Coordinate Navy review and input for new and revised safety and occupational health regulations and national consensus standards.

h. Ensure commands comply with applicable Navy regulations and Federal statutes governing the control of classified and sensitive unclassified information. (Refer to chapter 11, section 1106).

0204. Headquarters Commands

Headquarters commands are responsible for establishing a comprehensive safety and health program. Chapter 3, section 0302 delineates these duties and responsibilities.

0205. Policy Formulation and Implementation

The administration and management of the program is assigned in reference 2-10. Major responsibilities and technical support areas are summarized below.

a. Policy Formulation. The program includes a number of important elements. Responsibilities for policy formulation, program development and direction in each of these are as follows:

(1) Program. The program addresses the maintenance of safe and healthful conditions in the workplace or the occupational environment. It applies to all Navy civilian and military personnel and to operations ashore and afloat. The Special Assistant for Safety Matters (N09F) is responsible for developing program policy and guidance to comply with references 2-2 through 2-4. Additionally, CNO (N09F) is responsible for program sponsorship of occupational health Navy-wide

(2) Operational Unit Safety

(a) The Director, Expeditionary Warfare Division (CNO (N75)) is responsible for parachute, diving and air drop safety and safety of assigned ships and small craft.

(b) The Director, Surface Warfare Division (CNO (N76)) is responsible for the safety of assigned surface ships.

(c) The Director, Submarine Warfare Division (CNO (N77)) is responsible for the safety of submarines, assigned surface ships, deep submergence systems, and diving.

(d) The Director, Air Warfare Division (CNO (N78)) is responsible for naval aviation safety and the safety of assigned surface ships.

(3) Nuclear Propulsion Program Safety. The Director of Naval Nuclear Propulsion Program (CNO (N00N)) is responsible for the safety of reactors and associated naval nuclear propulsion plants and the control of radiation and radioactivity associated with naval nuclear propulsion plant activities per reference 2-11.

(4) Shore Safety. CNO (N09F) is responsible for those functional areas of the shore safety program assigned in reference 2-10.

(5) Explosives Safety. CNO (N41) is responsible for the Navy Explosives Safety Program including nuclear and conventional weapons.

b. Implementation. Safety is an inherent responsibility of command. Regions and activities shall implement all aspects of the Navy Safety and Occupational Health (SOH) program and the Operational Risk Management program (referenced in 2-12) through the chain of command. Echelon 2 commanders are responsible for ensuring that the commanders, commanding officers, directors, officers in charge and supervisors within their regions or at their activities:

- (1) Conduct an aggressive mishap prevention program.
- (2) Assign safety and health responsibilities to qualified personnel.

0206. Specified Support Areas

Reference 2-10 describes the Navy Safety and Occupational Health (SOH) Programs. The commanders of the Systems Commands (SYSCOMS), the Chief, Bureau of Medicine and Surgery (BUMED), the Commander, Naval Safety Center (COMNAVSAFECEN) and the Commander, Naval Education and Training Command (NETC) and Naval Personnel Development Command (NPDC), in coordination with, or at the direction of the respective Office of the Chief of Naval Operations (OPNAV) major program sponsor, shall develop specific procedures and provide instructions for the specified support areas assigned to them in reference 2-10.

a. Commanders of Headquarters Systems Commands (SYSCOM). Reference 2-9 directs the SYSCOM Commanders to provide support consistent with required military capabilities and to ensure that safety and occupational health aspects are considered, designed and engineered into all ships and aircraft, weapons or weapon systems, equipment, materials, supplies and facilities which are acquired, constructed or provided through the SYSCOMS. In so doing, SYSCOM commands shall ensure they apply and comply with system safety engineering and management principles and the provisions in reference 2-9. They shall emphasize the engineering control of known significant occupational health problems, such as noise, asbestos and hazardous chemicals and materials in the overall objective of this effort.

b. BUMED shall:

(1) Provide support to CNO and CMC in all aspects of occupational health, which include occupational medicine (medical treatment and surveillance), industrial hygiene and environmental health, including field support.

(2) Coordinate occupational health actions with cognizant headquarters commands as required.

(3) Assist NETC and other headquarters' commands, in coordinating occupational health training in response to needs and requirements developed in the areas set forth in enclosure (1) of reference 2-10.

(4) Perform appropriate research, development, test and evaluation (RDT&E) in occupational health to determine criteria necessary for establishing personnel exposure limits in naval operational environments.

(5) Maintain a register of personnel occupationally exposed to chemical substances and other hazardous physical or biological stressors.

(6) Act as a clearinghouse for reviewing and disseminating occupational health information and technical guidance for such groups as the American National Standards Institute (ANSI) and the American Conference of Governmental Industrial Hygienists (ACGIH).

(7) Process personnel medical records upon termination of employment, per references 2-5 and 2-6.

(8) Develop a program providing for the periodic occupational health surveillance of both personnel and their working environments, as required by reference 2-4.

(9) Provide for job-related medical support, such as immunizations and emergency medical treatment, per reference 2-4 guidance.

c. COMNAVSAFECEN is responsible for those functional areas of the safety and occupational health program listed in enclosure (1) to reference 2-10 and shall:

(1) Recommend program objectives, develop procedural guides, and prepare supporting implementing directives.

(2) Develop and maintain reporting and recording procedures and systems to provide meaningful statistics concerning accidents, injuries, and occupational illnesses for use in evaluating the effectiveness of the program.

(3) Collect reports and analyze data with special emphasis on cause and trend analysis, and provides results to cognizant commands.

(4) Conduct surveys and investigations as requested.

(5) Promote the safety program.

(6) Maintain and make available a repository of mishap, injury, illness and mishap data.

(7) Sponsor and coordinate the SECNAV and CNO safety awards.

(8) Provide lessons learned through the mishap, injury and illness recordkeeping and reporting systems.

(9) Maintain liaison with the Office of the Judge Advocate General (Navy JAG) in all matters pertaining to the privileged status of mishap reports.

(10) Act as a clearinghouse for reviewing and disseminating safety and occupational health information and technical guidance from such groups as ANSI and the National Fire Protection Association (NFPA).

d. NAVOSHENVTRACEN through COMNAVSAFECEN shall:

(1) Serve as the central source for delivery and dissemination of information on safety and occupational health training courses.

(2) Provide specialized safety and occupational health training and education to military and civilian personnel as required to support the overall program per references 2-10 and 2-13.

e. NETC and/or NPDC. Training and education are an inherent element in each primary and specified program element area. NETC and/or NPDC, in coordination with COMNAVSAFECEN and BUMED shall:

(1) Incorporate safety and occupational health educational materials including applicable provisions of this manual into the curricula of all appropriate training courses.

(2) Provide specialized safety and occupational health training and education to military and civilian personnel as required to support the overall program per references 2-10 and 2-13.

(3) Prepare and distribute audiovisual aids and other training materials for use in local command safety and occupational training programs.

(4) Serve as the central source for delivery and dissemination of information on safety and occupational health training.

f. Naval Inspector General (NAVINGEN). NAVINGEN coordinates the inspection program aspects of the safety and occupational health program for Navy shore activities. NAVINGEN shall apprise higher authorities of program effectiveness as determined by the oversight program. NAVINGEN shall also maintain close liaison with the President, Board of Inspection and Survey (PRESINSURV) and with cognizant OPNAV sponsors (N09F, N4, N46, N75, N76, N77 and N78).

g. President, Board of Inspection and Survey (PRESINSURV). PRESINSURV is responsible for oversight inspections for forces afloat. The effectiveness of the afloat safety and occupational health program shall be assessed, as well as the status of corrective actions recommended in prior safety and occupational related surveys and/or reports. PRESINSURV

will maintain close liaison with NAVINSGEN for matters of common interest and with the cognizant OPNAV sponsors (N09F, N4, N46, N75, N76, N77, and N78).

0207. Regional and Activity Programs

General. An SOH program is an inherent responsibility of command and therefore, implementation, direction and control of the program shall be through the chain of command with line managers and supervisors being primarily responsible for ensuring safe and healthful operations and working conditions. For additional guidance, see paragraph 0207.d regarding responsibilities, paragraph 0303.a on organization, and paragraph 1202 on process-related and facility related hazards.

Shore regions, activities and commands, commanders, commanding officers, directors and officers in charge shall implement the items below:

a. Implement PR&MS contained in appendix 2-B or an equivalent management system (e.g. OSHA Voluntary Protection Program (VPP)). Conduct an aggressive, continuing program that is integrated throughout the regions and activities and post and disseminate program information to all personnel. Additional guidance on PR&MS is available at: <http://safetycenter.navy.mil/>. Guidance on OSHA VPP is available at: <http://www.osha.gov/dcsp/vpp/index.html>

b. Issue a policy statement adopting and enhancing/expanding the policy established in Section 0104. Issue a new policy statement within three months after assumption of command, disseminated to all personnel. Regions and activities shall accomplish this by posting the policy statement on all official bulletin boards and by other means as appropriate, such as publication in base newspapers, new employee indoctrination, safety videotapes, etc. The policy statement shall reflect the commander's commitment to safety and to programs that prevent or minimize occupational mishaps.

c. Organize, staff, and maintain a safety function or safety office as required by chapter 3. Regional safety offices shall be established in accordance with paragraph 0304.

d. Ensure all personnel are fully aware of their obligations and personal responsibilities to the safety program. Establish clear lines of accountability.

e. Establish safety councils and committees at appropriate command levels per chapter 4 of this manual. Chair the council, or ensure it is chaired by the executive officer or equivalent, and ensure minutes are issued and maintained.

f. Establish and maintain liaison between the local safety office and other DOD regions or activities for coordination of specialty functions such as medical, fire, security, etc.

g. Ensure compliance with the mishap investigation reporting procedures reference 2-14. Review lost time mishaps or ensure they are reviewed as stated in section 1406. Fully investigate all mishaps and take appropriate corrective action. Provide timely reports of findings and actions to NAVSAFECEN.

h. Ensure that all workplaces are inspected at least annually or more frequently based on the level of risk (see chapter 9).

i. Establish a hazard abatement program as required by chapter 12.

j. Establish procedures to protect all Navy personnel from coercion, discrimination, or reprisals for participation in the safety program. Ensure that employees are aware that they may file, through their appropriate grievance processes, allegations of reprisals for having filed a complaint of unsafe or unhealthy working conditions.

k. Provide employees and their representatives with access to exposure and medical records per chapter 8.

l. Develop procedures consistent with Office of Personnel Management (OPM), Naval Personnel Command, and PR&MS guidance to measure and recognize superior and deficient safety performance. Performance evaluations shall include personal accountability consistent with the duties of the position and the SOH Program. Include recognition of superior performance or conversely deficient performance, as appropriate.

m. Establish education and training programs per chapter 6.

n. Coordinate occupational health and industrial hygiene field support with the cognizant medical command per chapter 8.

o. Ensure compliance with applicable Navy regulations and Federal statutes governing the control of classified and sensitive unclassified information (refer to section 1106).

p. Establish a comprehensive self-assessment program for the command per chapter 5 and appendix 2-B.

q. Ensure that senior management, middle management and first line supervision support the safety program to the extent of their authority and responsibility by:

(1) Setting the example for subordinates.

(2) Promptly correcting recognized hazards.

(3) Clearly defining and assigning individual safety responsibilities to subordinates.

(4) Documenting safety performance in evaluation of subordinates.

(5) Ensuring employees receive appropriate training, participating in committees or meetings, and conducting stand up safety meetings where required.

(6) Conducting or participating in worksite inspections, including those made by

region or activity safety personnel.

(7) Encouraging safety awareness through incentives and awards programs.

(8) Receiving training appropriate to their level of responsibility and authority, per chapter 6. Orientation training does not need to be repeated with subsequent assignments to other levels of management unless significant safety-related changes have occurred.

(9) Acquiring, maintaining, requiring and enforcing the use of approved personal protective equipment, approved safety equipment, and other devices necessary to protect employees.

(10) Encouraging a free flow of information and ideas from employees on methods of improving the safety of their workplaces, work practices, and work processes. Developing a reward process for outstanding safety contributions.

r. Review all safety citations and findings from external authorities (i.e., Occupational Safety and Health Administration (OSHA), NAVINSGEN and internal sources), as warranted, to ensure the underlying causes of the problems are identified and that corrective actions address the underlying causes and not merely the symptoms.

s. Develop and implement cross-reference linkage among employment records, medical records and industrial hygiene surveillance data.

t. Ensure that personnel are aware of the formal procedure for processing written reports of unsafe or unhealthy working conditions per chapter 10. Commands shall include provisions to preserve the individual anonymity of those reporting unsafe conditions when requested. The reporting procedures should encourage employees to make beneficial suggestions as a positive means of correcting potential hazards.

u. Ensure support of Field Federal Safety and Health Councils and coordinate mutually beneficial accident prevention and safety programs with local communities to the maximum extent feasible and per applicable laws and regulations.

v. Designate appropriate officials to consult with representatives of labor organizations recognized under reference 2-15 with respect to the safety program.

w. State the location(s) where personnel can review copies of the safety standards, records of safety and health committees and their actions and recommendations, the region or activity hazard communication plan, and documentation on the region/command/activity/unit safety program (shore only).

x. Make available a copy of the region or activity's annual summary report of occupational injuries and illnesses for the preceding year, signed by the CDR, CO, or OIC. Post this summary no later than 45 days after close of the calendar year, for at least 3 months. In addition to posting, region or activities may publish it in appropriate written media, such as the region or activity's newspaper.

y. Post form DD 2272, Department of Defense Occupational Safety and Health Protection Program (appendix 2-A) in prominent locations such as all official bulletin boards (shore only).

z. Establish local agreements to clearly define the respective roles and responsibilities of the BUMED/non-BUMED industrial hygienists, when, where appropriate, due to the nature and complexity of local operations, non-medical regions or activities have established industrial hygiene staffs to assist in implementation of the region or activity's safety program.

0208. Individual Civilian and Military Personnel

Commands can only achieve safe and healthful workplaces through the full participation and cooperation of all employees. Accordingly, each employee shall:

a. Comply with standards and all applicable rules, regulations, and orders issued under this manual. Violators of safety regulations or instructions are subject to disciplinary action prescribed in reference 2-15 for civilians: Civilian Human Resources Manual Subchapter 752 (Appendix B-Schedule of Offenses and Recommended Remedies), or for military: The Uniform Code of Military Justice. The command shall also consider such actions in personnel performance evaluations (refer to section 0207.I).

b. Report observed workplace hazards following procedures outlined in chapter 10.

c. Immediately report to his/her supervisor injuries or occupational illnesses or property damage resulting from mishaps or any near-mishaps.

Chapter 2

References

2-1. SECNAVINST 5100.10J, of 26 Oct 05, Department of the Navy Policy for Safety, Mishap Prevention, and Occupational Health and Fire Protection Programs, http://neds.daps.dla.mil/Directives/5100_10j.pdf.

2-2. DOD Instruction 6055.1, of 19 Aug 98, DOD Safety and Occupational Health (SOH) Program, <http://www.dtic.mil/whs/directives/corres/html/60551.htm>.

2-3. DOD Directive 1000.3, of 29 Mar 79, Safety and Occupational Health Policy for the Department of Defense, http://www.dtic.mil/whs/directives/corres/archives/d10003wch1_032979/d10003p.pdf.

2-4. DOD Instruction 6055.5, of 10 Jan 89, Industrial Hygiene and Occupational Health, <http://www.dtic.mil/whs/directives/corres/html/60555.htm>.

2-5. SECNAV Manual M- 5210.1, Department of the Navy Records Management Manual.

- 2-6. DOD Instruction 6055.7, of 3 Oct 00, Accident Investigation, Reporting and Record Keeping, <http://www.dtic.mil/whs/directives/corres/html/60557.htm>.
- 2-7. SECNAVINST 5211.5D, of 17 Jul 92, Department of the Navy Privacy Act (PA) Program, http://neds.daps.dla.mil/Directives/5211_5d.pdf.
- 2-8. SECNAVINST 5720.42F, of 6 Jan 99, Department of the Navy Freedom of Information Act (FOIA) Program, <http://neds.daps.dla.mil/5720.htm>.
- 2-9. DOD Military Standard 882D, of 10 Feb 00, Standard Practice for System Safety, www.safetycenter.navy.mil/instructions/osh/milstd882d.pdf.
- 2-10. OPNAVINST 5100.8G, of 2 July 86, Navy Safety and Occupational Safety and Health Program http://neds.daps.dla.mil/Directives/5100_8g.pdf.
- 2-11. Executive Order 12344, of 1 Feb 82, Naval Nuclear Propulsion Program, http://www.archives.gov/federal_register/codification/executive_order/12344.html.
- 2-12. OPNAVINST 3500.39B, of 30 July 04, Operational Risk Management (ORM), http://neds.daps.dla.mil/Directives/3500_39b.pdf.
- 2-13. Title 5, United States Code, Chapter 71 (Supp.11 1979), http://www.access.gpo.gov/uscode/title5/partiii_subpartf_chapter71_.html.
- 2-14. OPNAVINST 5102.1D/MCO P5102.1B, of 10 December 04, Mishap Investigation, Reporting and Record Keeping,
- 2-15. DON Civilian Human Resources Manual Subchapter 752, of 6 January 04, Disciplinary Actions, <http://www.hq.navy.mil/shhro/Subchapt.pdf>.

Appendix 2-A
DOD Occupational Safety and Health Program

Federal Forms are available at the following site: <http://www.usa-federal-forms.com/fbf-by-form/36.html>.



DEPARTMENT OF DEFENSE
SAFETY AND OCCUPATIONAL HEALTH PROTECTION PROGRAM

The Occupational Safety and Health Act of 1970, Executive Order 12196 and 29 CFR 1960 require the heads of Federal agencies to establish programs to protect their personnel from job safety and occupational health hazards.

1. The Department of Defense (DOD) designated agency safety and occupational health official is the Assistant Secretary of Defense (Force Management and Personnel).

2. The _____ designated safety and occupational health official is:

(DOD Component)

(Title)

(Address)

3. The _____ safety and occupational health designee is:

(Name of Installation/Facility)

(Name)

(Title)

4. The _____ safety point of contact is:

(Name of Installation/Facility)

(Name)

Telephone Number)

5. The _____ occupational health point of contact is:

(Name of Installation/Facility)

(Name)

Telephone Number)

HAS THE RESPONSIBILITY TO:

(Name of Installation/Facility)

1. COMPLY with the applicable Occupational Safety and Health Administration (OSHA)/DOD/DOD Component safety and occupational health standards.
2. SET UP PROCEDURES for submitting and responding to employee reports of unsafe and unhealthful working conditions. 3. ACQUIRE, MAINTAIN, AND REQUIRE the use of

6. POST NOTICES of unsafe or unhealthful working conditions found during inspections.
7. ASSURE PROMPT ABATEMENT of hazardous conditions. Workers exposed to the conditions shall be informed of the abatement plan. Imminent danger corrections must be made immediately.
8. SET UP A MANAGEMENT INFORMATION

<p>approved personal protective equipment and safety equipment. 4. INSPECT ALL WORKPLACES with participation by civilian employee representatives to identify potential hazards. 5. ESTABLISH PROCEDURES to assure that no worker is subject to restraint, interference, coercion, discrimination, or reprisal for exercising his/her rights under the DOD safety and occupational health program.</p>	<p>SYSTEM to keep records of occupational accidents, injuries, illnesses and their causes; and to post annual summaries of injuries and illnesses for a minimum of 30 days at each installation/facility. 9. CONDUCT SAFETY AND OCCUPATIONAL HEALTH TRAINING for management, supervisors, workers and worker representatives.</p>
<p>DOD PERSONNEL HAVE THE RESPONSIBILITY TO: 1. COMPLY with all applicable OSHA/DOD/DOD Component safety and occupational health standards 2. COMPLY with</p> <hr/> <p>(Name of Installation/Facility)</p> <p>policies and directives relative to the safety and occupational health program.</p>	<p>3. USE personal protective equipment and safety equipment provided by your installation/facility. 4. REPORT hazardous conditions, injuries, illnesses, or other mishaps promptly to your supervisor or to the safety or occupational health point of contact for your installation/facility.</p>
<p>DOD PERSONNEL AND CIVILIAN EMPLOYEE REPRESENTATIVES HAVE THE RIGHT TO: 1. HAVE ACCESS to applicable OSHA/DOD/DOD Component standards, installation/facility injury and illness statistics, and safety and occupational health program procedures. 2. COMMENT on alternate standards proposed by DOD/DOD Component. 3. REPORT AND REQUEST INSPECTIONS OF UNSAFE AND UNHEALTHFUL WORKING CONDITIONS to appropriate officials who include, in order of preference, the immediate supervisor, the safety or occupational health point of contact, the safety and occupational designee for your installation/facility, the installation/ facility commander, the safety and occupational health designee</p>	<p>3. (Continued) for your DOD component, the safety and occupational designee for DOD, and the Secretary of Labor. However, the Secretary of Labor encourages personnel to use DOD procedures for reporting hazardous conditions as the most expeditious means to achieve abatement. The hazard report form provided by your installation/facility should be used for this purpose. Anonymity, when requested, is assured. 4. PARTICIPATE in the installation/facility safety and occupational health program. Civilian workers shall be authorized official time to participate in the activities provided by the DOD safety and occupational health program.</p>
<p>OTHER INFORMATION: 1. When the safety or occupational health point of contact for your installation/facility is notified by a worker of a hazardous worksite condition, he/she will ensure an inspection of the worksite and he/she will report the results of the inspection in writing to the worker</p>	<p>2. (Continued) in accordance with applicable appeal procedures, or administrative or negotiated grievance procedures. 3. For further information about the installation/facility safety and occupational health program, procedures, standards, committees,</p>

making the report.

2. Inspector General channels may be used to investigate complaints from either DOD civilian or military personnel concerning alleged acts of discrimination or reprisal due to participation in safety and occupational health activities. For DOD civilian personnel, allegations of reprisal may also be initiated by them

Federal laws, or other related matters, contact the safety or occupational health point of contact for your installation/facility as noted on this poster.

4. How well you carry out your safety and occupational health responsibilities will be an important factor in the success of the program.

DD FORM 2272, NOV 2000

PREVIOUS EDITION MAY BE USED.

Appendix 2-B

NAVY PROCESS REVIEW AND MEASUREMENT SYSTEM

#1 THE MISHAP PREVENTION PROCESS MODEL (30% OF OVERALL RATING)

Mishap Prevention - actions taken to identify and control unacceptable risks.

1. Compile/Report Mishap and Hazard Data

- Mishap reports
- FECA data
- Exposure assessments
- Medical surveillance
- Reported hazards
 - Workers
 - Management
 - Staff
 - External agents
 - Literature

2. Analyze Mishap/Hazard Data

- Frequency
- Severity (human costs, dollar costs, mission impact)
- Exposure potential
- Location
- Responsibility
- Type
- Trends
- Patterns
- Any anomaly

3. Analyze Significant Processes/Areas (Various approaches may be employed - Preliminary Hazard Analysis, Systems Safety Review, Job Safety Analysis, Process Safety Analysis, less formal approaches, etc., as appropriate for processes analyzed)

- Hazards
- Causes
- Responsibilities
- Control alternatives

4. Report Key Data/Analysis to Process Owner

5. Process Owners Review Reports

6. Identify/Consider Potential Controls

- Administrative/Programmatic
- Engineering
- Process
- Training
- PPE
- Procedural
- Product substitution

7. Conduct Relative Value Assessment

- Loss potential
- Cost
- Expected benefit
- Morale implications
- Feasibility
- Customer acceptance
- Public image
- Labor/management implications

8. Select Alternative(s)

- Select control(s)
- Do nothing
- Prioritize implementing actions

9. Implement Control (s)

- Issue policy
- Issue procedures
- Install barriers
- Modify facilities/equipment
- Modify procedures
- Conduct training
- Utilize new product

10. Assess Impact of Controls

- Review data
- Inspect process/worksites
- Solicit customer feedback
- Compare results to expected benefits

11. Modify Control(s) As Needed

- Select alternative control(s)
- Modify existing control(s)
- Eliminate control(s)

Performance Measures for the Mishap Prevention Process

1. Mishap Rates and Measures of Performance - The mishap rate currently used to measure mishap prevention performance in the Process Review and Measurement System (PR&MS) is the Injury/Illness Incidence Rate (IIR). However, with increasing requirements to evaluate performance according to various administration goals, other measurements are needed. The Navy is phasing out the singular use of the IIR, and including other comprehensive statistical measures of performance. One of the objectives of the safety performance evaluation is to align the mishap rates collected from Navy regions and installations with the goals of the 2003 Presidential Safety, Health and Return to Employment (SHARE) Initiative, and future safety related cost reduction goals.

The OSHA final recordkeeping rule made the Federal sector's recordkeeping and reporting requirements essentially identical to the private sector by adopting applicable provisions from 29 CFR Part 1904 as Federal agency requirements under 29 CFR Part 1960. OSHA amended the basic program elements at 29 CFR 1960, Subpart I, to make pertinent private sector recordkeeping and reporting requirements under Part 1904 applicable to the Federal sector. Under Part 1904, recordable work-related injuries and illnesses are those that result in one or more of the following: death, days away from work, restricted work or transfer to another job, medical treatment beyond first aid, loss of consciousness, or diagnosis of a significant injury or illness.

The Naval Safety Center has implemented a web-enable Safety System (WESS) to enhance operations and to improve the safety information obtained for decisions. Embedded in WESS, JReport provides Naval professionals with information to assist in the identification of relationships between mishaps and their root causes. This type of information is used to educate appropriate audiences for equipment design, training, and operational maintenance processes in order to reduce mishap occurrence.

The IIR includes all mishaps causing personal injury, fatalities and first-aid. Since historically a location's safety performance audit score is partially based on the IIR, the use of the IIR is being kept until the other safety performance measures are integrated into the audit.

The Injury/illness Incidence Rate (IIR) is defined as follows:

$$\text{IIR} = \frac{A \times 200,000}{M + C}$$

- A = total injuries/occupational illnesses including fatalities, lost/no-lost time cases, first aid cases reported on Form OPNAV 5102/7 (Log of Navy Injuries and Occupational Illnesses), or equivalent form.
- M = the command's military personnel and strength for the reporting period multiplied by 2,000 (Note: 2,000 is the appropriate multiplier only when an annual IIR is being calculated. This multiplier should be adjusted up or down in proportion to the time period in question for any IIR calculations for time periods other than annual. For

example, use 1,000 for a 6-month IIR, use 10,000 for a 5-year IIR) Note: Under 29 CFR 1904, first aid injuries are exempt from recordkeeping.

- C= civilian staffing multiplied by 2000 or the total man hours worked by civilian employees of the command during the reporting period, as provided by the Comptroller
- The IIR score is derived as follows:
 $0.3(100-IIR)= IIR \text{ Score}$

Note 1: The IIR is a tool designed for individual activities to use as one standardized trailing indicator of possible safety concerns so that the Echelon 2, Inspector General (IG) or anyone else conducting an assessment can identify mishap trends and audit performance with the use of a numeric score that uses the IIR.

Note 2: The safety and occupational health Bureau of Labor Statistics' (BLS) incident rates are not equivalent to the IIR.

Note 3: Additional Navy and Marine Corps Safety Council metrics to define specific administration goals are maintained by the Navy Safety Center.

On May 19, 2003, the Secretary of Defense sent a memorandum challenging the DOD to reduce the number of mishaps by 50% in the next two years. The Navy is "phasing in" the consistent use of other metrics that are used to evaluate safety performance with respect to achieving these goals and objectives.

Performance measures include, but are not limited to:

Class A Operational Ashore Mishap Rate.

<http://www.safetycenter.navy.mil/execsummary/default.htm>

Class A operational mishaps are incidents (cases) that cause \$1,000,000 or more in property damage; or, that cause a fatality or a permanent total disability. Class A Mishap Rate is defined as the number of cases per 100,000 personnel per year, and includes military and federal civilian ashore personnel.

Class A Operational Ashore Mishap Rate = $\frac{\# \text{ cases}}{\# \text{ affected persons}/100,000}$

Affected personnel, is the number of military personnel plus the number of civilian personnel for the reporting period.

Activities have access to data to produce activities' specific trends from the WESS JReport module.

PMV Fatality Rate.

<http://www.safetycenter.navy.mil/execsummary/default.htm>

Private motor vehicle (PMV) includes 2- or 4-wheeled vehicles and includes military on- or off-duty, and civilian on-duty use of motor vehicles. Private Motor Vehicle (PMV) fatality is a motor vehicle death, regardless of the identity of the operator that does not involve a government motor vehicle.

PMV fatality rates are deaths caused by motor vehicle per 100,000 persons per year.

$$\text{PMV Fatality Rate} = \frac{\# \text{ Fatalities}}{(\# \text{ affected personnel}/100,000)}$$

Affected personnel = the command's military personnel; plus the civilian staffing, as provided by the Comptroller.

Activities have access to data to produce activities' specific trends from WESS JReport module.

Federal Civilian Lost Time Case Rate (LTCR).

<http://www.safetycenter.navy.mil/execsummary/default.htm>

A "lost time case" is a non-fatal traumatic injury that causes any loss of time from work beyond the day or shift it occurred; or a non-fatal, non-traumatic illness or disease that causes disability at any time.

$$\text{Civilian Lost Time Case Rate} = \frac{\# \text{ of on-duty lost time cases} \times 200,000}{\text{Number of civilian hours worked}}$$

The number of civilian hours worked is the total man-hours worked by civilian employees of the command during the reporting period, as provided by the Comptroller. (Hours can be estimated by the civilian staffing multiplied by 2,000 but actual civilian hours should be used.)

The number of lost time/death mishaps is recorded on the Log of Navy Injuries and Illnesses. 2,000 hrs equal 1 person-year (50 wks/year X 40 hrs/wk). Note that 2,000 is used for the entire year.

Activities have access to data to produce activities' specific trends from the WESS Jreport module. This metric corresponds to the SHARE goal to lower lost time injury rates by three percent per year.

Federal Civilian Lost Day Rate

<https://www.dmdc.osd.mil/ltwi/owa/cop>

And, "top 40" list is at https://www.dmdc.osd.mil/ltwi/owa/charts.top40_display?rptnum=1

Federal Civilian Lost Day Rate is the number of lost workdays per 100 civilian workers per year. The source is the Defense Manpower Data Center (DMDC).

$$\text{Lost day rate} = \frac{(\# \text{ COP days} + \# \text{ LWOP days}) \times 200,000}{\text{Number of civilian hours worked}}$$

COP is continuation of pay.
LWOP is leave without pay.

Civilian hours worked are the actual number of hours. The number of civilian hours worked is the total hours worked by civilian employees of the command during the reporting period, as provided by the Comptroller. (The number of civilian hours can be estimated by the civilian staffing multiplied by 2,000, but actual civilian hours should be used.)

Activities have access to data from the WESS Jreport module to produce activities' specific trends for logged injuries and illnesses, although this data may differ from DMDC figures, which are based on pay records. Drill-down compatibility is available on the DMDC site.

Military Lost Day Rate

http://amsa.army.mil/AMSA/amsa_home.htm

The military lost day rate is the number of lost production days (medical cases, quarters and limited duty) per 100 military personnel per year. Source is the Army website which is incompatible with the Navy Marine Corps Intranet.

$$\text{Military lost day rate} = \frac{\# \text{ lost production days} \times 200,000}{\text{Personnel hours}}$$

Personnel hours are the command's military personnel for the reporting period multiplied by 2,000 (Note: 2,000 is the appropriate multiplier only when an annual rate is being calculated. This multiplier should be adjusted up or down in proportion to the time period in question for any lost day rate calculations for time periods other than annual. For example, use 1,000 for a 6-month lost day rate, use 10,000 for a 5-year lost day rate.

Activities have access to data to produce activities' specific trends from the WESS Jreport module.

Navy Injury and Illness Incident Rate (NIIR)

<http://www.safetycenter.navy.mil/execsummary/default.htm>

The Navy lost workday case rate is the total number of OSHA recordable cases that includes military and civilian medical cases, restricted work activity cases, fatalities and lost time cases

$$\text{NIIR} = \frac{A \times 200,000}{M+C}$$

A = total injuries/occupational illnesses including fatalities, lost time cases, medical cases, and restricted work activities' cases (from the Log of Navy Injuries and Occupational Illnesses).

- M = the command's military personnel and strength for the reporting period multiplied by 2,000 (Note: 2,000 is the appropriate multiplier only when an annual rate is being calculated. This multiplier should be adjusted up or down in proportion to the time period in question for any NIIR calculations for time periods other than annual. For example, use 1,000 for a 6-month IIR, use 10,000 for a 5-year NIIR.

- C = the total man-hours worked by civilian employees of the command during the reporting period, as provided by the Comptroller. (The number of civilian hours can be estimated by the civilian staffing multiplied by 2,000 but actual civilian hours should be used.)

Note: The NIIR correlates with the metric for the SHARE three percent per year reduction in total case rates. The activity NIIR will be significantly lower than the IIR due to recording rule requirements of 29 CFR 1904.

For Ashore statistics, go to <http://www.safetycenter.navy.mil/statistics/ashore/default.htm>.

Mishap Classification below is taken per DODI 6055.7, 3 Oct. 2000 available at: http://www.dtic.mil/whs/directives/corres/pdf/i60557_100300/i60557p.pdf and in OPNAVINST 5102.1D/MCO P5102.1B, paragraph 2002.

- Class A Mishap
 - Property damage of \$1M or more.
 - A fatality or permanent total disability.

- Class B Mishap
 - Property damage of \$200K or more but less than \$1M.
 - A permanent partial disability.
 - In-patient hospitalization of 3 or more personnel.

- Class C Mishap
 - Property damage between \$20K and \$200K.
 - A non-fatal injury resulting in any loss of time from work beyond the day or shift on which it occurred; or a non-fatal occupational illness or disability that causes loss of time from work or disability at any time.

2. Quality Assessment of Command Mishap Prevention Program

Evaluate the command's Mishap Prevention performance by assessing its implementation of specific elements of the Mishap Prevention process model. The process model elements recommended for evaluation, and proposed evaluation methods, are provided below:

- Compile/Report Mishap and Hazard Data -
 - Is appropriate mishap and hazard data compiled?
 - Injuries/illnesses
 - Property damage cases

- Stressor exposure
- Safety hazards
- Near misses
- A list of possible sources from which the evaluator may gather actual mishap and hazard data for comparison purposes includes:
 1. Clinic logs
 1. Material property damage reports (Safety Office)
 2. FECA tables
 3. JAG reports
 4. NAVFAC property loss reports
 5. Property accountability reports (Controller)
 6. Crane accident reports
 7. Ships' CAS reports
 8. Inspection Reports
 9. Employee Hazard Reports (EHR)
 10. Abatement logs
 11. Industrial hygiene reports

(Evaluate by taking a sample of mishaps/hazards from the above data sources and then confirming the consideration of those mishaps/hazards in the mishap prevention process. Numerical values should then be assigned to this element, based on the number of sample mishap and hazard items actually included in command mishap prevention analysis databases.)
- Analyze Mishap/Hazard Data and Significant Process Areas

Do the analyses:

 - Occur at an appropriate frequency?
 - Provide data at appropriate levels of management responsibility?
 - Identify the most frequent and/or severe risks?
 - Provide a valid comparison of current performance versus expected/historical performance?
 - Provide useful recommendations for performance improvement?
 - Provide other useful analysis not listed above?
- Process Owner Response to Analyses

Characterize process owner response to reports of mishap analyses as one of the following:

 - Unsatisfactory awareness of/response to analyses reports
 - Satisfactory awareness of/response to analyses reports
 - Takes additional internal analysis/action beyond that suggested by analyses reports

(Evaluate by personal interview with selected process owners, review of process owner documentation, and field confirmation of actions claimed (where appropriate).

#2 THE REGULATORY COMPLIANCE PROCESS MODEL
(20% OF OVERALL RATING)

Regulatory Compliance - conformance to requirements

1. Determine Regulatory Requirement
 - Review regulations
 - DOD/Navy directives
 - Military exclusions
 - Review, determine if changes needed
 - Legal considerations
 - Regulatory interface
 - Community relations

2. Develop Compliance Strategies
 - Training requirements
 - Feasibility
 - Medical impact
 - Prioritization
 - Time frame for implementation
 - Consequences on non-compliance
 - Difference between new and current requirements
 - System safety review

3. Identify and Provide Resources
 - Organizational structure
 - Cost determination
 - Budgeting
 - Internal
 - Customer cost
 - Facility requirements

4. Execute Compliance Strategy
 - Communicate requirements
 - Training

5. Monitoring
 - Documentation
 - Data analysis
 - Report compliance status
 - Feedback
 - Initiate improvement efforts
 - Confirmation of corrective action

Performance Measures for the Regulatory Compliance Process

- Echelon 2 inspection/assistance results

#3 THE SUPERVISION PROCESS MODEL
(20% OF OVERALL RATING)

Supervision - Those actions taken to plan, organize, direct, oversee and evaluate the region or activities of subordinates and Command personnel to safely accomplish work.

The Supervision Process Model incorporates three different but complementary/interrelated components.

Component #1 - Sequential actions/steps associated with the accomplishment of specific jobs/tasks by subordinates.

1. **Analyze Tasks**

- Identify hazards
 - Physical (mechanical, heat, vibration, noise, location, radiation, etc.)
 - Chemical (hazardous materials)
 - Biological (disease)
- Evaluate hazards
 - Identify personnel at risk
 - Consult involved employees
 - Consult peers/managers
 - Review technical documentation
 - Consult professional staff
 - Draw upon personal knowledge/experience
- Identify measures needed to control/eliminate hazards
 - Engineering
 - Administrative
 - PPE
- Identify compliance requirements
 - Navy
 - Occupational Safety and Health Administration
 - Local documents
 - Other
- Determine required personal qualifications
 - Training
 - Physical/medical
 - Experience

2. **Organize to Safely Accomplish Tasks**

- Select qualified personnel
- Determine work sequence
- Coordinate with support organizations

3. **Direct the Accomplishment of Tasks**

- Communicate objectives to assigned personnel
 - Schedule

- Interface with other operations
 - Location
 - Problem reporting
 - Assign jobs within the task
 - Provide job training
 - Verbal
 - Written
 - Discuss potential hazards
 - Discuss compliance
4. Evaluate Task Performance
- Observe workers
 - Identify process variance
 - Enforce proper implementation of controls
 - Receive feedback
 - From employees
 - From related organizations
 - From customers (internal/external)
 - Assess efficiency of controls
5. Adjust Process As Required

Component #2 - Continuing actions to evaluate the overall performance of personnel over time.

1. Determine General Expectations for Work Unit
- Injury/illness prevention
 - Process improvement
 - Cost avoidance initiatives
 - Workers Compensation (e.g., Light Duty Work, Lost Time)
2. Set Performance Standards Both Verbally and in Writing
- Objective/quantifiable
 - Measure behavior, not results, at lower levels in the organization
 - Use subordinates' performance as factor for supervisors
 - Measure positives as well as negatives
3. Acquire Information Needed to Assess Performance
- Inspections
 - Supervisor
 - Safety staff
 - IH surveys
 - Process reviews
 - Mishap data/information
 - Employee self-assessment
 - Workers compensation

4. Assess Performance Against Standards
5. Discuss with Employee
 - Strengths
 - Weaknesses
 - Improvement strategy
6. Document Final Assessment
7. Initiative Reward/Remedial Actions as Appropriate

Component #3 - Integration of safety throughout the command. Assess how proactively command HQ, command, upper management, supervisors and employees integrate and involve safety and occupational health into core business processes.

1. Review requirements
2. Scope of involvement
 - Meetings/councils/training/strategic planning
3. Level of interface CO has with
 - Upper management, middle management, workforce and unions
 - Assess if Command has an informal CO/upper management walk-through of workspaces
4. Command awareness of compensation costs, property damage assessments, mishap rate reductions, etc.
5. Assess upper echelon strengths, and support/guidance
6. Determine command climate and philosophy related to safety
7. Evaluate customer/command feedback systems
8. Reduction in accidents due to awareness or improved procedures
9. Determine ownership of processes

Performance Measures for The Supervision Process

1. Presence of safety elements in performance standards (% coverage and quality of standards) - the following should be used to evaluate the presence of safety elements in performance standards.

- Is safety addressed?
- Do the standards address communication of safety information and expectations to members of the work unit?
- Is performance monitored to determine if safety requirements and expectations are met?
- Do the standards address actions to be taken to improve the safety performance of the work unit?
- Do the standards require the establishment of safety standards for all members of the work unit?

(Where commands utilize self-directed work teams in lieu of traditional supervisors, performance standards adopted by self-directed work teams will be evaluated)

2. Assessment of Employee Understanding of Safety Expectations

- Is employee properly using appropriate PPE for the work?
- Can the employee demonstrate an awareness of hazards in the work area, and hazard control measures?
- Is the employee using safety resources available to report/address hazards (e.g. supervisor, safety staff, safety committee, EHR, etc.)?

(Evaluate by field observation and interviews of randomly selected employees who perform work operations which expose them to significant potential hazards.)

3. Assessment of Safety Integration Initiatives or Improved Outcome Measures:

- Is higher echelon providing guidance?
- Has the region or activity asked the next echelon for guidance (on PR&MS)?
- Is there active interchange of information within the chain (both above and below)?
- Does CO's immediate staff show knowledge of safety and occupational health issues?
- Does CO review safety-related reports (i.e., program costs, incident rates, compensation costs)?
- Has command suite attended safety training with subordinates or peers?
- Has command and upper management shown buy-in and open support of the safety program?

#4 THE TRAINING PROCESS MODEL
(15% OF OVERALL RATING)

Training - conveyance of information to enable personnel to carry out their personal responsibilities safely and in compliance with applicable regulations.

1. Identify Requirements and Needs
 - Explicit
 - Required by regulations
 - Required by directives
 - Individual development plan
 - Implicit
 - Lessons learned
 - Process improvements
 - Process changes
 - Needed to execute work
 - Labor/management/customer relations
 - Type
 - Initial
 - Refresher
 - Job qualification
 - Awareness
 - Timing/frequency
 - Before assignment
 - Annual
 - Monthly
 - Other
 - Recordkeeping
2. Identify Audience
 - Upper-level management
 - Mid-level management
 - Supervisor
 - Worker
 - New
 - Journeyman
 - New assignment
 - Customer
 - Tenants
 - Contractors
 - Visitors
 - Labor organizations
3. Develop Specific Information to be Delivered
 - Relate to each target audience
 - Limit to applicable requirements for each target audience

4. Identify Media
 - Lesson plans
 - Classroom
 - On-the-job training
 - Programmed instructions
 - Videotape
 - Correspondence courses
 - Interactive computer assisted
 - Stand-up/tailgate meetings
 - Other

5. Assemble Resources Needed to Provide Training
 - Funding
 - Time
 - Media
 - Facilities
 - Qualified instructor

6. Deliver Training
 - Schedule
 - Provide
 - OSHA-required hazard communication and other as needed
 - College
 - On-the-job training
 - On-site training
 - Job training
 - Rate training
 - Correspondence and web-based courses
 - Stand-up/tailgate meetings
 - Track completion

7. Evaluate Effectiveness
 - Work site observations
 - Retention testing
 - Short-term
 - Long-term
 - Mishap rate for target accident type
 - Student critique
 - Other feedback
 - Safety office
 - Labor organizations
 - Managers

8. Modify Training as Required

Performance Measures for the Training Process

1. Matrix Match Against Requirements
 - Compile Data Sources
 - Industrial hygiene surveys
 - Military manning documents
 - Command mission/function statements
 - Command mishap experience
 - Command occupation physical qualification statements
 - Other
 - Determine the following:
 - Does a formal training plan exist?
 - Would execution of the plan ensure delivery of all required training?
 - Would execution of the plan ensure delivery of appropriate specific hazard recognition and control training?
 - Is course content documented by formal lesson plans that are approved by appropriate technical personnel?
 - Is training executed in accordance with the plan?
 - Is the training provided evaluated in terms of:
 1. Appropriateness of course content?
 2. Instructor effectiveness?
 3. Behavior of trainees in the workplace?
 4. Are evaluation results used to improve training?
2. Employee Interface/Challenges
 - Compile Data Sources
 - Industrial hygiene surveys
 - Military manning documents
 - Command mission/function statements
 - Command mishap experience
 - Command occupation physical qualification statements
 - Other
 - For Target Processes/Occupations, Determine if:
 - Employees are accomplishing their work in a safe manner
 - Employees are aware of job hazards and requirements
 - Employees are complying with regulatory requirements pertinent to their job assignment
 - Employee failures are due to: *
 1. Inadequate training
 2. Employee failure to comply with known requirements
 3. Other factors. (Lack of tools, time, etc., needed to perform work)
 - Employee successes are due to: *
 1. Effective training
 2. Knowledge/experience not attributable to the command's training program
 3. Other factors. (Close supervision, reward system, peer pressure, etc)

* NOTE: For these items, if the failure/success is due to training, utilize the employee observation/interview results to evaluate the TRAINING key process. If the failure/success is due to other (non-training) factors, utilize the employee observation/interview results to support the evaluation of another appropriate key process.

(Evaluate by identifying several appropriate occupations within the command, then observing/interviewing randomly selected employees within each identified occupation or process.)

#5 THE SELF-ASSESSMENT PROCESS MODEL
(15% OF OVERALL RATING)

Self-Assessment - a comprehensive internal evaluation of how a safety and occupational health program meets the requirements of its internal/external customers.

1. Identify Program Elements to be Evaluated
 - Mishap Prevention
 - Mishap investigation
 - Risk assessment
 - Hazard abatement
 - Adequacy of resources (internal/external)
 - Safety staff
 - Funding
 - Medical/HRO support
 - PWC support
 - FISC support
 - Other
 - Supervision
 - Management involvement/example
 - Performance evaluation
 - Personnel participation
 - Worker input mechanisms
 - Union involvement
 - PPE use
 - Training
 - Formal
 - Informal
 - Communication
 - Regulatory Compliance
 - All applicable regulations
 - Deficiency abatement
 - Injury Cost Control (process model under development)
 - Customer Focused Support (support commands only)
2. Develop Assessment Plan for Each Element
 - Develop assessment strategy
 - Identify element customers and customers' needs
 - Identify element performance criteria and indicators
 - Develop assessment tools/procedures
 - Develop assessment schedule
 - Determine reporting mechanisms and who receives reports
 - Identify and provide for resources needed to assess:
 - People
 - Data
 - Time

- Technical competence
3. Conduct Assessment of Each Element
 - Conduct/Compile information
 - Analyze
 - Trends
 - Patterns
 - Causes
 - Priorities
 - Actual observed performance vs. desired performance
 - Develop conclusions/recommendations
 - Prepare/submit reports
 - Documentation as required by regulations
 - Reports to appropriate responsible persons
 4. Adjust/Improve Self-Assessments
 - Obtain/Evaluate customer feedback
 - Develop improvements
 - Implement improvements
 - Advise customers of change

Performance Measures for the Self-Assessment Process

1. Quality Assessment of Command Self-Assessment Program
 - Has the command established a formal self-assessment process?
 - Is a self-assessment of each key process, adequacy of resources, and personnel participation conducted annually?
 - Does the self-assessment include a data-driven analysis of key safety and occupational process trends/patterns?
 - Does the self-assessment identify/quantify the actions and resources needed to correct process deficiencies?
 - Does the self-assessment drive process improvements?
 - Does the self-assessment identify further process improvement opportunities for programs that already meet basic requirements?

(Evaluate by review of current self-assessment documentation.)

#6 THE CUSTOMER-FOCUSED SUPPORT PROCESS MODEL
(0-100% - TO BE SCORED SEPARATELY, AS APPLICABLE)

Customer-Focused Support - providing safety and occupational health support, services, and guidance that meet customer needs.

1. Identify Your Customers

- Commands receiving service
- Students
- Patients
- Managers within commands
- Workers/employees
- Laboratories
- Contractors
- Your boss

2. Identify Your Customers' Needs (As Perceived by the Servicing Command)

- Requirements (mandated programs)
- Non-disruptive service
- Schedule and frequency
- Reports and documentation
- Usefulness and reliability of products/services
- Cost vs. value
- Consultation with command management
- Responsiveness
- Policy/guidance
- Anticipation of unexpressed customer needs
- Communication of available services

3. Evaluate Current Product/Services

- Policy/guidance
- Schedule and frequency
- Reports and documentation
- Usefulness and reliability of products/services
- Requirements (mandated programs)
- Non-disruptive service
- Cost vs. value
- Consultation with command management
- Responsiveness
- Communication of services available

4. Determine Resources Required to Provide Product/Services

- People
- Funding
- Time
- Consumables

- Facilities
 - Contracts
 - Support organizations
 - Procedures and policies
 - Training and education
 - Communication and Information Technology
 - Equipment
5. Develop Customer Survey
- Assess knowledge level of people being surveyed
 - Tailor questions accordingly
 - Develop questions around the following:
 - What do you need from me?
 - What do you do with what I give you?
 - Do gaps exist between what I give you and what you need?
6. Develop Survey Implementation Plan
- Determine survey format and delivery method
 - Identify forms and checklists
 - Develop schedules
 - Train surveyors/conduct dry run
 - Refine survey
7. Conduct Survey
8. Evaluate Survey Results
- Determine gaps between product/services provided and the customer's needs/requirements/expectations
9. Improve Delivery of Products/Services to Better Meet Customer Needs
- Develop partnership with customer to eliminate problems
 - Provide new services
 - Eliminate Unneeded services
 - Re-prioritize efforts
 - Improve efficiency/effectiveness of current product/service
 - Adjust customer/supplier expectations
 - Identify alternative provider of service
10. Identify Potential Improvements
- Customer feedback
 - Data
 - Field Observations
 - Follow-up survey
11. Pursue Continuous Improvement of Process
- Ensure customer satisfaction

Performance Measures for the Customer-Focused Support Process

- Has the command established a formal process for determining customer needs?
 - Has the command determined customer needs (as perceived by the servicing command) and evaluated current service?
 - Are customer needs surveyed:
 - At least triennially?
 - At least annually?
 - Significantly more often than annually?
 - By written surveys?
 - By meetings/workshops?
 - Do customer surveys/workshops/etc. result in the development of initiatives to improve the products or services being delivered?
 - Are customers advised of survey results and improvement initiatives planned/undertaken in response to surveys
 - Are customers involved in the development of improvement initiatives?
 - Are improvement initiatives tracked and making progress toward implementation?
- Is customer feedback solicited concerning the effectiveness of changes implemented in response to customer surveys?

CHAPTER 3

ORGANIZATION AND STAFFING

0301. Discussion

This chapter provides guidance on functional organization, staffing and responsibilities. An effective and dynamic command safety organization requires a structure that provides all levels of the command with good lines of communication to the commanding officer for safety matters.

0302. Organization of Safety Organizations at Headquarters Commands

Headquarters commands shall designate an safety official who will have sufficient authority and responsibility to represent effectively and support the headquarters commander in the management and administration of the headquarters command safety program. The designated safety official shall report directly to the headquarters commander. A safety organization, staffed and organized commensurate with the mission and functions of the command, shall support and report directly to the designated safety official. A safety professional shall head the safety organization. Professional certification is recommended, per paragraphs 0304.c and 0606. The designated command safety official shall:

- a. Establish, coordinate, direct, and evaluate the effectiveness of safety policies, plans, programs, and procedures.
- b. Serve as the focal point within the command for safety-related matters.
- c. Provide technical advice, direction and guidance on safety matters to other commands or bureau organizational elements and to subordinate field activities.
- d. Interpret safety standards and regulations and develop or participate in developing new or revised standards, when appropriate.
- e. Conduct assessments of the effectiveness of the command's overall safety program by performing subordinate command management evaluations and reviewing self-assessments.
- f. Serve as the headquarters command's representative on safety councils, committees and working groups established by higher authority and the private sector. The safety official shall serve as technical advisor to cognizant offices of the Chief of Naval Operations (CNO) on safety-related matters in areas over which the headquarters command is assigned cognizance.
- g. Review illness/injury analyses from command activities to identify and initiate actions to improve the effectiveness of the safety program and reduce instances of injury and illness.
- h. Foster safety awareness through appropriate promotional methods and channels of communication.
- i. Ensure adequate consideration of safety features in the design, purchase or procurement of items over which the command exercises acquisition authority.

j. Plan, develop, participate and evaluate employee safety training in coordination with cognizant training groups, offices, and organizations.

k. Review and coordinate budget requirements, requests, and program objective memoranda for safety and coordinate budget submissions, as appropriate. Ensure that the safety official in each region and field activity have sufficient authority and responsibility to plan for and ensure funds for the staff, their equipment, materials and the training required to ensure implementation of an effective safety and occupational health program.

0303. Organization, Functional Responsibilities, and Staffing Criteria for Shore Safety Organizations

a. Organization.

(1) Each shore activity not receiving Base Operating (BOS) safety services from their cognizant Naval Region shall have a safety organization, staffed and organized commensurate with the mission and functions of the command. A safety professional shall head the safety organization and shall have the authority, responsibility, and visibility to manage and represent effectively the activity's safety program. Implementation of the safety program is considered a command staff level function. Accordingly, the head of the safety organization shall report directly to the commanding officer of the shore activity.

(2) Shore activities receiving Base Operating Support (BOS) safety services from their cognizant Naval Region shall establish an organizational chart that includes safety as a staff function, reporting to the Commanding Officer. The description of this function shall state that the regional host Safety Department provides this service.

b. Navy Reorganization. On 1 October 2003, installation claimant consolidation occurred with the establishment of a new Echelon 2 Command: Commander, Navy Installations (CNI). The new reorganization places ownership of land and buildings under the command of CNI. Funding for safety within CNI is part of "Base Operating Support" (BOS). Other Echelon 2 commands retained "Mission Safety." A summary of mission safety and BOS safety are:

(1) Mission Safety. Mission Safety supports the Navy safety programs unique to specific Echelon 2 missions. Echelon 2 Mission Safety is integrated into "unique and integral" mission accomplishments for which the cognizant Echelon 2 receives separate funding. All shore activities support the mission of the Navy and Marine Corps through their safety and occupational health (SOH) programs, regardless of funding sources. Special circumstances require the activity to request/receive services supported by Echelon 2 mission safety programs like diving, ship and building design and construction, aviation, medical, and training. The following are identified examples of mission-related SOH functions by Budget Submitting Office (BSO). These examples are not all-inclusive:

- Fleet commands performing SOH functions in support of ship intermediate and maintenance work, aircraft intermediate maintenance, operational units (including those with deployable units), construction battalions, and high-risk mission training.

- NAVFAC commands responsible for the global NAVFAC mission such as BRAC caretaker, MILCON design and construction, contractor safety, and environmental clean up.
- BUMED commands mission critical safety services are defined as Joint Commission on Accreditation of Healthcare Organizations standards for employee, patient, and visitor safety.
- NAVAIR commands performing SOH functions in support of aircraft RDT&E, acquisition, and intermediate/depot maintenance.
- NAVSEA commands performing SOH functions in support of ship intermediate and depot maintenance work, RDT&E, and acquisition and contractor oversight (i.e., SUPSHIPS).
- NETC commands performing mission and high risk training.
- CNRF Commands performing SOH functions in support of reserve aircraft intermediate maintenance operational units (including those with deployable units).

(2) BOS Safety. BOS functions are normally provided by the host command. BOS Safety includes all common and core installation management safety functions that are identified under the Installation Management BOS Safety umbrella, namely: Navy Safety and Occupational Health, Traffic Safety, Recreation and Off-duty Safety (RODS), and BOS-related Explosives Safety, as described below:

SOH - Provides support for management and coordination of region-wide program, including but not limited to inspections, evaluations, surveys, education, training, instructions, mishap prevention, accident investigation and reporting, and other activities involved with the operation of the Navy and Marine Corps safety and occupational health programs.

Traffic Safety - meets the traffic safety program requirements per OPNAVINST 5100.12G and MCO 5100.19. Provides support for management and coordination of region-wide program, including but not limited to management inspections, evaluations, surveys, education, training, instructions, and mishap prevention.

RODS - Meets the RODS program requirements per OPNAVINST 5100.25A and MCO 5100.30. Provides support for management and coordination of region-wide program, including but not limited to management inspections, evaluations, surveys, education, training, instructions, and mishap prevention.

Explosives Safety - Meets the Navy's Explosives Safety program requirements per OPNAV Instruction 8020.14 and MCO P8020.11. Provides support for management and coordination of region-wide program, including but not limited to management inspections, evaluations, surveys, education, training, instructions, and mishap prevention.

c. **Functional Responsibilities.** Core safety programs refer to the program areas that safety organizations perform in order to support the region, command, or activity that they are part of or support. Safety organizations also perform administrative duties to support core program requirements.

(1) For Core Programs, as minimum core requirements, regional organizations, and commands with their own safety staffs, shall conduct the following minimum core programs, as applicable:

(a) Manage Programs. Plan, direct and administer the program using the components of the process review and measurement system or an equivalent management system (e.g. OSHA VPP) to focus efforts in those areas that will yield the best overall outcomes for the command's safety and health program.

(b) Conduct Reviews. Perform and document reviews and evaluations to ensure that appropriate requirements and considerations affect all operations, facilities, material and equipment.

(c) Conduct Inspections. Plan, conduct and document workplace inspections of all buildings, grounds, facilities, materials, equipment, devices, operations and conditions to ensure compliance with applicable policies, laws, regulations, and standards. For detailed program information, refer to chapter 9, Inspection Program, and chapter 11, Inspections and Investigations of Workplaces by Federal and State safety and health officials.

(d) Abate Hazards. Manage the program for the correction of workplace hazards. For detailed program information, refer to chapter 5, Prevention and Control of Workplace Hazards and chapter 12, Hazard Abatement Program.

(e) Provide Consulting Services. Provide consulting services to all regions and activity organizational elements and all levels of supervision on safety principles and technical aspects and their application to employees and workplaces.

(f) Investigate, Report and Record Mishaps. Coordinate the investigation of all mishaps. For detailed information, refer to reference 3-1.

(g) Implement Employee Hazard Reports. Implement requirements and procedures for employee hazard reporting. For detailed program information, refer to chapter 10, Employee Reports of Unsafe or Unhealthy Working Conditions.

(h) Analyze Program Effectiveness. Prepare annual self-evaluation(s) of program and program elements following Program Review and Measurement System (PR&MS) Self Assessment Model guidelines contained in Chapter 2, appendix 2-B or equivalent methods, (e.g. OSHA-VPP). For detailed information regarding self-evaluations, refer to chapter 5, section 0505.

(i) Attend and Conduct Meetings. Attend, conduct, or participate in Safety Council and Committee meetings. For detailed information, refer to chapter 4, Councils and Committees.

(j) Promote Training and Education. Coordinate training and educational programs. For detailed program information, refer to chapter 6, Training.

(k) Determine Personal Protective Equipment (PPE) Requirements. Evaluate all workplaces and determine PPE requirements. For detailed program information, refer to chapter 20, Personal Protective Equipment.

(l) Coordinate Hazardous Material Control and Management (HMC&M). Coordinate safety aspects of the HMC&M program. For detailed program information, refer to chapter 7, Hazardous Material Control and Management.

(m) Coordinate Occupational Health. Coordinate all aspects of occupational health matters with the cognizant medical command. For detailed program information, refer to chapter 8, Occupational Health.

NOTE:

If activity personnel actually conduct workplace sampling, this is an additive function. The basic region and activity function is to coordinate these programs, develop local instructions, and ensure compliance with regulations.

In addition, most organizations shall perform core functions in paragraphs 0303.b(1)(n) through (q), as necessary.

(n) Administer the Confined Space Entry/Gas Free Engineering Program. Non-maritime shore safety organizations administer the Confined Space Entry program. For detailed program information, refer to chapter 27, Confined Space Entry program (Non-Maritime). Maritime shore-based activities administer the Navy Gas Free Engineering program. For detailed information, see NAVSEA S6470-AA-SAF-010 (NOTAL).

NOTE:

Where multiple full-time test personnel are necessary and the safety organization conducts the testing, organizations shall develop a specific additive to the staffing equation based on the local workload for confined space testing.

(o) Administer the Asbestos Control Program. Coordinate the development and implementation of the Asbestos Control program. For detailed program information, refer to chapter 17, Asbestos Control.

(p) Administer the Respiratory Protection Program. Administer the Respiratory Protection program. For detailed program information, refer to chapter 15, Respiratory Protection.

(q) Administer the Radiation Safety Program. Coordinate and/or manage radiation protection and control programs including applicable ionizing and non-ionizing sources (i.e., lasers, radio frequency radiation (RFR), etc.). For detailed information, refer to chapter 22, Non-Ionizing Radiation.

(r) Administer the Motor Vehicle and Traffic Safety Program per reference 3-2.

(s) Administer the Recreation and Off-Duty Safety (RODS) Program per reference 3-3

(t) Manage Certain Other Program Elements. The following safety-related programs are not included in the minimum core elements used for determining staffing requirements. The level of application varies greatly among activities, depending on their mission, function, location and support. At activities where these programs have a major impact, organizations should treat them as additive functions requiring additional resources. Activities should determine resource requirements to perform the functions locally or have them performed by commands, based on workload analysis:

1. Weapons and explosive safety.
2. Fire prevention.
3. Diving safety.
4. Mercury control.
5. Contractor oversight.
6. Industrial hygiene interface.
7. Environmental protection.
8. Weight handling equipment safety.
9. Compensation program support.
10. Systems safety.
11. Anti-Terrorism Force Protection (ATFP) Support.

(u) Other Considerations. Other considerations in determining staffing requirements include the geography of a region or activity, the number of locations and the distance between them and sub-units and tenants supported. Geography can have a significant impact on workload where large distances exist between normal work sites and locations of inspections,

investigations and evaluations. Organizations must evaluate the degree of support provided tenants and other personnel on and off base in determining staffing needs.

For locations outside the continental U.S. (OCONUS). Activities shall not gap safety positions for more than 30 days. When possible, activities should identify a relief before transferring the incumbent.

When applicable, perform the additional functions listed in paragraph 0303 c(1)(t). Activities shall treat these functions as additives when determining staffing requirements. In addition, activities must treat any collateral duties assigned to the safety organization as additive when determining staffing.

(2) For indirect (administrative) programs, all safety organizations shall:

(a) Supervise Personnel. Supervise personnel, accomplish administrative duties and provide training to personnel supervised.

(b) Provide Administrative and Clerical Support.

1. Provide mail, messenger, receptionist, stenographic, typing, duplicating and supply/fiscal services.

2. Implement an office automation system to include database management, report generation, word processing and records maintenance.

3. Process correspondence.

4. Consult or confer with individuals.

5. Prepare and distribute reports.

6. Maintain publications.

(c) Manage Travel. Travel between work centers and to and from safety seminars, training courses or conferences, when essential to the job.

(d) Hold or Attend Meetings. Attend or conduct meetings, briefings and conferences pertaining to other direct support of the work center.

(e) Maintain Office Space. Maintain individual workspaces in a neat, orderly condition and conduct periodic housekeeping ("field days") as required.

d. Staffing Criteria. Regions/Activities with more than 400 employees shall assign, at a minimum, a full time safety manager and adequate clerical support. The staffing criteria that follow are not mandatory but provide a good method of determining the number of qualified personnel to perform necessary safety functions. The real measure of adequate staffing is whether all designated functions are performed effectively and strong mishap prevention programs are

implemented. Activities shall determine the number of professional (non-clerical) personnel needed to perform the primary functions listed above by the following method:

(1) Use the equation provided below, predicated upon the level of risk by major job hazard category and the number of personnel in each category. Most activities will have more than one job hazard category. The total number of professional personnel needed to perform minimum functions in the safety organization is the sum of personnel specified for each category. Appendix 3-A explains the job hazard categories. Commands shall evaluate actual needs based on support available from others and number of supported personnel.

(2) The equation for calculating the number of professionals on the safety staff is:

$$\begin{aligned} & 0.0033 \text{ X the first 1200 persons in Category A} \\ + & 0.0025 \text{ X the next 800 persons in Category A} \\ + & 0.0020 \text{ X the remaining persons in Category A} \\ + & 0.0020 \text{ X total number of persons in Category B} \\ + & 0.0016 \text{ X total number of persons in Category C} \end{aligned}$$

where 0.0033 = 1/300 (1 professional per 300 workers), 0.0025 = 1/400 (1 professional per 400 workers), 0.0020 = 1/500 (1 professional per 500 workers), and 0.0016 = 1/600 (1 professional per 600 workers).

(3) An example of staffing using this equation is:

$$\begin{aligned} & 900 \text{ employees in Category A requires 3.0 staff} \\ + & 500 \text{ employees in Category B requires 1.0 staff} \\ + & 1200 \text{ employees in Category C requires 2.0 staff} \\ = & \text{Six professional employees required for office plus clerical staff.} \end{aligned}$$

(4) The number of employees counted in each category includes all who receive full safety support (tenants and others). The equation does not include partial and part-time support (such as that provided students, reservists and tenants with safety staff). Organizations must account for this separately, based on local workload determinations.

(5) An assistant manager is required for an office with a total staff of ten or more. The staffing calculation above includes the safety manager and assistant manager(s).

(6) Base clerical support on workload. All safety organizations supporting a region or activity population exceeding 600 need, at least, full-time clerical support.

e. Position Classification Considerations. The safety organization will have as its head, a fully qualified and trained safety professional supported by a staff of qualified professionals. Reference 3-4 describes qualification and training requirements for safety professionals. Classification guidance is provided as follows:

(1) Safety manager positions range from GS-11 to GS-15; safety assistant managers from GS-11 to GS-14; specialists and technicians from GS-05 to GS-12 (the journeyman level is GS-11); and clerical support from GS-03 to GS-07. Appropriate military equivalents include Navy Officer Billet Codes (NOBCs) 0862, 2740, 8656, and 8995, from ensign to commander, Navy Enlisted Classifications (NECs) include 9571, SW-6021, and 8301, from E-4 to E-9. Military equivalents shall have acquired additional professional training appropriate to their assignment.

(2) Classification series that apply, but are not inclusive, include:

<u>Position</u>	<u>May Compete</u>
Manager/Assistant/ Specialists 2125	GS/GM-018, 081, 602, 610, 690, 803, 804, 1306, 1320, 1815, 1825,
Technicians/ Other Technical Services	GS-019, 645 699, 1311
Administrative Others as appropriate	GS-318, 303, 326

NOTE:

The staffing criteria in this section replace all previous guides and standards for staffing of safety organizations.

0304. Regional and Consolidated Safety Organizations

Regionalization of safety services was established to meet the aggregate requirements of a number of activities within the same geographic area and to support tenants of an installation. Region Headquarters shall staff their consolidated safety organizations following the criteria described in section 0303.

a. Regions providing safety services and commands that receive those services, shall establish written agreements such as an Intra Service Support Agreement (ISSA) or memorandum of understanding (MOU). The agreements shall specify the services provided and the conditions under which they are provided. Administrative control over the Region safety organization shall rest with the Region Headquarters Command.

b. Command/Activities shall negotiate agreements on a fiscal year or an as needed basis, at which time adjustments shall be made to take into account differences in size or

number of activities serviced, services required, and cost of operation of the Regional safety organization.

c. It is strongly recommended that safety and occupational health professionals attain board certification through the American Board of Industrial Hygiene, the Board of Certified Safety Professionals, or other certifications recognized by the Council on Engineering and Scientific Specialty Boards (<http://www.cesb.org/>). Per section 0606, professional certification is recommended for all safety and occupational health professionals.

0305. Organization and Staffing of the Occupational Health Function

Integral to the proper establishment of a comprehensive safety and occupational health program is a comprehensive occupational health program. Successful occupational health programs require professional supervision and oversight by qualified occupational health professionals. The primary sources of support services are hospitals and medical clinics. The occupational health/industrial hygiene components of those medical activities are responsible for providing complete occupational health support to all commands within their assigned area of responsibility (see chapter 8 for further details).

a. The Preventive Medicine and Occupational Health Division administers the program within the Chief, Bureau of Medicine and Surgery (BUMED). The occupational health and preventive medicine directorate administers the program at the hospital or clinic level. The director shall have direct access to the medical facility commanding officer and/or clinic officer in charge. Industrial hygiene and occupational medicine shall be divisions of occupational health and preventive medicine directorates. As a rule, military industrial hygienists shall provide dedicated service to the operating forces and the fleet, and civilian industrial hygienists shall maintain essential program continuity and provide services to the Navy shore establishment.

b. Functions. Refer to chapter 8.

c. Activities may deliver occupational medical services through a wide variety of organizational structures, ranging from single-physician clinics to multi-physician clinics that are co-located with a hospital or major medical clinic. The organization size affects the distribution of labor among physicians, nurses and other support staff.

d. Occupational Health Staffing Guides and Industrial Hygiene Laboratory Support Policy. Factors influencing the guidance provided below are: previously published guides for similar programs, the anticipated demand for physician services when applicable DoD instructions are fully implemented, and a review of physician-to-population ratios at regional medical commands. The guidance provides a staffing level that allows implementation of all medical components of the program at a high level of quality consistent with progressive management of the Navy's industrial and fleet support programs. It conforms to the Federal Personnel Manual guidelines for physician staffing in the low-risk category and provides additional staffing for the high-risk category.

(1) Occupational Medicine Staffing Guide. The occupational medicine staffing guide applies to two specific professional categories: occupational health physicians and occupational health nurses. Disciplines contributing to occupational health programs, such as surgical and medical specialties, radiology, audiology, optometry, laboratory and technical or

administrative support are not included. Expressed in mathematical notation, the staffing guide for occupational medicine is as follows:

$$MD = 0.0005A + 0.00033B + 0.00025C + 0.000125D + 0.000125E + 0.000125F$$

Where:

MD = required number of full-time physicians

A = population in risk category "A"

B = population in risk category "B"

C = population in risk category "C"

D = population in risk category "D"

E = population in risk category "E"

F = population in risk category "F"

NOTE:

Appendix 3-A describes population categories A through F with examples.

(a) The coefficients in the staffing formula represent the number of staff required to support one employee (e.g., 0.0005 physicians for one shipyard employee). The reciprocal of this coefficient expresses the number of employees supported by one physician or nurse (e.g., one physician for 2,000 shipyard employees).

(b) The staffing guide provides one physician for every 2,000 employees in category A, plus one for every 3,000 employees in category B, and one for every 4,000 employees from other activities. The guide provides half as many physicians for mobile populations as provided for the low risk category.

(c) A number of factors influence the required staffing, including local injury and illness rates, past accomplishments of the occupational health program and proximity to definitive care facilities. Local variation from the expected typical situation is likely. Where significant variation exists, make an appropriate adjustment, either up or down, to the staffing level calculated by the guide.

(d) If the total population in categories A, B, C, D, E and F supported by a medical treatment facility is less than 6,000, then activities shall base physician staffing on achieving minimum required capability and enhancing efficiency using a combination of physicians and occupational health nurses. In larger medical treatment facilities, where the calculation indicates the need for three or more physicians, activities shall substitute medical providers (physician's assistant or nurse practitioner) at the rate of four alternates for three physicians

(recognizing that when these substitutions are made, some additional physician time is needed for supervision).

(e) When the population served is geographically distributed in groups smaller than 6,000 employees or where the occupational health staff of the region is dispersed among numerous small medical treatment facilities, activities shall use the guide to indicate fractions of full-time equivalents. Medical treatment facilities serving 400 or more employees should have a full-time nurse, and those serving 2,000 or more employees should have a full-time physician. Rounding the staffing calculation at the medical treatment facility level rather than at a superior medical command level may yield a larger staffing requirement. The need for a specialized capability at remote locations justifies the additional requirement, even if met on a standby basis. This guide defines a remote location as one requiring more than 30 minutes of travel time from the nearest regional medical treatment facility during peak traffic load.

(f) Each medical treatment facility should have access to at least one physician with recognized credentials in occupational medicine, such as board certification by the American Academy of Occupational Medicine. However, the complement of physicians in an occupational health clinic may include family practice physicians, internal medicine physicians and General Medical Officers. Appendix 3-B provides a recommended grade level structure for direct support occupational medicine physicians at the line organizational level.

(2) Occupational Health Nurse Staffing Guide. Determine staffing for occupational health nursing staff by the following formula:

$$\text{OHN} = 0.0006A + 0.0004B + 0.0003C + 0.00015D + 0.00015E + 0.00015F$$

Where:

OHN = required number of occupational health nurses

A = population in risk category "A"

B = population in risk category "B"

C = population in risk category "C"

D = population in risk category "D"

E = population in risk category "E"

F = population in risk category "F"

(3) Industrial Hygiene Staffing Guide. The cognizant medical command shall base the industrial hygiene staffing on the total military and civilian personnel supported. Staffing for industrial hygienists in BUMED organizations that directly support line activities can be determined based on the following formula:

$$\text{IH} = 0.002A + 0.0008B + 0.0004C + 0.0004E + 0.0004F + 0.004L + S$$

Where:

IH = the required number of industrial hygiene staff

A = population in risk category "A"

B = population in risk category "B"

C = population in risk category "C"

E = population in risk category "E"

F = population in risk category "F"

L = number of activities (locations) supported

S = support to ships that designate the claiming BUMED organization (Navy Environmental and Preventive Medicine Unit (NAVENPVNTMEDU) or clinic) as primary source of industrial hygiene support, calculated per formula below:

$$S = 0.87CV + 0.87AS + 0.35LH + 0.17CG + 0.13DD + 0.087(FF + AM + AO + AT) + 0.044SS + 0.022OT$$

Where:

CV = number of ships designated CV or CVN

AS = number of ships designated AS

LH = number of ships designated LHA, LHD or LPH

CG = number of ships designated CGN

DD = number of ships designated DD, CG or DDG

FF = number of ships designated FF or FFG

AM = number of ships designated LPD, LSD, LST, AGF or LCC

AO = number of ships designated AO, AOE, AE, AOR or AFS

AT = number of ships designated ARS or ATS

SS = number of ships designated SSN or SSBN

OT = number of ships not in any category listed above

(a) This guide applies to all medical regions. However, unique circumstances may require increases or decreases in the staffing derived from its use. Where such

adjustments are appropriate, the local medical region should define and justify them. Possible adjustment factors include the following:

1. Additional staff should be added to support remote facilities where the travel requirement exceeds 5 percent of total staff time.

2. Additional staff may be justified to place full-time industrial hygienists in remote facilities where the calculated requirement exceeds 0.5 people but is less than 1.0 person. The added increment would greatly enhance the program's effectiveness by reducing unproductive travel and enabling much quicker response time for evaluating intermittent operations, investigating employee complaints and conducting special surveys to monitor unusual or exceptional hazards.

3. Additional staff likely will be required to provide engineering design review and to develop operating procedures for major facility expansion efforts. Additional staff may also be required to support the Facilities Engineering Commands (FECs)/Engineering Field Divisions (EFDs) in facilities acquisition and review of construction plans and specifications for the elimination or engineering control of health hazards per chapter 5.

(b) Most regions will require at least one individual with skills and experience expected at the GS-12 level. Regions that support activities with a wide range of industrial settings, including major industrial facilities or highly complex research and development environments, will require technical positions at the GS-13 level. Supervisory positions at the GS-13 or GS-14 level are appropriate, depending on the size and complexity of the region's programs. Appendix 3-C provides recommended rank or grade levels.

Organizations with more than 18 individuals generally include several divisions, and may apply this recommended grade level structure at the division level.

(4) Industrial Hygiene Officer Career Path. This is the established career path for industrial hygiene officers:

<u>Tour</u>	<u>Assignment/Grade</u>
1	Assignment to a shore medical command or NAVENPVNTMEDU for training (O-1 to O-2).
2	Assignment to an aircraft carrier as assistant safety officer (O-2 to O-3).
3	Assignment to a shore medical command, NAVENPVNTMEDU, Marine Aircraft Wing, Force Service Support Group or Naval Occupational Safety and Health and Environmental Training Center (NAVOSHENVTRACEN) (O-3).
4	Assignment to a tender as safety officer. Assignment to Naval Sea Systems Command (COMNAVSEASYS COM) ship/submarine design or acquisition support (O-3 to O-4).

5 Assignment to Type Command (TYCOM), NAVENPVNTMEDU, Navy Environmental Health Center (NAVENVIRHLTHCEN), Submarine Training Facility (SUBTRAFAC), Shore Medical Command or Commander, Naval Safety Center (O-4 to O-5).

6 Assignment to Fleet Commanders staff, officer in charge, commanding officer, or director of a naval medical or line activity, President, Board of Inspection and Survey (PRESINSURV), Navy Inspector General (NAVINSGEN), BUMED or NAVENVIRHLTHCEN (O-5 to O-6).

(5) Industrial Hygiene Laboratory Support

(a) Recommendations made by Navy industrial hygienists, based on laboratory analysis of collected air samples, affect the health of employees. Laboratory results are used in the determination of appropriate respiratory protection for any given job or operation, the design or modification of equipment and engineering controls and to document worker exposure. Biological samples, such as blood and urine collected by clinical personnel, serve to evaluate the uptake of such toxic substances as lead and mercury.

(b) Analytical techniques shall conform to those recommended by the Occupational Safety and Health Administration (OSHA) or the National Institute for Occupational Safety and Health (NIOSH). The laboratory shall also be capable of preparing sample media and performing any other related chemical or instrumentation work in support of the industrial hygienist.

(6) Industrial Hygiene Laboratory Resource Guide

(a) Navy Industrial Hygiene Laboratory Support Policy. Considering the Navy's projected needs for industrial hygiene laboratory support and the recommendations of occupational health program managers, the Navy shall maintain not more than three large consolidated laboratories, each to serve a specific geographical area. Each consolidated industrial hygiene laboratory (CIHL) shall be accredited by the American Industrial Hygiene Association (AIHA) and maintain such accreditation. Each laboratory shall have, as a minimum, three gas chromatographs, two atomic absorption spectrophotometers, two microscopes, a UV-visible spectrophotometer, a high-pressure liquid chromatograph and a zinc protoporphyrin analyzer.

(b) Activities shall staff laboratories to meet the expected sample analysis requirements of Navy industrial hygienists, based on extrapolation of the trend in requested determinations performed by each laboratory. Activities may use the following formula to estimate the staffing needed:

$$y = 1.0 + 0.00025x$$

Where:

y = the number of laboratory staff (professional staff, including chemists and technicians)

x = number of laboratory determinations to be completed each year

Activities that analyze environmental samples (such as indoor air quality or air toxics) should not use this formula to calculate staffing for analyzing these samples. Until experience is gained with such analyses, which may be different in time requirements from industrial hygiene samples, activities may justify their staffing for these analyses based on evaluation of commercial prices for similar analyses.

(c) Appendix 3-D provides an appropriate grade level structure for a given staff size. Each laboratory shall also have one clerical billet to handle sample receipt, logging and administrative correspondence.

(d) BUMED has CIHLs at the following activities:

1. Navy Environmental and Preventive Medicine Unit Two, Norfolk, VA.
2. Navy Environmental and Preventive Medicine Unit Five, San Diego, CA.
3. Navy Environmental and Preventive Medicine Unit Six, Pearl Harbor, HI.

(e) Medical activities having an industrial hygienist on staff shall maintain or establish minimum laboratory capabilities for local usage to include the following:

1. Asbestos identification and quantification using polarized light microscopy (PLM) and phase contrast microscopy (PCM).
2. Gravimetric sample analyses using a micro- or semi-micro-balance.
3. Calibration equipment necessary to calibrate industrial hygiene sampling equipment.
4. Equipment and supplies necessary to prepare sampling media. The above capabilities, not offered by the CIHLs, shall be available locally. The CIHLs perform analyses requiring staff chemists (i.e., chromatography and spectrophotometry). Regions and activities with a local asbestos laboratory shall enroll it in the proficiency analytical testing (PAT) program operated by the AIHA. Each local laboratory shall participate in the Asbestos Bulk Identification Proficiency Testing Program that is contractor-operated. Local laboratories may only perform asbestos analyses when they have achieved proficient ratings in each of the testing programs.

(f) BUMED, through the NAVENVIRHLTHCEN, shall ensure appropriate audit control and overall centralized management of the CIHLs.

(7) Emergency Industrial Hygiene Laboratory Support. Some samples will require quick analysis because of the hazardous toxicants involved and potentially costly curtailment in production. In such situations, activities may use local commercial testing laboratories if:

(a) Such laboratories are accredited by AIHA and have a proficient rating through the PAT Program for the particular analyses of interest, (i.e., metals, organic solvents, free silica or asbestos).

(b) The forms required by Section 0802.5 are used.

(c) Copies of the laboratory results are mailed to NAVENVIRHLTHCEN.

Chapter 3

References

3-1. OPNAVINST 5102.1D/MCO P5102.1B, of 10 December 2004, Navy and Marine Corps Safety Investigation, Reporting and Record keeping, <http://www.safetycenter.navy.mil/instructions/ashore/5102/default.htm>.

3-2. OPNAVINST 5100.12G, of 7 February 2001, "Navy Traffic Safety Program", <http://www.safetycenter.navy.mil/instructions/ashore/510012G.doc>.

3-3. OPNAVINST 5100.25A, OF 25 September 1990, "Navy Recreation, Athletics and Home Safety Program", http://neds.daps.dla.mil/Directives/5100_25a.pdf.

3-4. NAVEDTRA 10076A, of Sept 97, "Career Development Plan for Safety and Occupational Health and Industrial Hygiene Personnel." <http://safetycenter.navy.mil/training/aids/files/cdp.pdf>.

Appendix 3-A

Job Hazard Categories

Review manpower authorization lists to identify all jobs by hazard exposure category as listed below. The number of personnel performing jobs in each category are totaled and entered into the equation in section 0303d. Most activities will have employees in more than one category. The following work center descriptions are examples of the type of work performed in each job hazard category. They are not all inclusive:

<u>JOB HAZARD CATEGORY</u>	<u>HAZARD LEVEL</u>	<u>HAZARD DESCRIPTION</u>	<u>WORKCENTER</u>
A	HIGH	<p><u>INDUSTRIAL OPERATIONS</u>: Machine shop (cutting, grinding, machining, drilling, planning and shaping metal); arc and acetylene welding; foundry operations (work with molten metals); electroplating; abrasive blasting; solvent cleaning operations; high-voltage electrical work; power plants (i.e., steam or electrical generation); ship repair work; aircraft rework; and spray painting.</p> <p><u>MEDICAL</u>: Radiation sources, communicable diseases, contaminated medical substances and handling chemicals.</p> <p><u>HEAVY EQUIPMENT OPERATIONS AND MAINTENANCE</u>: Heavy equipment operations (bulldozers, cranes and earth movers); repair and maintenance of large motors, engines and materials handling equipment (i.e., tower and bridge cranes).</p> <p><u>TOXIC/HAZARDOUS MATERIALS HANDLING</u>: Work involving use or cleanup of acids, corrosives, reactives, pyrophoric materials, carcinogens, pesticides, radioactive material and other high hazard chemicals or materials (asbestos, PCBs, etc.).</p> <p><u>CONSTRUCTION</u>: Construction or repair of piers, warehouses and buildings to include all building trades (i.e., painters, carpenters, sheet metal workers, plumbers, electricians, roofers, tilers, masons, concrete workers and work on scaffolding, communication towers or other high risk work).</p> <p><u>OTHER</u>: Work involving extreme exposures to heat, cold, diving/salvage, heights or other high risk work.</p>	

<u>JOB HAZARD CATEGORY</u>	<u>HAZARD LEVEL</u>	<u>WORKCENTER DESCRIPTION</u>
B	MODERATE	<p><u>SUPPLY/TRANSPORTATION</u>: Movement of materials in storage facilities using forklift trucks, overhead cranes and powered hand trucks, where materials are stacked above three feet in height. Manual material handling/lifting (i.e., assembly line, exchanges and warehouse operations).</p> <p><u>MECHANICS</u>: Repair and maintenance of automotive vehicles, building maintenance and aircraft maintenance.</p> <p><u>RDT&E</u>: Engineers, test mechanics and laboratory personnel involved in the research, development, evaluation and test of systems.</p>
C	LOW	<p><u>ADMINISTRATIVE/CLERICAL/CLASSROOM</u>: Those positions that involve primary work in an office environment but may include visits to worksites for inspection or evaluation.</p>
D*		<p><u>SHIPBOARD PERSONNEL</u>: Those positions that involve working on board ships at sea.</p>
E*		<p><u>OPERATING FORCES</u>: Those positions on shore and at sea that involve the operation and support of aircraft operations.</p>
F*		<p><u>STUDENTS</u>: Positions allotted to personnel who are receiving formal, offsite training in excess of five working days.</p>

NOTE:

- * Job Hazard Categories D, E and F can be Hazard Level HIGH, MODERATE or LOW depending upon the specific duties assigned to the individual.

<u>JOB HAZARD CATEGORY</u>	<u>HAZARD LEVEL</u>	<u>ACTIVITY</u>
A	HIGH	NAVSHIPYD, SRF, SIMA, AIMD, NAVAVNDEPOT, PWC, WEAPONS/ORDNANCE STATION, MEDICAL/DENTAL ACTIVITIES, CONSTRUCTION ACTIVITY (NMCB, NMOBU, NMCBR), SURFACE WARFARE CENTERS, TEST CENTER OR LAB, SUB IMA.
B	MODERATE	NAS, NAF, NAVSTA, NAVCOMTELSTA, NCTAMS, NAVCOMMU, FISCs, TRADE SCHOOLS (only those involving the teaching of industrial operations, repair or maintenance operations).
C	LOW	NAVPRO, HEADQUARTERS, and all activities with primarily office or classroom work.
D*		Personnel serving onboard CV, CVN, AS, LHA, LHD, DD, CG, DDG, FFG, LPD, LSD, LCC, PC, AGF, ARS, AOE, MCM, MHC, SSG, AAGSS, SSN, SSBN and other ships not designated. All applicable MSC ships.
E*		Wings, air squadrons.
F*		Students at FTCs, NTCs, OCS, Aviation OCS and midshipmen at U.S. Naval Academy.

NOTE:

- * Job Hazard Categories D, E and F can be Hazard Level HIGH, MODERATE or LOW depending upon the specific duties assigned to the individual.

Appendix 3-B

Distribution of Occupational Health Physicians by Rank/Grade Level

Rank/Grade	Total Number of Physicians														
	15	14	13	12	11	10	9	8	7	6	5	4	3	2	1
06 / GS-15	1	1	1	1	1	1	1	1	1	1	1				
05 / GS-14	2	2	2	2	2	2	2	2	1	1	1	1	1	1	1
04 / GS-13	4	4	3	3	3	2	2	2	2	2	2	2	2	1	
03 / GS-12	8	7	7	6	5	5	4	3	3	2	1	1			

NOTE:

The GS-12 positions are to be filled with experienced non-physician health care providers such as physician assistants and nurse practitioners working under an established preceptor. Physicians without appropriate training or experience are not suitable for working independently in the occupational health field.

Appendix 3-C

**Suggested Rank/Grade Level Structure
for Industrial Hygiene Support**

Rank/Grade	Number of Persons																	
	18	17	16	15	14	13	12	11	10	9	8	7	6	5	4	3	2	1
05/GS-14	1	1	1	1	1	1												
05/GS-13	1	1	1	1	1	1	1	1	1	1	1	1						
04/GS-12 ^a	3	3	3	3	3	3	3	2	2	2	2	1	1	1	1	1	1	1
03/GS-11 ^b	3	3	3	3	3	3	3	3	3	3	3	3	3	3	2	1	1	0
02/GS-09	4	4	3	2	2	2	2	2	1	1								
01/GS-07	2	1	1	1	1													
GS-05	4	4		4	3	3	3	3	3	2	2	2	2	1	1	1		
Clerical Support ^c	4	4	4	3	3	3	3	2	2	2	2	2	1	1	1	1	1	1

Notes:

^a GS-12: Considered a non-supervisory journeyman level industrial hygienist.

^b GS-05 to GS-11: Billets may be either for industrial hygienists or industrial hygiene technicians (mix to be determined at the local level). GS-09 is considered a non-supervisory journeyman level for industrial hygiene technicians and GS-11 could be a technical supervisor.

^c Represents recommended clerical support based on the table above.

Appendix 3-D

**Suggested Grade Level Structure for
Consolidated Industrial Hygiene Laboratories**

Rank/Grade	Size of Staff (professional billets)								
	12	11	10	9	8	7	6	5	4
05/GM-13 chemist	1	1	1	1	1	1	1	1	
04/GM-12 chemist	3	3	3	2	2	2	2	2	2
03/GS-11 chemist	2	2	2	3	2	2	1	1	1
02/GS-09 chemist	2	1	1	1	1	1	1	1	1
01/GS-05, 06, 07 chemist	2	2	2	1	1	1	1		
GS-05, 06, 07 technician	2	2	1	1	1				
GS-04 technician									
Each laboratory should also have one clerical billet to handle sample receipt, logging and administrative correspondence.									

CHAPTER 4

COUNCILS AND COMMITTEES

0401. Discussion

a. Regional and activity safety committees and councils provide opportunities for various groups and individuals to express multiple viewpoints and interests. Their purpose is to identify, define and assess issues, problems and needs, and to recommend corrective measures. New or revised policies, procedures and practices may develop from these recommendations to improve the effectiveness of the Navy Safety and Occupational Health program.

b. Councils or committees have three basic functions:

(1) Create and maintain an active interest in safety.

(2) Serve as a means of communications regarding safety.

(3) Provide program assistance to commanding officers, including proposing policy and program objectives.

0402. Councils and Committees Ashore

a. The Federal Advisory Council on Occupational Safety and Health (FACOSH) acts in an advisory capacity to the Secretary of Labor to assist in carrying out his/her responsibilities. The Council consists of 15 members appointed by the Secretary and includes representatives of Federal agencies and labor organizations representing Federal employees. (Such labor organizations, for representation, require at least five members.) The Deputy Under Secretary of Defense (DUSD) Environmental Security (ES), assisted by the designated officials from each component service, represents Department of Defense (DOD) interests on this council. Navy units proposing items for review by the council must submit them through the Chief of Naval Operations (CNO) (N09F).

b. Field Federal Safety and Health Councils exist in many metropolitan areas, functioning on a local level as FACOSH functions at a headquarters level. These councils consist of representatives of local area Federal agencies. The Navy supports these councils, and encourages local Navy officials to participate on local councils. The Navy shall support the operation of local councils by making available, where appropriate, facilities for meetings, speakers and the use of educational resources (films, libraries, etc.).

c. DOD chose not to establish an Occupational Safety and Health committee that conforms to the provisions of reference 4-1 at the national level. Instead, it established a Safety and Occupational Health Committee under the provisions of reference 4-2. DUSD (ES) staff chairs this Council, which includes representatives from all the military departments and major defense agencies. The Assistant Secretary of the Navy (Installations and Environment) (ASN(I&E)) and CNO (N09F) represent the Navy.

d. Navy and Marine Corps Safety Council is composed of operator-level Navy and Marine Corps safety leaders who advise and recommend safety performance improvements to the Chief of Naval

Operations (CNO), the Commandant of the Marine Corps (CMC), and the Deputy Assistant Secretary of the Navy for Safety (DASN(S)). Council membership consists of co-chairs and appointed Chairs of each of the following Safety Committees:

- (1) Afloat Safety Committee
- (2) Aviation Safety Committee
- (3) Ground Tactical Safety Committee
- (4) Shore Safety Committee

e. Depending upon size, organization and mission, if considered necessary or desirable, the Budget Submitting Office (BSO) (headquarters level or regional level) may establish councils composed of both military members and civilian employees.

f. Safety councils shall be established at all Navy regions, as well as at activities that provide their own safety support. At the region level, the Program Manager responsible for Safety shall chair the council; at the activity level, the CO, XO or equivalent shall chair the council. Commanding officers shall appoint members in writing, either by letter to an individual or by title or position, in a local instruction. Membership shall include civilian and military personnel representing key organizational elements at the region and activity, as well as safety and health professionals. Civilian employees shall be represented on the council. Many local labor-management agreements contain provisions on employee representation. The requirement for a safety council can be met by any formally established region and activity management board or council that addresses safety issues, even if it also addresses other issues, as long as such boards/councils meet the basic intent and criteria of this chapter. Commands that do not have a safety staff and receive safety services from a region may be asked to participate in the Regional safety council meetings. Participation on the regional council shall be determined by the mission of the command and complexity of its work environment. Commands that do not participate in the regional safety council shall be provided minutes of the meetings as necessary.

(1) If the region or activity safety manager attends routinely scheduled department head (staff) meetings or personally briefs the CO/XO on a recurring basis, where safety items can be discussed in a timely manner, only one formal annual meeting is required. Otherwise, the council shall meet annually or more frequently as needed. The region or activity safety organization shall retain minutes on file for a minimum of three years.

(2) The council develops agendas and action items based on the nature of the region or activity, its scope of operations and its hazard or mishap experience. Subject matter discussed by the council will include goals, program improvement plans, mishap prevention experience, requirements and initiatives, compliance issues and hazard abatement. The safety office shall develop proposed agendas and presentations for the council and ensure meetings are scheduled.

g. Regions or activities with industrial or other hazardous operations are encouraged to organize additional committees at the supervisory and/or shop level. When such sub-level committees

are formed, regions or activities shall make provisions for their communication with the region or activity council.

h. Activities that are primarily administrative in nature, or have fewer than 100 employees, are not required to establish formal safety council. However, heads of such regions or activities shall ensure an open line of communication exists for all employees on safety matters, and use captain's calls, handouts, local newsletters, and other methods, as appropriate, for communication.

0403. Federal Safety and Health Conferences

Attendance and participation, by Navy personnel, in regional and national safety conferences are strongly encouraged. Where commands sponsor regular seminars or workshops, commanders or commanding officers should consider possible benefits derived from scheduling such meetings in conjunction with a regional Federal Safety and Health Conference.

0404. Shore Safety Committee

a. SECNAV established the Navy and Marine Corps Safety Council along with aviation, shore, afloat, and ground/tactical committees. (See reference 4-3).

b. The Shore Safety Committee is chaired by CNI and includes representation from the Naval Safety Center, the Naval Facilities Engineering Command (NAVFAC), the Naval Sea Systems Command (NAVSEA), the Naval Air Systems Command (NAVAIR), the Naval Education and Training Command (NETC) and/or Naval Personnel Development Command (NPDC), the Bureau of Medicine and Surgery (BUMED), Naval Military Personnel Command, U.S. Pacific Fleet (PACFLT), U.S. Atlantic Fleet (FFC), Naval Inspector General (NAVINGEN), U.S. Naval Forces Europe (COMNAVEUR), Naval Ordnance Safety and Security Activity (NOSSA), U.S. Marine Corps, Safety Division, U.S. Marine Corps Forces Pacific, and U.S. Marine Corps Forces Atlantic. Various activities will be called to serve as advisors on the Committee as needed.

c. The Shore Safety Committee has the authority in its charter to establish working groups as required, with representation from the Navy and Marine Corps. The Shore Safety Committee convenes at least semiannually. Examples of working groups are: Directives Working Group, Traffic Working Group, Fall Protection Working Group, Ergonomics Working Group, Occupational Health Support Working Group, Process Review and Measurement System Working Group, and Education and Training Working Group.

d. The overall goal of the committees is to lead initiatives to reduce mishaps and associated costs to Navy and Marine Corps. The Shore Safety Committee Charter is available at <http://www.safetycenter.navy.mil>.

Chapter 4

References

- 4-1. Executive Order 12196, Occupational Safety and Health Programs for Federal Employees. <http://tis.eh.doe.gov/feosh/resource/eo12196.htm>.
- 4-2. DOD Instruction 6055.1 of 19 Aug 98, DOD Safety and Occupational Health Program (SOH). http://www.dtic.mil/whs/directives/corres/pdf/i60551_081998/i60551p.pdf.
- 4-3. Department of the Navy/Navy and Marine Corps, Safety Council Charter of 14 Nov 03. <http://www.safetycenter.navy.mil/safetycouncil/downloads/SafetyCouncilCharter03.pdf>.

CHAPTER 5

PREVENTION AND CONTROL OF WORKPLACE HAZARDS

0501. Discussion

Section 19(a) of the Occupational Safety and Health Act (OSHAct) requires government activities to provide all Federal employees with a safe and healthful place of employment. To fulfill this requirement, the Chief of Naval Operations (CNO) directs each level of command to establish and maintain an effective hazard control program. The first method to be followed in hazard control is preventing hazards through the design process of systems, equipment, and facilities. The command designing the equipment, systems or facilities is responsible for design safety.

Prevention and control of workplace hazards is integral to risk management and control of costs, waste and inefficiency, per reference 5-1. In addition to the direct costs of mishaps (medical costs, compensation costs, etc.) indirect costs (reduced productivity, investigation time, hiring and training time, etc.) can exceed direct costs by as much as 10 to 1. Examples of effective hazard mitigation and related cost savings can be found at <http://www.safetycenter.navy.mil/success/downloads/costSavings.pdf>.

The Defense Acquisition system is responsible for identification of military threats; evaluation of the capabilities of existing and prospective strategic and material (equipment) solutions to these hazards; direction of research and development, and ultimately the design and development of new weapons systems and supporting equipment. Control of safety in the initial design and development is best achieved through the acquisition process. For example, the Navy Fall Protection Guide for Ashore Facilities (see reference 33-1) estimates that the cost of fall protection increases by a factor of ten with each stage of consideration in design and development.

Reference 5-2 describes the required process for integration of system safety as a risk and cost management method. References 5-3 and 5-4 describe the operation of the DOD Acquisition System, including requirements for inclusion of safety evaluation in design. Reference 5-5 describes the process for generation of requirements (essential capabilities and characteristics) of new and modified systems and equipment including integration of criteria related to safety. Reference 5-6 describes Navy acquisition program requirements and regulations and requires the integration of human factors/human systems integration and systems safety into the systems engineering process. References 5-6 through 5-8 require the application of system safety in all acquisition systems and MILCON projects. Management of the system safety process within the Navy is directed by reference 5-8. The above references describe a mandatory systematic process for hazard assessment, tracking and management of hazards at an organizational (management) level proportional to the level of risk.

To minimize hazards in the workplace, commands shall identify hazardous conditions through workplace inspections (discussed in chapter 9), employee hazard reports (discussed in chapter 10), and industrial hygiene survey reports (discussed in chapter 8). They shall promptly eliminate or control all identified safety and health hazards, subject to priorities based upon the degree of risk posed by the hazards in accordance with guidance of Chapter 12 (Hazard Abatement Programs). The preferred method of hazard abatement is through application of engineering

controls or substitution of less hazardous processes or materials. The next preferred method is the use of administrative controls, possibly in conjunction with personal protective equipment (PPE). Total reliance on PPE is acceptable only when all other methods are proven to be technically and/or economically infeasible. The OSHA Standards controlling workplace use of protective equipment require that alternative control measures be evaluated as infeasible or not fully protective before reliance on protective equipment is acceptable. This chapter discusses the basic principles of hazard control and assigns responsibility for implementing hazard abatement actions.

0502. Principles of Hazard Control

Safety professionals and industrial hygienists are specialists with training and experience in recognition, evaluation and control of workplace hazards. They shall be thoroughly familiar with potential hazards created by various materials, equipment and work processes used in Navy facilities. They shall also be aware of special designs required by OSHA and Navy developed standards to mitigate certain hazards. In order to ensure that OSH and IH professionals receive appropriate training in hazard abatement, the guidelines in reference 5-9 should be followed. Additional training in fiscal management and the Navy Program Planning Budget System (PPBS) is encouraged to support understanding and involvement of the process of funding of hazard abatement projects.

The following sections discuss some of the principles applied to prevent or mitigate workplace hazards.

a. Substitution. The risk of injury or illness may be reduced by substituting a known hazard (process or material) with a less hazardous process or material.

(1) Examples of process substitutions may include:

(a) Brush painting instead of spray painting to reduce inhalation hazards.

(b) Installing maintenance platforms, mezzanines, and catwalks for maintenance personnel instead of using scaffolding for routine equipment maintenance.

(2) Equipment changes may include:

(a) Use of electric motors rather than internal combustion engines for indoor operation to eliminate potential carbon monoxide exposures.

(b) Use of safety cans in place of bottles to store flammable solvents, presenting less of a fire hazard.

(c) Use of ergonomically designed tools that meet job requirements and provide the best fit for the employee and the job.

(3) Examples of material substitution include:

(a) Switching from methylene chloride to citrus-based formulas for paint stripping to reduce risk of injury to the liver and kidneys of exposed workers.

(b) Replacing sand with abrasives that do not contain crystalline silica to eliminate the silicosis hazard associated with exposure to airborne crystalline silica dust during abrasive blasting.

Acquisition program managers, regions and activities shall exercise care in any substitution to ensure that the substitute materials are technically acceptable and they avoid introducing a new or unforeseen hazard. The Navy Environmental Health Center provides technical assistance in comparison of the hazardous properties of alternative materials in accordance with references 5-10 and 5-11.

b. Isolation. Hazards may be controlled by using isolation. Isolation is the placing of an appropriate barrier or limiter between the hazard and an individual who may be affected by the hazard. Isolation includes using physical barriers, time separation or distance. Examples include machine guards, electrical insulation, acoustical containment, semi-automatic equipment that does not require constant attendance (time separation) and remote controlled equipment.

c. Ventilation. Potentially hazardous airborne substances may be controlled by ventilation, using one of two methods:

(1) Local exhaust ventilation (LEV). LEV captures and removes the contaminant at its point of generation. It is generally the preferred and more economical method of hazard control.

(2) General or dilution ventilation. Properly used, general/dilution ventilation can be effective for the removal of large volumes of heated air or for the removal of low concentrations of low toxicity contaminants from minor and decentralized sources.

Regions and activities shall design, operate and maintain ventilation systems per the principles outlined in references 5-12 through 5-14.

d. Administrative Control. Hazards can be controlled administratively. This method of hazard mitigation depends on effective operating practices that reduce the exposure of individuals to chemical or physical hazards. These practices may take the form of limited access to high hazard areas, preventive maintenance programs to reduce the potential for leakage of hazardous substances or adjusted work schedules that involve a regimen of work in high hazard and low hazard areas. As an administrative control, adjusted work schedules are appropriate only when the hazard has an occupational exposure limit below which nearly all workers may experience repeated exposure without adverse effects. The amount by which the 8-hour time weighted average-occupational exposure limit may be exceeded for short periods without injury to health depends on a number of factors such as the nature of the contaminant, whether or not the effects are cumulative, the frequency with which high concentrations occur and the duration of such periods. All factors shall be taken into consideration in determining whether a hazardous condition exists and whether or not excursions from the limit are permitted.

NOTE:

Exposure limits, such as permissible exposure limits (PELs) established by the Occupational Safety and Health Administration (OSHA), or Threshold Limit Values (TLVs) established by the American Conference of Governmental Industrial Hygienists (ACGIH) are intended for use in the practice of industrial hygiene and are to be interpreted and applied only by a person trained in this discipline.

e. Personal Protective Equipment (PPE). Hazard exposures may also be mitigated by using PPE. This method of hazard control is least preferred because personal protective devices may reduce a worker's efficiency and protective equipment may not be fully effective in control of exposures, particularly if not selected, maintained or used properly. In addition, it is the only method of control that does not reduce levels of contaminants in the workplace. Nevertheless, there are instances where adequate levels of risk reduction cannot be achieved through other methods and personal protective devices must be used, either alone or in conjunction with other protective measures. Specific PPE and situations where it may be used are described throughout this manual.

0503. Application of Hazard Control Principles

a. Safety and Occupational Health in the Acquisition Process. Reference 5-4 requires that Program Managers (PM) for all Defense Acquisition Programs develop a programmatic environment, safety and health evaluation at the earliest possible time in the acquisition process. This evaluation describes the PM's strategy for meeting environmental, safety, and health requirements during system construction, operation, maintenance, and disposal. PMs responsible for the acquisition of Navy weapons systems, facilities, and support equipment or major modifications to existing weapon systems, facilities or equipment shall perform a safety and occupational health review which includes human systems integration, as described in references 5-3 and 5-4. This evaluation shall identify and evaluate safety and occupational health hazards and legacy mishap data, define risk levels, and establish a process that will manage the probability and severity of all hazards associated with the development, use, and disposal of these systems, facilities and equipment. These hazards shall be managed consistent with mission requirements, and management efforts employed shall be cost-effective. The safety and health hazards to be managed include any conditions that create a significant risk of death, injury, acute or chronic illness, disability, and/or reduced job performance of personnel who will produce, test, operate, maintain, or support the system, facility or equipment. Each management decision to accept the risks associated with an identified hazard shall be formally documented.

Navy PMs shall establish a hazardous material control and management program that ensures appropriate considerations are given to eliminating and reducing the use of hazardous materials in construction, maintenance, operation, and disposal processes. They shall manage the selection, use, and disposal of hazardous materials to incur the lowest cost required to protect human health and the environment over the system's facilities or equipment's life cycle. Where use of a hazardous material cannot be avoided, the PM shall develop and implement plans and

procedures for identifying, minimizing use, tracking, storing, handling, and disposing of such materials.

b. Design Reviews. In many instances facility design engineers are not totally familiar with all potential health hazards created by various materials, equipment, and operations used in Navy industrial facilities, nor are they aware of the special design considerations required to control these hazards. To ensure that appropriate hazard control techniques are applied, it is essential that cognizant industrial hygienists and safety professionals actively participate in planning, design, construction and acceptance processes for all facility projects including both special projects and military construction projects. Reviewers shall consider, appropriately influence the design, and engineer safety and occupational health aspects into all facilities that are acquired or constructed for use by Navy personnel. Design engineers shall ensure that projects involving potential health hazards, such as toxic materials, radiation, noise, or other health hazards, shall follow established principles of industrial engineering and comply with references 5-3 through 5-8 and 5-12 through 5-17. Unified Facilities Criteria (UFC) should be considered and relevant criteria incorporated into contract specification and design reviews. Military Handbook 331F (or latest edition) Directory of DOD Engineering Data Repositories may be consulted for additional sources of technical information.

c. Operating Procedures. Acquisition program managers, regions and activities shall include appropriate health and safety requirements in standard operating procedures or similar directives that are issued to direct the manner in which work is performed. Originators of instructions that affect productivity shall integrate instructions that affect well-being of workers to achieve organization goals in both areas with minimal conflict or confusion. Originators of directives that involve work with potential hazards shall coordinate with cognizant safety and health personnel to ensure that they have considered applicable requirements.

d. Contracting Procedures. The Federal Acquisition Regulation (FAR) Subpart 42 prescribes policies and procedures for contract administration. Nothing herein changes the requirements of FAR 42. Appendix A summarizes some of the key provisions of the Federal and Navy acquisition regulations requiring application of safety in contracting.

(1) Contractors must comply with applicable federal, state and local codes and standards, including safety and occupational health requirements, as well as any additional specific requirements invoked by contract. In addition, certain types of construction and demolition contracts require inclusion of the FAR 52.236-13 Accident Prevention Clause that requires compliance with the US Army Corps of Engineers Safety and Health Requirements Manual, EM-385-1-1. The Accident Prevention Clause should also be added to contracts involving high hazard work such as roofing, scaffolding, high voltage electrical, confined space, etc. By adding this requirement, the Navy is requiring the contractor to implement EM-385-1-1 and provide an Accident Prevention Plan and develop an Activity Hazard Analysis for each phase of work. Navy standards, such as this instruction, should not be referenced as a requirement for the contractor unless the contractor is hired to perform safety and occupational health services for Navy employees.

(2) Administrative oversight of contractors is the primary responsibility of the Contracting Officer and/or the Contracting Officer's designated representative. It is essential that Safety and Occupational Health personnel not assume a regulatory role relative to oversight of the contractor safety activities and performance except in an imminent danger situation. The role of the safety and occupational health offices is to serve as an advisor and provide professional safety and occupational health support to the Contracting Officer. Safety and occupational health personnel should assist in identifying specific safety and health requirements to be included in contracts; participate in pre-performance or pre-construction conferences; participate in review of safety and health issues/concerns with the Contracting Officer regarding all contractors working on the facility; review and provide comments to the Contracting Officer on specific submittals, such as Accident Prevention Plan, Activity Hazard Analyses, Fire and Flooding Protection Plan, Asbestos Removal Plan, etc.

(3) Multi-Employer Worksites. Under worker safety and occupational health laws, every employer is charged with providing employees with a safe and healthful workplace. If there is a violation of OSHA standards, OSHA will look first to the employer of the injured employee as the responsible party. However, in instances where multiple employers are sharing a workspace, OSHA multi-employer worksite policy may apply. Additionally, an employer determined to control the worksite and the safety practices of other employers may also be held accountable for those hazards. With the continued increase of functions performed by contractors at Navy shore facilities and onboard vessels, the potential implications are significant. Navy activities must have a clear understanding of who has responsibility, by contract, agreement or practice for the safety and health of all contractor employees. This determination should only be made in consultation with the Contracting Officer and appropriate legal counsel.

e. Purchasing Procedures. Activities can avoid many hazards by incorporating appropriate safety and health hazard requirements into specifications for purchased equipment/material. Where Navy facilities develop specifications for purchases, the activity organizations responsible for purchase requests shall coordinate with cognizant safety and occupational health personnel.

f. Interim Hazard Abatement Measures. Activities shall use immediate, temporary hazard abatement measures during the time needed to design and implement permanent hazard control measures. Where engineering controls are not immediately applicable, administrative controls and/or PPE are appropriate for use as interim hazard abatement measures.

g. Permanent Hazard Abatement. Engineering control methods are the preferred method of hazard control, followed by administrative controls and PPE. Regions and activities shall use feasible engineering controls to reduce hazardous exposure, even when only partial reduction of exposure is possible through engineering methods. They shall apply two criteria to determine whether engineering controls are feasible. First, a control is technologically feasible if it is available off-the shelf or if technology exists which can be adapted to the hazard in question. Second, a control is economically feasible if it can be shown that the cost of the control is justified by the benefit it produces. On the other hand, if the expected reduction of the hazard through implementation of an engineering control is insignificant in terms of increased

protection and the cost of implementing the control is great, then the control is economically infeasible.

0504. Development of Hazard Control Recommendations

Acquisition program managers, regions and activities shall consider the following possible actions when recommendations are developed for prevention or reduction of hazards:

- a. Avoiding, eliminating, or reducing deficiencies by engineering design, material selection, or substitution.
- b. Isolating hazardous substances, components, and operations from other areas, personnel and incompatible materials.
- c. Incorporating fail-safe principles to prevent a catastrophic injury to personnel, damage to the equipment, or inadvertent operation of critical equipment.
- d. Relocating equipment/components so that personnel access during operation, maintenance, repair or adjustment does not result in exposure to hazards such as chemical burns, electrical shock, electromagnetic radiation, cutting edges, sharp points, or toxic atmospheres.
- e. Providing suitable warning and notes of caution concerning required personnel protection during operation, assembly, maintenance and repair instructions.
- f. Providing distinctive markings on hazardous components, equipment or facilities.
- g. Requiring use of PPE when other controls do not reduce the hazard to an acceptable level.
- h. Monitoring exposure to ensure that engineering controls effectively reduce the hazard.
- i. Training employees to recognize hazards and take appropriate precautionary measures.
- j. The region/activity safety council, where established, shall review and concur with self assessments and improvement plans and shall review the progress achieved in implementing improvement actions at least annually. For activities not requiring a council, the commander, commanding officer, or officer in charge shall review and approve the annual self-assessment and improvement plans.

0505. Safety and Occupational Health Program Self-Assessment and Improvement Plans

Regions and field activities shall perform a self-assessment of the command program at least annually following either Process Review and Measurement System (PR&MS) Self Assessment

Model guidelines contained in Chapter 2, appendix 2-B and additional guidance on the Naval Safety Center website, or equivalent (e.g. OSHA VPP). Headquarters Commands shall also develop an Annual Self Assessment of their Command program. Based on the results of the assessment, they shall develop and implement plans of action to address program areas in need of improvement. The activity safety council, where established, shall review the progress achieved in implementing improvement actions at least annually. For activities not requiring a safety council, the commander, commanding officer, or officer in charge shall review and approve the annual self-assessment and improvement plans. Headquarters commands will review subordinate activity self-assessments and plans of action to develop improvement plans for their overall chain of command's safety program.

a. The region or activity self assessment shall include, as a minimum, a review of mishap statistics and analysis data, inspection records, hazard reports and risk assessments, evaluations of compliance posture, and the industrial hygiene exposure assessment reports outlined in chapter 8. Headquarters commands shall also develop an annual self-assessment of their command safety program. The assessment of headquarters programs shall determine the effectiveness of meeting headquarters program requirements as outlined in chapter 3 section 0303.

b. Regions and activities shall develop specific improvement strategies for each area identified as needing improvement. For each strategy, regions and activities shall define performance or measurement standards and establish target completion dates.

0506. Acquisition Program Assessment and Reviews

a. Acquisition programs are required to develop Programmatic Environmental Safety and Health Evaluations (PESHEs) that are summarized in the Acquisition Strategy and evaluated by external program reviewers. System Safety plans and hazard tracking are required by references 5-4 and 5-8.

b. Within acquisition programs, life cycle costs and risks, including those associated with hazardous material usage and physical safety, survivability and physical agents, are required to be evaluated in Integrated Logistics Assessments (ILAs), reference 5-18. ILAs are required before acquisition programs can progress to the subsequent major phase (milestone) and are considered in Milestone reviews performed by Major Decision Authorities (high-level external evaluators in the acquisition system). Safety and occupational health professionals familiar with the acquisition system should become involved with ILAs and with direct program support through participation in Integrated Process Teams (IPTs) (multidisciplinary committees), particularly those involved with system development and review.

0507. Responsibilities

The control of hazards is the inherent responsibility of each command with specific responsibilities to apply controls assigned to the command's supervisory levels. The following are assigned responsibilities for directing and supervising effective hazard controls.

a. Chief, Bureau of Medicine and Surgery (BUMED) shall:

- (1) Assist the Special Assistant for Safety Matters CNO (N09F) in carrying out program responsibilities in matters of hazard control.
- (2) Determine, validate and establish health criteria and standards.
- (3) On a continuing basis, identify and/or evaluate equipment, facilities and materials in Navy systems, as well as processes, procedures and work practices, which may adversely affect the health of all Navy employees to ensure health risks are recognized and evaluating corrective measures taken.
- (4) Provide technical advice for occupational health education in applicable training curricula and conduct specialized training in occupational health.
- (5) Perform research identifying and controlling health hazards related to occupational exposures.
- (6) Review and evaluate the effectiveness of occupational health policies and procedures and recommend appropriate actions to the CNO.
- (7) Provide occupational health assistance to requesting regions and activities.
- (8) Assist in reviewing plans and specifications for facilities construction projects to identify and control potential health hazards as requested.
- (9) Assist in reviewing the programmatic Environmental Safety and Health (ESH) evaluation of new systems during the design and operational test and evaluation phases in the acquisition process.

b. Commanders of Headquarters Commands shall:

- (1) Assist CNO (N09F) and COMNAVSAFECEN (90) in carrying out responsibilities in the area of hazard control.
- (2) On a continuing basis, identify and evaluate, in coordination with BUMED, safety and occupational health exposure in naval systems, equipment, and material affecting the safety and health of Navy employees ashore.
- (3) Identify and develop, in coordination with appropriate commands, manpower and material requirements in support of the control of safety and occupational conditions ashore.
- (4) Ensure that safety and occupational health problems associated with the development, production and disposal of new equipment and materials are recognized and that provisions are made in the development process for their control.

(5) Ensure that systems safety engineering and management principles are applied during research, development, test, evaluation, production, and acquisition of equipment, facilities and material. Ensure that safety and occupational health professionals are included in Integrated Product and Process Development (IPPD) teams and that comprehensive programmatic ESH evaluations are performed at appropriate phases in the acquisition process.

(6) Provide technical and managerial assistance to regions and subordinate activities on hazard control measures.

(7) Provide regions and subordinate activities with a systematic approach to conduct the annual self-assessment of the safety and occupational health program, including desired key measures of effectiveness.

(8) Provide mishap data information from legacy systems and appropriate recommendations formulated from mishap investigations.

c. Commanders, Commanding Officers, and Officers in Charge shall:

(1) Monitor hazard control on a continuing basis including engineering, maintenance, management policy, and supervisory control to ensure the identification and elimination of hazards.

(2) Apply procedures for control across the design/engineering/installation/operations/maintenance/disposal interface ensuring the integration of a dynamic hazard control program consistent with operational and safety and occupational health requirements.

(3) Encourage safety and occupational health professionals at R&D labs and other acquisition activities to obtain basic acquisition training as described in Chapter 6, appendix 6-A.

d. Commander, Navy Facilities Engineering Command should establish, as necessary, Facility Safety Working Groups (FSWGs) to ensure hazards are identified and controlled for new military construction (MILCON) projects. The FSWGs should include the procuring region or activity safety manager, industrial hygienist, environmental engineer, planner, user and Naval Facilities Engineering Command safety engineer. The FSWG should develop a list of hazardous operations that are of concern and review the control methods that will be used. The NAVFACENGCOM Safety Engineer in coordination with the FSWG will determine adequacy of controls and track hazard and risk resolution and verify installation of the required controls as stated by the designers.

Chapter 5

References

5-1. OPNAVINST 3500.39B, of 30 July 04, Operational Risk Management
http://neds.daps.dla.mil/Directives/3500_39b.pdf.

- 5-2. Military Standard 882D, of 10 February 00, Department of Defense Standard for System Safety.
- 5-3. DOD Directive 5000.1, of 12 May 03, The Defense Acquisition System (NOTAL).
- 5-4. DODI 5000.2, of 12 May 03; Operation of the Defense Acquisition System,.
<http://www.dtic.mil/whs/directives/corres/html/50002.htm>.
- 5-5. CJCSM 3170.01B, of 11 May 05, Operation of the Joint Capabilities Integration and Development System http://www.dtic.mil/cjcs_directives/cdata/unlimit/m317001.pdf.
- 5-6. SECNAVINST 5000.2C, of 19 Nov 04, Implementation of Mandatory Procedures for Major and Non-Major Defense Acquisition Programs and Major and Non-Major Information Technology Acquisition Integration and Development System
http://neds.daps.dla.mil/Directives/5000_2c.pdf.
- 5-7. SECNAVINST 5100.10J, of 26 Oct 05, Department of the Navy Safety, Mishap Prevention, Occupational Health and Fire Protection Program
http://neds.daps.dla.mil/Directives/5100_10h.pdf.
- 5-8. OPNAVINST 5100.24A, of 3 Oct 86, System Safety
<http://neds.daps.dla.mil/Directives/5100a24.pdf>.
- 5-9. NAVEDTRA 10076A of Sep 97, "Career Development Plan for Safety and Occupational Health and Industrial Hygiene Personnel" <http://safetycenter.navy.mil/training/aids/files/cdp.pdf>.
- 5-10. BUMEDINST 6270.8A, of 3 January 02, Procedures for Obtaining Health Hazard Assessments Pertaining to Operational Use of Hazardous Materials
<http://navymedicine.med.navy.mil/Files/Media/directives/6270-8a.pdf>.
- 5-11. NAVSUP Publication 718, of Aug 98, Navy Guidance Manual for the Hazardous Material Substitution Process.
- 5-12. ACGIH, Industrial Ventilation, "A Manual of Recommended Practice, American Conference of Governmental Industrial Hygienists", Inc., P.O. Box 453, Lansing, MI 48902, (NOTAL)
<http://www.acgih.org/store/>.
- 5-13. American National Standards Institute (ANSI), Z9.2-2001, "American National Standard for Fundamentals Governing the Design and Operation of Local Exhaust Ventilation Systems", (NOTAL) <http://www.ansi.org>.
- 5-14. Military Handbook – "Industrial Ventilation Systems", MIL-HDBK-1003-17C
<http://enviro.nfesc.navy.mil/ps/guidance/guidance.htm>.

5-15. NIOSH DHEW (NIOSH) Publication No. 80-116, of May 1980, "Compendium of Materials for Noise Control" National Institute for Occupational Safety and Health, Robert A. Taft Laboratories, Cincinnati, OH, (NOTAL).

5-16. "Noise Control, A Guide for Workers and Employers", U.S. Department of Labor, Occupational Safety and Health Administration, Office of Information, 1980,
<http://www.osha-slc.gov/SLTC/noisehearingconservation/index.html>.

5-17. 29 CFR 1910.16, Occupational Safety and Health, Adoption and Extension of Federal Standards, Effective Dates
http://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=STANDARDS&p_id=9709

5-18. SECNAVINST 4105.1A, of 5 March 04; Independent Logistics Assessment (ILA) and Certification Requirements, http://neds.daps.dla.mil/Directives/4105_1a.pdf.

Appendix 5-A

DOD and Navy Requirements for Safety and Health in Contract Documents

1. Contractors

a. Contractor safety and integration into base operations:

Refer to NAVFAC Safety information on website, including contractor safety guidelines, provided at <http://www.navfac.navy.mil/safety>.

NAVFAC Safety Instruction [NAVFACINST 5100.11J](#) including safety associated factors for consideration in contractor selection and performance evaluation. NAVFAC Safety Instruction ([NAVFACINST 5100.11J](#)) requires that contract selection criteria consider safety records (including insurance risk ratings/worker's compensation modifier factors) and evaluation of contractor safety performance during contract work as key elements of cost and schedule risk management.

NAVFAC Construction Safety Resource

<http://www.navfac.navy.mil/safety/site/construc/construc.htm>

b. Citations and Web links for Sections of Federal Acquisition Regulations (FAR) and DFAR Defense Federal Acquisition Regulations (DFAR) requiring inclusion of safety in contracts are provided below:

c. [DFARS Part 223 Environment, Conservation, Occupational Safety and Drug-Free Workplace](#)

d. [SUBPART 223.3--HAZARDOUS MATERIAL IDENTIFICATION AND MATERIAL SAFETY DATA](#)

<http://farsite.hill.af.mil/reghtml/regs/far2afmcfars/fardfars/dfars/dfars223.htm> - P70_1191

<http://farsite.hill.af.mil/reghtml/regs/far2afmcfars/fardfars/dfars/dfars223.htm> - P70_1191

2. FAR 52.236-13 -- Accident Prevention 36.513 of Nov 1991.

a. Construction operations must provide for the protection of the general public and require a contractor's accident prevention plan and related review by the COR (COTR) before contract performance.

b. If the contract is for construction or dismantling, demolition or removal of improvements with any Department of Defense agency or component, the Contractor shall comply with all pertinent provisions of the latest version of U.S. Army Corps of Engineers Safety and Health Requirements Manual, EM 385-1-1, in effect on the date of the solicitation.

CHAPTER 6

TRAINING

0601. Discussion

a. This chapter provides requirements, guidelines and recommendations for safety and occupational health and hazard communication (HAZCOM) training necessary for employees to perform their work in an occupationally safe and healthful manner. Adherence to safe operating practices and procedures cannot be assured unless there is a clear and defined knowledge of the job, its potential hazards and of the strategies necessary to perform the job properly and prevent mishaps. To attain this type and level of knowledge, a well-developed and coordinated training effort keyed to all levels and types of personnel is required. Properly applied training can change behavior and lead to not only mishap reduction but also performance improvement.

b. Regions or activities shall design, provide and tailor training programs to the level of responsibility of the individual so as to instruct individual employees to perform their work in a safe and healthful manner. As a minimum, the training shall meet the requirements of reference 6-1, Subpart H, and shall provide personnel with sufficient knowledge for their effective participation in the region or activity's safety and occupational health program.

c. The Occupational Safety and Health Administration (OSHA) regulations require employers to train their employees on the specific hazards and safe work practices for the hazardous material (HM)/chemicals they use in the workplace. The regulations include training requirements for personnel involved in hazardous material control and management (HMC&M) and personnel who must handle hazardous material or hazardous waste (HW) (see chapter 7).

0602. Shore Training Programs

Appendix 6-A provides minimum training for personnel assigned ashore. Similarly, Appendix 6-B provides HAZCOM training requirements. A listing of courses offered by NAVOSHENVTRACEN that meet the requirements of this instruction can be viewed on the NAVOSHENVTRACEN website at <http://safetycenter.navy.mil/training/default.htm>.

a. Management Personnel. Commands shall provide management personnel with sufficient training to enable them to actively and effectively support programs in their specific areas of responsibility. This training shall include:

(1) An overview of appropriate statutes.

(2) An in-depth examination of management's responsibilities in relation to the region or activity's safety program. Ensuring that an aggressive and continuing safety program is implemented throughout the region or activity is the general emphasis for this aspect of management level training. Training topics shall include compliance procedures, mishap costs and prevention strategies, and performance standards and evaluation.

(3) A review of Navy policy on all relevant aspects of safety. A broad understanding of the material addressed in this manual is essential.

(4) An examination of region and activity program goals and objectives. Training shall also include a review of local mishap experience, trends and reduction target areas.

(5) An overview of current safety emphasis programs as defined by higher command.

b. Supervisors and Employee Representatives.

(1) Supervisory personnel are defined as military personnel, E-5 or above, and civilian personnel who give direction to one or more military and/or civilian personnel. Region or activities shall provide training for supervisory personnel and employee representatives that include introductory and specialized courses to enable them to recognize unsafe and unhealthful working conditions and practices in the workplace.

(2) Regions or activities shall provide supervisory personnel with training that includes the development of skills necessary to manage their programs at the work unit level. These management skills require the training and motivation of subordinates in the development of safe and healthful work practices and involve the integration of safety with job training. Regions or activities shall ensure that training for supervisory personnel meets the requirements of reference 6-1, Subpart H and also includes safety performance measurement (both in terms of mishap/hazard prevention and individual employee/supervisor performance), hazard identification and analysis, enforcement of standards, mishap investigation, the use and maintenance of personal protective equipment, and HMC&M.

(3) Regions or activities shall provide newly appointed supervisors with safety training as soon as possible but no later than 180 days after becoming a supervisor.

c. Non-Supervisory Personnel.

(1) Regions or activities shall provide training to non-supervisory personnel that includes specialized job safety and health training appropriate to the work performed by the employees. This training shall include a review of the relevant standards, an analysis of the material and equipment hazards associated with the worksite and standard operating procedures (SOPs) for specific tasks. Regions or activities shall also provide instructions on employee rights and responsibilities under relevant statutes, regulations, and the safety program. Electronic training methods are acceptable.

(2) Safety offices shall direct specialized training for non-supervisory personnel to the individual's worksite.

(3) Regions or activities shall make arrangements to provide training to all new personnel as close to the time of assuming their responsibilities as possible. The initial training provided for new employees shall include:

(a) Command and/or local policy on safety and occupational health.

- (b) Work unit policy on safety and occupational health.
- (c) Individual responsibility for safety and health.
- (d) Employee reporting procedures for hazardous operations/conditions.
- (e) Awareness of hazards common to the individual's worksite, trade, occupation or task.
- (f) Specific hazards of chemicals/materials used in the workplace and the region or activity's HAZCOM plan.
- (g) An introduction to the local occupational health program, including how to obtain occupational medical assistance, obtain routine medical evaluations and procedures to follow in case of occupational illness or injury.
- (h) Personal protective equipment requirements for the job.

d. Safety and Occupational Health Personnel. Regions or activities shall ensure that safety and occupational health personnel are trained through courses, laboratory experience and field study to perform the necessary technical monitoring, consulting, testing, inspecting and other tasks that are required of safety and occupational health professionals.

(1) Managers shall establish and implement individual development plans (IDPs) for each professional. They shall use reference 6-2 as guidance in planning training for personnel identified. The NAVOSHENVTRACEN, Norfolk, VA, is the primary source for formal classroom training.

(2) As a minimum, managers shall include the following courses (or equivalents, such as OSHA Training Institute (OSHTI) courses) in IDPs for safety and occupational health professionals: Navy Occupational Safety and Health Assessment Tools and Strategies, A-493-0089; Introduction to Navy Occupational Safety & Health (Ashore), A-493-0050; General Industry Standards, A-493-0061; *Electrical Safety Standards*, A-493-0033; *Introduction to Hazardous Materials (Ashore)*, A-493-0031; *Introduction to Industrial Hygiene*, A-493-0035; Navy Ergonomics Program, A-493-0085; Machinery and Machine Guarding Standards, A-493-0073. Certified Safety Professionals (CSPs) are exempt from all minimum requirements except Navy Ergonomics Program and Assessment Tools and Strategies, and Certified Industrial Hygienists (CIHs) are not required to take Introduction to Occupational Safety & Health, Introduction to Hazardous Materials, Introduction to Industrial Hygiene, and General Industry Standards.

NOTE:

Managers shall include in IDPs provisions for completing the core courses (or equivalents such as OSHTI courses) listed above. See reference 6-2 for instruction on preparation of IDPs.

e. Collateral Duty Safety Personnel.

(1) Regions or activities shall provide training to personnel to enhance the performance of their duties as specified by Navy programs within the nature and scope of the region or activity's operations.

(2) As a minimum, military and/or civilian personnel assigned collateral duty responsibilities for safety management shall satisfactorily complete the NAVOSHENVTRACEN course, *Introduction to Navy Occupational Safety and Health (Ashore)*, A-493-0050.

(3) Personnel conducting formal safety training are encouraged to complete a formal instructor-training course (e.g., *OSHA Train the Trainer*) or an equivalent course (as determined or approved by the cognizant Echelon 2 headquarters) prior to their assumption of safety duties.

(4) Managers shall prepare individual development plans (IDPs) for collateral duty safety personnel per the guidance provided in reference 6-2 and shall address training necessary to accomplish assigned duties.

f. First Aid and Cardiopulmonary Resuscitation (CPR) Training Requirements.

(1) The region or activity commanding officer shall provide first aid and/or CPR training to those personnel who require it, due to the nature of their work and responsibility. The manager shall:

(a) Identify those personnel who require such training.

(b) Ensure that training is conducted for those personnel identified in section 0602f(1)(a).

(c) Ensure maintenance of appropriate records or documentation, as required by this chapter.

(d) Coordinate development of procedures and requirements to ensure position descriptions are modified to include the requirement for training and administering CPR as a condition of employment, where necessary.

(2) As a minimum, regions or activities shall review the following categories of personnel to identify specific individuals or job positions required to administer first aid and/or CPR:

(a) Emergency response teams

(b) Fire department personnel

(c) Security personnel

(d) Medical provider(s)

- (e) Safety and industrial hygiene personnel
- (f) Electrical power plant, power distribution, electrical and electronics personnel
- (g) Supervisors of above personnel or of personnel whose jobs pose comparable risks or risk of severe injury
- (h) Personnel whose jobs pose comparable risks to above personnel or who work at remote sites.

(3) The primary source of training should be through the American Heart Association facilitator located at Navy hospitals and clinics. The American Heart Association course of instruction is provided to Navy personnel through the Navy Military Training Network, the approved DOD Lead Agent for all Resuscitative Medicine Training. The American Red Cross is another recognized CPR training certification source. First aid training may be through the BUMED hospitals/clinics or through nationally recognized consensus standards training developed by the American Red Cross for Basic and Advanced First Aid.

(4) Regions or activities shall obtain refresher training as necessary to maintain current certification of the trained personnel.

NOTE:

Personnel undergoing this training should use mouthpieces in CPR as personal protective equipment to prevent exposure to bloodborne pathogens.

0603. Safety Training for Forces Afloat

The shore establishment provides both logistic and training support to forces afloat. The Navy encourages fleet units to attend special topic training applicable to local geographic area programs on safety and HMC&M when they are available and/or appropriate. References 6-3, and 6-4 provide specific details on forces afloat training requirements.

0604. Educational and Reference Materials

Educational and promotional materials such as posters, films, technical publications, pamphlets and related materials are useful in promoting the reduction and prevention of workplace-related accidents and illnesses. Navy regions and activities shall maintain and subscribe to appropriate materials as an integral element of the program.

a. Reference Library. Each Navy region or activity shall maintain a suitable safety and health reference library appropriate to the size and functions of the region or activity.

b. Defense Automated Visual Information System. A current library of safety and occupational health videotapes and interactive multimedia instructions (IMIs) useful for activity and regional training curricula may be ordered via the Defense Automated Visual Information System's (DAVIS) website at <http://dodimagery.afis.osd.mil/dodimagery/davis/>. The library

contains media from all service branches and may be used by DOD activities at no cost and without restriction.

c. National Safety Council Material. Regions and activities may make arrangements to purchase National Safety Council educational and promotional materials through a Federal Supply Schedule contract and local funding. Regions and activities shall use Schedule Title: FSC Group 76, Part 1 to purchase various safety-related publications, posters, periodicals and films.

d. Information Sources on Hazardous Materials.

(1) The Department of Defense (DOD) Hazardous Material Information System (HMIRS) provides information on the safe use, transportation, handling, storage and disposal of HM. Information is designed to educate personnel on the safe use and storage of HM, protective equipment and emergency treatment. Personnel shall refer questions on the HM program to:

Commanding Officer
Navy Environmental Health Center
620 John Paul Jones Circle, Ste. 1100
Portsmouth, VA 23708-2103
Telephone: (757) 953-0746
 DSN (377) 0746
 FAX: (757) 953-0689
 DSN Fax 377-0689

or

Commander
Naval Supply Systems Command
P.O. Box 2050
5450 Carlisle Pike
Mechanicsburg, PA 17055-0791

(2) A variety of materials are available to assist naval regions and activities in implementing HM and HAZCOM programs. Sources of instructional material include a DOD/Federal Agency Hazard Communication Training Program (see Appendix 6-B); manufacturer's material safety data sheets (MSDSs); product labels; and technical publications, such as the National Institute for Occupational Safety and Health (NIOSH) criteria documents, OSHA regulations and publications and various commercial subscription services. See chapter 7 for additional information on HAZCOM.

e. Other Material. Various periodicals (such as Ashore, the Navy's official shore safety magazine) are available from the Naval Safety Center 375 A Street, Norfolk, VA 23511-4399, (757) 444-3520, ext7256. Ashore as well as other publications are available on the Naval Safety Center's website at www.safetycenter.navy.mil/. Occupational Hazards magazine is available at no cost from Penton Media Inc., 1100 Superior Ave., Cleveland, Ohio 44114-8245, and (216) 696-7000. Applicable portions of the Federal Register are also helpful in updating information for training programs.

NOTE:

Citation of specific educational or reference material does not constitute approval of, or an endorsement of the publication. Rather, it is intended to provide an example of the type of publication.

0605. Record keeping (Shore Regions and Activities)

Navy regions' and activities' safety offices shall ensure maintenance of training records for 5 years. For military personnel, the safety office shall record training in the Service Record following applicable regulations. Copies of official training records may accompany personnel transferred within the Navy. Region and activities' safety offices shall make the records accessible to authorized personnel involved in safety, occupational health and the management and administration of HM/HW.

a. The minimum required record keeping data for individuals trained includes the following:

Name	Rate/Rant/Series
Organization (Code/shop)	
Job title	

b. For each training session or course an individual completes, the following data is needed:

Course Date(s)
Course Title
Instructor's Name
Description and/or Reference to Lesson Plan

c. For each training course, the region or activity shall implement a means to determine the effectiveness of the training. This may take the form of end-of-course testing, follow-up testing, feedback systems, etc. For National Safety Council products/training, go to www.nsc.org/.

d. Safety offices shall maintain copies of lesson plans used for local training classes.

0606. Professional Certification

Certification of individuals in their professional specialty is highly desirable and fully supported by the U.S. Navy. Commanders of local commands should encourage personnel to obtain professional certification, such as certified safety professional (CSP), certified industrial hygienist (CIH), certified occupational health and safety technologist (OHST), certified occupational health nurse (COHN), and certification by the American Board of Preventive Medicine in occupational medicine (ABPM). Local commands shall support the efforts (within funding capabilities) for the certification of their staff by providing funding for preparatory courses and attendance at meetings/courses for the purpose of maintaining certification. NAVOSHENVTRACEN offers CIH, CSP or CHMM computer study programs for those individuals preparing for the certification examinations. For information on OHST, ASP and CSP certification, contact the Board of

Certified Safety Professional's website: www.bcsp.org/. For CIH certification, contact the Institute of Hazardous Materials Management's website: www.abih.org/. For Certified Hazardous Materials Manager (CHMM) certification, contact the Institute of Hazardous Materials Management's website: www.ihmm.org/. For COHN certification, contact the American Board for Occupational Health Nurses at www.abohn.org.

The performance of occupational health and safety management is far more complex than ever before. As such, safety specialists (GS 0018), especially those desiring to serve as safety managers and directors, at the activity or regional level should possess for purposes of qualification an undergraduate degree from an accredited college or university and have demonstrated timely progress toward safety, occupational health, or industrial hygiene certification. The two certifications currently recognized are Certified Safety Professional (CSP) and Certified Industrial Hygienist (CIH).

For civilian personnel, payment of costs associated with obtaining and renewing professional credentials including professional accreditation, State-imposed and professional licenses, and professional certifications, and examinations to obtain such credentials is authorized. Given the availability of funding, an activity may pay for professional credentials that are necessary or beneficial for the civilian employee in the performance of official duties. See reference 6-5 for further details.

0607. Responsibilities

a. Chief of Naval Operations (N09F) shall establish policy for safety and HMC&M training programs.

b. CNO (N09F) and provide resources for safety and HMC&M training programs.

c. Naval Education and Training Command (NETC) and/or Naval Personnel Development Command (NPDC) shall perform those duties identified in section 0206e as well as:

(1) Integrate safety as appropriate into all Navy training

(2) Develop HMC&M Navy Training System Plan (NTSP)

(3) Evaluate training to ensure courses met the training guidelines

d. Navy Occupational Safety and Health and Environmental Training Center (NAVOSHENVTRACEN) shall:

(1) Direct, coordinate, monitor and evaluate the adequacy and effectiveness of safety and HMC&M training.

(2) Implement assigned actions in the safety and HMC&M Navy Training System Plan (NTSP).

(3) Ensure safety and HMC&M courses are listed in the Catalog of Naval Training (CANTRAC), NAVEDTRA 10500.

e. Commander, Naval Safety Center and Commander, Navy Personnel Development Command shall maintain a Memorandum of Agreement to establish appropriate policies, responsibilities, and execution of safety and occupational health training.

f. Naval Inspector General (NAVINSGEN) and President, Board of Inspection and Survey (PRESINSURV) shall include evaluations of safety training programs as a part of all inspections.

g. Commanders of Headquarters Commands shall:

(1) Establish programs to provide safety training to personnel under their authority. To encourage efficient use of resources and avoid duplication of effort, commanders shall utilize existing programs in other commands, other DOD components, OSHA and other Federal agencies wherever practical. In the event other service, agency or contract training is used, the local region or activity remains responsible for record keeping.

(2) Submit to the NAVOSHENVTRACEN by 1 September each year, via the chain of command, a listing of the next fiscal year training requirements for safety and occupational health personnel. The listing shall identify courses and/or subject matter by recommended delivery location and anticipated number of command attendees. The listing may include prioritized training requirements considered necessary to comply with standards.

h. Commanders, Commanding Officers, Directors and Officers in Charge shall:

(1) Identify local safety training requirements and sources for training appropriate for personnel and operations under their cognizance.

(2) Accomplish training consistent with the region or activity needs and the requirements of this chapter as set forth in a local written training plan.

(3) Maintain local training records.

Chapter 6

References

- 6-1. 29 CFR 1960, Basic Program Elements for Federal Employee Occupational Safety & Health Programs and Related Matters Section 1960.28, "Employee Reports of Unsafe/Unhealthful Working Conditions."
http://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=STANDARDS&p_id=11279.
- 6-2. NAVEDTRA Publication 10076A, Career Development Program for Safety and Occupational Health and Industrial Hygiene Personnel
<http://safetycenter.navy.mil/training/aids/files/cdp.pdf>.
- 6-3. OPNAVINST 5100.19D of 30 August 01, Navy Occupational Safety and Health Program Manual for Forces Afloat. <http://www.safetycenter.navy.mil/instructions/afloat/510019D.htm>.
- 6-4. Navy Occupational Safety and Health and Hazardous Material Control and Management Navy Training Plan (NTSP S-40-8603D)
http://www.safetycenter.navy.mil/instructions/osh/NTSP_S-40-8603D.pdf.
- 6-5. Department of the Navy (DON) Civilian Human Resources Manual, Subchapter 410:
http://www.donhr.navy.mil/donchr/410_SubCHnew.asp.

Appendix 6-A

**Safety and Occupational Health
Training Requirements**

Type of Training	Top Management Personnel	Supervisory Personnel & Employee Reps.	Non-Supervisory Personnel	Collateral Duty Safety Personnel	Full-Time SOH Profs.
Safety Orientations***	CH-6, Section 0602a	CH-6, Section 0602b	CH-6, Section 0602c	CH-6, Section 0602e	
Hearing Conservation (when applicable)		Initial and Annual refresher IAW CH-18	Initial and annual refresher IAW CH-18		
Asbestos Hazards (when applicable)		Initial and annual refresher IAW CH-17	Initial and annual refresher IAW CH-17		
Respiratory Protection (when applicable)		Initial and annual refresher IAW CH-15	Initial and annual refresher IAW CH-15		
Lead (when applicable)		Initial and annual refresher IAW CH-21	Initial and annual refresher IAW CH-21		
Exposure Monitoring				CH-8	CH-8
Hazardous Material	See appendix 6-B	See appendix 6-B	See appendix 6-B	CH-7	CH-7
Confined Space Entry		CH-27	CH-27	CH-27	CH-27
Safety & Occupational Health Topics (as applicable)	Monthly (as appropriate)	Monthly *	Monthly *		

Type of Training	Top Management Personnel	Supervisory Personnel & Employee Reps.	Non-Supervisory Personnel	Collateral Duty Safety Personnel	Full-Time SOH Profs.
Professional Development (as applicable)				4 CEUs/ equivalent year**	8 CEUs/ equivalent year**
Personal Protective Equipment (PPE) (when applicable)		Initial IAW CH-20	Initial IAW CH-20		
Laser Safety Training (when applicable)		Initial and annual refresher IAW CH-22	Initial and annual refresher IAW CH-22		
Ergonomics (when applicable)		Initial IAW CH-23	Initial IAW CH-23		
Energy Control (when applicable)		Initial IAW CH-24	Initial IAW CH-24		
Weight Handling (when applicable)		Initial and annual refresher IAW CH-31	Initial and annual refresher IAW CH-31		

NOTES:

NOTE: THE HOURS/CONTINUING EDUCATION UNITS (CEUs) GIVEN ABOVE ARE RECOMMENDED AND NOT MANDATORY EXCEPT WHERE SPECIFIED ELSEWHERE IN THIS MANUAL. THE MEASURE OF SUCCESS OR COMPLIANCE IS KNOWLEDGE AND UNDERSTANDING OF SUBJECT MATTER, NOT LENGTH OF TRAINING. OFF-THE-SHELF VIDEO TRAINING TAPES AND COMPUTER-BASED TRAINING PROGRAMS ARE TO BE USED ONLY AS SUPPLEMENTAL TRAINING TOOLS SINCE THESE TRAINING AIDES DO NOT NECESSARILY MEET ALL TRAINING REQUIREMENTS ESTABLISHED IN THIS CHAPTER OR BY OSHA.

* Cover various topics applicable to employees including mishaps, compensation, MSDSs, work procedures, smoking, stress, plans and goals, radiation, etc. The supervisor can provide these at "stand-up" safety meetings at industrial regions or activities, safety stand-downs or through routed handouts/publications in offices. Formal classroom training is not required, however, where meetings or informal classroom training are conducted, document training by roster with subject, date, instructor and attendees; electronic media can be used to document such training. For non-industrial (office) regions or activities, or personnel, the supervisor should use monthly or periodic "captain's call" or other meetings or methods to distribute information to promote safety.

** Continuing Education Unit: One Continuing Education Unit (CEU) is awarded for each 10 contact hours of instruction. One and one tenth CEUs is generally equivalent to one college course credit hour. For Certified Industrial Hygienists: 5 certification maintenance (CM) points (or 1 week per year) are required to maintain certification. For Certified Safety Professionals: 5 points per year are required for Continuation of Certification (COC). To certify as an Occupational Health Nurse (OHN), a nurse must be registered, have 5 years experience as an OSH, and have 50 contact hours in the past 5 years. To re-certify an OHN must have 4,000 hours of OHN practice and 75 contact hours of continuing education in the past 5 years. For CEU courses, 1 CEU equals 1 COC point and for non-CEU courses, 3 hours of instruction equals 1/4 COC point. (Regions and activities should provide other occupational health professionals with appropriate levels of professional training.)

***All new employees regardless of their position require safety orientation training.

Acquisition Safety Training

Type of Training ^(a)	Top Management Personnel	Others ^(b)	Full-Time SOH Professionals
Personnel working in areas associated with acquisition of defense systems and involved in maintenance operations for major weapons systems (ship, aircraft) ^{(a)(c)}			
Systems acquisition training ^{(c)(d)}	Acq 101 ^(c)	Others ^(b)	Acq 101 ^(c)
Personnel involved with facility design, review of facility plans and related safety engineering and industrial hygiene support ^(e)			
Facilities acquisition training ^{(e) 2}	Acq 101 ^(c) FE 201 ^(f)	Others ^(b)	Acq 101 ^(c) FE 201 ^(f)
Personnel involved with research and development organizations. There are two related acquisition management fields; ^(d) <u>Systems Planning, Research, Development and Engineering, Science & Technology (S&T) Manager</u> (typically related to oversight and management of S&T goals and oversight and funding for research and technical customers); and <u>Systems Planning, Research, Development and Engineering, Systems Engineering</u> (typically related to engineering management policies and specification)			
Program management for S&T ^(h)	Acq 101 ^(c) STM 301 ⁽ⁱ⁾	Others ^(b)	Acq 101 ^(c) STM 301 ⁽ⁱ⁾

^(a) **Knowledge of the Acquisition Process:** The Defense Acquisition Workforce Improvement Act (DAWIA) requires professionals involved in the “systems acquisition” process to receive training and certification managed by the Defense Acquisition University <http://www.dau.mil/catalog/cat2004/Chapter%201.pdf>. Systems acquisition involves needs identification, research/development, procurement of defense systems - including major platforms- aircraft, ships, vehicles, supporting equipment and weapons.

Navy personnel can use DON Acquisition One Source website at:
<http://www.acquisition.navy.mil/>

^(b) **Others (Personnel who do not have safety as a primary job responsibility):** Supervisory personnel, employee representatives, non-supervisory personnel, and collateral duty safety personnel should be considered for this training, where related to their primary job.

^(c) Acq 101 = Acquisition 101 Fundamentals of Systems Acquisition (40-hour Internet course) providing familiarity with the acquisition process

^(d) Recommend DAWIA Certification for personnel designated as SOH professionals at headquarters commands (e.g., NAVFAC, NAVAIR, NAVSEA, NAVSUP, MSC, SPAWAR, and BUMED) and at least one safety professional in each depot repair facility such as a Naval Air Depot or shipyard. (See note ^(a)).

^(e) Recommend DAWIA Certification for designated SOH professional at headquarters of systems commands (e.g., NAVAIR, NAVSEA, NAVSUP, MSC, and SPAWAR) and at least one

safety and health professional in each major installation and/or depot repair facility such as a Naval Air Depot or shipyard become in Facilities Engineering. (See note ^(a)).

^(d) 201 Intermediate Facilities Engineering (40-hour Internet course) providing familiarity with the facility engineering process and its role within the acquisition system. Pre-requisite, Acquisition 101.

^(a) Recommend DAWIA Certification for designated SOH professionals at headquarters commands (e.g., NAVAIR, NAVSEA, NAVSUP, MSC, SPAWAR) and at least one safety and health professional in each major installation and/or depot repair facility such as a Naval Air Depot or shipyards associated with acquisition management supporting research, development and systems engineering. (See note ^(a)).

^(h) Recommend DAWIA certification for industrial hygienists assigned to Naval warfare centers and other research establishments and the safety manager at these locations in order to become familiar with the R&D Process and Program Management fields related to research and development.

⁽ⁱ⁾ STM 301 Program management for S&T Managers three day resident class. This course provides an understanding of the procedures and mechanisms used to transition advanced technologies and mechanism into war fighting systems. Pre-requisite: Acquisition 101 is highly recommended.

Appendix 6-B

Hazard Communication Training

This appendix provides guidelines for implementation of HAZCOM training at the local level. HAZCOM training is required to orient all personnel to the HAZCOM program as discussed in chapter 7 and training for personnel occupationally exposed to hazardous material. Regions and activities shall tailor the latter training to individual jobs and specific exposures. The OSHA HAZCOM Standard does not establish time requirements for training, but instead depends upon employee knowledge of the standard, the HAZCOM program plan, chemical hazards on the job and safe performance of the job. Regions and activities shall use that knowledge as the indicator of program effectiveness and compliance with the Standard. DOD has developed a HAZCOM training program, which meets OSHA requirements. The program, entitled *The Department of Defense Federal Hazard Communication Training Program*, consists of seven videotape lessons (DODFHCTP 3/4 Videotape 505215DN), a trainers guide (DOD 6050.5-G-1 of April 88) and a workbook for employees to complete in conjunction with the videotape lessons (DOD 6050.5-5-W of April 88). The videotapes are available from Navy audio-visual libraries and centers.

Category of Personnel	HAZCOM Training
Top Management	Initial
Supervisors and Employee Reps *	Initial and annual refresher plus spill response & emergencies for supervisors
Non-supervisory Personnel *,**	Initial plus OJT and refresher by supervisor, as required
Hazardous Waste Site Workers	29 CFR 1910.120(e)
Hazardous Waste Facility Workers	29 CFR 1910.120(p)
Emergency Response (Supervisors and Workers), HW Spill, Handlers & Cleanup Personnel	See 29 CFR 1910.120 and OPNAVINST 5090.1B

* For personnel occupationally involved with the use of or exposure to HM. All training must be accomplished prior to exposure to HM.

** OJT must include appropriate review of chemicals used such as review of Material Safety Data Sheets (MSDSs). Stand-up safety meetings can be used for this purpose. Retain records per section 0605.

Appendix 6-C

Occupational Safety and Health Administration Courses for Safety Professional Development

In order to meet IDP and career development needs of the occupational safety and health staff, the Occupational Safety and Health Administration Training Institute (OSHATI) provides a variety of alternative technical training courses. The following partial list of courses may be provided periodically by OSHATI or qualified contractors. More specific information on OSHATI courses may be found at <http://www.osha.gov>. Following is a list of courses that will be provided periodically either through OSHATI or qualified contractors. For more specific information on OSHATI courses, see annual OSHATI notices (OSHA Notice TED1).

<u>Course No.</u>	<u>Title</u>
200/A	Construction Standards
201/A	Hazardous Materials
203	Basic Electrical Principles
204/A	Machinery and Machine Guarding Standards
205	Cranes and Rigging Safety for Construction
206	Maritime Standards
207/A	Fire Protection and Life Safety
208	Cranes and Material Handling for General Industry
220	Industrial Noise
221	Principles of Industrial Ventilation
222/A	Respiratory Protection
223	Industrial Toxicology
224	Laboratory Safety and Health
225/A	Principles of Ergonomics
226	Permit-Required Confined Space Entry
228	Recognition, Evaluation and Control of Ionizing Radiation
233	Indoor Air Quality
301	Excavation, Trenching and Soil Mechanics
304	Power Press Guarding
308	Principles of Scaffolding
309/A	Electrical Standards
310	Applied Spray Finishing and Coating Principles
311	Fall Arrest Systems
331	Hazardous Waste Site Inspection and Emergency Response

CHAPTER 7

HAZARDOUS MATERIAL CONTROL AND MANAGEMENT (HMC&M)

0701. Background

a. This chapter identifies safety and occupational health (SOH) functions and defines requirements and responsibilities for shore activity and region hazardous material control and management (HMC&M). HMC&M focuses on preventing, minimizing, or eliminating the introduction of hazardous material (HM) into the Navy system, substituting less hazardous HM for HM already in the Navy system, safely using HM in the workplace, and safely handling and disposing of hazardous waste (HW). HMC&M incorporates the requirements of the Occupational Safety and Health Administration (OSHA) Hazard Communication (HAZCOM) Standard, the OSHA Hazardous Waste and Emergency Response (HAZWOPER) Standard, the Resource Conservation and Recovery Act (RCRA), the Comprehensive Environmental Response, Compensation, and Liability Act (CERCLA), and the Superfund Amendments and Reauthorization Act (SARA), or references 7-1 through 7-5 respectively. HMC&M involves a variety of local organizational and functional elements due to the requirements in reference 7-1, state and local right-to-know laws, overlapping requirements of the laws, and regulations that affect HM use and the logistic aspects of supply and material disposition.

b. HMC&M reinforces the importance of many basic SOH objectives and functions. All SOH personnel have a crucial role in support of the HMC&M program. Active participation of SOH staff in the program should reduce unnecessary functional overlaps and duplication of effort within the activity or region organization. Further, active and aggressive safety, HMC&M, and HAZCOM efforts are an optimal means to eliminate or control personnel exposures to HM in the workplace, as well as reducing Navy liability related to HM use. Management leadership and the active involvement of employees and supervisors in implementing HMC&M-related programs are essential.

c. This chapter summarizes the HMC&M program elements for shore activities, identifies functions for each element, and defines specific responsibilities and actions required for HMC&M program implementation including the implementation and maintenance of a Consolidated Hazardous Material Reutilization and Inventory Management Program (CHRIMP). Section 0704 addresses afloat requirements.

0702. Responsibilities

a. Chief, Bureau of Medicine and Surgery (BUMED) shall, in addition to the general occupational health responsibilities for HM evaluation and consultation addressed in chapter 8 of this instruction:

(1) Perform health hazard assessments (HHAs) for new HM or for new uses for existing HM and confirm requirements for toxicological research for new systems or for Navy-unique HM or Navy-manufactured HM. BUMED shall take action, as appropriate, to

ensure development of needed data for the safe use and handling of the HM in Navy systems, both ashore and afloat. Reference 7-6 provides additional guidance.

NOTE:

The Navy operates a toxicology research unit, the Naval Health Research Center Detachment Environmental Health Effects Laboratory (Toxicology) (TOXDET) at Wright Patterson Air Force Base, which conducts toxicological profiles (TP) HHAs for materials of operational concern for the Navy. The Navy directly uses TPs completed by this unit in the setting of allowable exposure limits for HM in operational scenarios. The National Academy of Sciences (NAS) Committee on Toxicology (COT) collaborates with this unit to ensure the quality of the HHAs, proposed allowable limits, TPs, and other application of toxicology information necessary to determine the hazards posed by identified materials. Reference 7-6 contains detailed guidance regarding the procedures for obtaining HHAs for operational use of HM.

(2) Assist Navy systems commands (SYSCOMS), program managers, Region Commanders and activities with implementing HMC&M requirements and performing HHAs associated with management of the facility level authorized use list (AUL). Additionally, BUMED shall, in conjunction with subordinate commands, perform risk assessments and evaluate the potential health hazards associated with reducing or eliminating the use of HM, including specification of protocols for substitution of less hazardous HM. BUMED will partner with the SYSCOMS, Navy Region Commanders, and individual Navy facilities to identify potential alternative actions, materials, and processes in support of cost effective compliance, promotion of personnel safety and health, and reduced emissions. Reference 7-8 provides additional guidance.

b. Commander, Naval Supply Systems Command (COMNAVSUPSYSCOM) shall, in conjunction with subordinate commands:

(1) Manage the supply system, develop and recommend to CNO (N09F)/COMNAVSAFECEN, and cognizant program managers those policies and procedures and any associated life cycle costs to enhance personnel safety and systems acquisition or facilities safety, and reduce or minimize the entry of new HM into the supply system.

(2) Establish HM logistics requirements; provide warehousing and material information systems; mark and label containers received, shipped, distributed, or issued for use; provide information on HM storage compatibility; control HM acquired or used overseas; acquire only that HM authorized by shore activity HM AULs; and issue guidance for HM reuse and shelf life management.

(3) Provide guidance to, and coordinate efforts on Navy-wide HM substitution. Reference 7-8 provides guidance on substituting and eliminating HM.

(4) Provide assistance to implement Pollution Prevention program initiatives, CHRIMP, CHRIMP operating warehouses (known as HM Minimization Centers), and the Hazardous Substance Management System (HSMS) or Regional Hazardous Material Inventory

Control System (RHICS). Reference 7-9 provides guidance on CHRIMP implementation. Reference 7-13 provides guidance on implementation of CHRIMP afloat.

(5) With cooperation of Commander, Navy Installations (CNI), develop and implement. Regional CHRIMP operations as prescribed in Reference 7-10.

(6) Implement the Enhanced CHRIMP Afloat Program (ECAP) to improve shipboard HM management practices in cooperation with the Fleets as specified in Reference 7-10.

c. Naval Education and Training Command (NETC) and/or Naval Personnel Development Command (NPDC) shall incorporate HMC&M requirements into the Navy Occupational Safety and Health and Hazardous Material Control and Management Navy Training System Plan (NTSP 40-S-8603D) and provide HMC&M training management and training materials per chapter 6 of this instruction.

d. Commanders of Headquarters Commands and budget submitting offices shall coordinate with BUMED, COMNAVSUPSYSCOM, program managers, field activities, and Navy Region Commanders to implement and maintain HMC&M programs as required by this manual and references 7-7 through 7-10. Budget submitting offices shall provide safety support and funding appropriate to develop and implement HM elimination and substitution processes for all systems and operations under their cognizance. Budget submitting offices and subordinate command safety professionals shall assist in managing the facility AUL to ensure the use of non-hazardous or least hazardous, technically acceptable materials.

e. Navy Region Commanders shall coordinate with CNI, program managers, and field activities to which they provide support to implement, manage, and maintain HMC&M programs as required by this manual and references 7-7 through 7-11. Navy Region Commanders executing centralized HMC&M program functions on behalf of regional shore facilities shall comply with those provisions applicable to shore activities per this chapter and references 7-7 through 7-10.

f. Commanders, commanding officers, and officers in charge of Navy activities in foreign countries shall conform to U.S. OSHA laws and regulations and to this chapter, and to the extent feasible, comply with applicable HM and HW requirements of host nation Status of Forces Agreements (SOFAs), Final Governing Standards, or other official agreements which are more restrictive than U.S. regulations.

g. Commanders, Commanding Officers, and Commanding Officers of Installation Tenant Activities shall:

(1) Define and assign responsibilities within the facility for the HMC&M program and ensure compliance with this chapter and references 7-1 and 7-7 through 7-10.

(2) Develop, implement, manage, and revise as necessary an activity level HM AUL. The AUL shall include all HM and any materials having components that meet, or have potential to meet, the definition of HW per 40 CFR 261 during any phase of its existence.

Materials exempted by 29 CFR 1910.1200(b)(6) do not have to be listed on the AUL. For each HM listed, the AUL must include the stock number and item name (for stock numbered items purchased via the stock system) or the product name and manufacturer name as they appear on the product label/material safety data sheet (MSDS). In addition, the AUL shall identify the process(es) for each HM listed. The activity shall maintain this AUL for all HM it allows for use.

(3) Ensure that the appropriate SOH professionals perform a safety and health review of HM proposed for addition to the AUL prior to purchase of the HM and that a periodic review of the AUL is performed to eliminate unnecessary HM, substitute less hazardous HM where feasible, and comply with the provisions of reference 7-8. Contact the Navy Environmental Health Center (NEHC) for assistance, as required. See references 7-6 through 7-9 for further guidance.

(4) Develop, implement, and revise as necessary a facility level HM inventory that includes, as a minimum, the identity and quantity (by building) of HM present at the facility, including whether the material is an extremely hazardous substance, hazardous substance, or toxic chemical as defined under EPCRA (see chapter 3 in reference 7-7).

(5) Ensure HM is uniquely identified for reference, retrieval, and cross-reference between the label, MSDS, AUL, and HM inventory.

(6) Maintain an MSDS for all HM issued, received, or brought onto the facility. This requirement may be satisfied by subscription to an online MSDS service in lieu of maintaining a hard copy. This does not remove the requirements of Appendix 7-A. See appendix 7-A of this chapter for additional information.

(7) Establish systems to ensure that all HM is properly labeled per the requirements of reference 7-1. There are several allowable options for accomplishing this requirement. All HM must be labeled with:

(a) The original HAZCOM compliant manufacturer's label or an exact copy of the HAZCOM compliant manufacturer's label, or

(b) Standard Department of Defense (DOD) Hazardous Chemical Warning Labels (DD 2521 or DD 2522), or

(c) A label developed by the facility that contains the following information from the MSDS: the manufacturer's name, product identity, and hazard warnings.

NOTES:

- Labeling requirements outlined in this section do not apply to the labeling of FIFRA regulated pesticides. Substitute labeling may be in violation of FIFRA if the new labeling does not contain all of the information found on the original label.

- Activities and regions may accept the content of manufacturer-provided HAZCOM labels at face value and do not need to verify the technical content of the label. The activity or region shall, however, ensure that these labels provide the manufacturer's name, the product name, and hazard warning as required by reference 7-1.
- Labeling deficiencies should be reported to the external supply organization, manufacturer, or distributor that supplied the material to the activity or region.
- National Fire Protection Association (NFPA) labels do not comply with reference 7-1 and may only be used as a supplement to a HAZCOM compliant label.

(8) Implement and conduct CHRIMP operations as specified in References 7-7 and 7-10.

(9) Ensure activity managers, such as shop heads, general foremen, and supervisors participate in the HMC&M program by:

(a) Notifying the facility's responsible organization, usually the safety office or the HAZMIN center, if HM not allowed for use is delivered to the shop or work center. When notified, the responsible organization shall take action or provide guidance in rectifying the problem. This shall be accomplished before the HM is used.

(b) Overseeing their respective areas of responsibility to ensure that personnel use HM only in processes for which it is authorized via the AUL and to ensure that HM for which there is no apparent authorized use is returned to the HAZMIN center for proper disposal.

(c) Ensuring pipes, tanks, and breakdown containers within their respective areas of responsibility are properly labeled per paragraph 0702(g)(7)(c) and the region's or activity's written HAZCOM Plan.

(10) Ensure that a compliant hazard communication program is implemented at the facility. In meeting this responsibility, the facility's responsible organization shall:

(a) Participate in the DOD Hazardous Material Information Resource System (HMIRS) per the guidance contained in Appendix 7-A.

(b) Establish a system to ensure that current MSDSs are obtained and made readily available to employees during all working hours and that employees have an opportunity to review them prior to working with HM.

NOTE:

The term "readily available" means that employees who wish to do so must have access to MSDSs prior to beginning work with HM. It does not mean MSDSs must be available

in any specific time frame. As long as employees can obtain MSDSs prior to using HM, and there are no significant physical or administrative barriers that inhibit the employee's ability to gain access to a needed MSDS, the MSDS is readily available. It is also important to note that neither employees nor supervisors are required to have MSDSs in their possession, as long as the MSDS can be obtained when needed.

(c) Assist in establishing and implementing procedures for preparing MSDSs for locally developed or manufactured HM and conducting reviews of all locally prepared MSDSs.

(d) Establish criteria and procedures for reviewing incoming MSDSs to ensure they contain the information required by reference 7-1. Report MSDS deficiencies to the cognizant manufacturer/distributor for correction. Report deficiencies in the DOD HMIRS to NEHC at the address listed in Appendix 7-A.

(e) Provide reports and recommendations resulting from the safety and health review to appropriate line supervisors, managers, and the region or activity HMC&M committee (where established).

(f) Provide consultation on the identification of HM, the labeling and marking of HM containers for special applications or conditions of use, and for HM produced or manufactured locally by the facility.

(g) Ensure that a compliant written HAZCOM plan is implemented that addresses the key elements of reference 7-1.

(h) Establish a program that ensures employees receive required HAZCOM training. Assist supervisors and training specialists in conducting HAZCOM training when requested.

NOTE:

Safety professionals or collateral duty personnel assigned duties or responsibilities for the region or activity HMC&M program require the following courses, available through the Naval Occupational Safety and Health and Environmental Training Center (NAVOSHENVTRACEN) or equivalent courses (as determined or approved by the Echelon 2 headquarters):

- Introduction to Hazardous Material (Ashore), course A-493-0031;
- Hazardous Material Control and Management Technician, course A-322-2600 (available and required only for shore and afloat commands with a Secondary Navy Enlisted Classification (SNEC) 9595 authorized billet requirement listed on the region's or activity's manning document.

(i) Provide a mechanism for informing contractors of Navy-owned HM to which their personnel may be exposed, and for informing Navy personnel of contractor-

owned HM to which they may be potentially exposed, and for providing Navy personnel with MSDSs for contractor-owned HM.

(j) Ensure that the activity Pollution Prevention Plan adequately addresses unresolved safety concerns regarding the facility AUL, local purchases of HM, other HM management methods and means used to reduce and eliminate HM use, or operation of hazardous material minimization (HAZMIN) centers and implementation of CHRIMP and HSMS or RHICS, either directly or as support services.

0703. Headquarters Command, Budget Submitting Office, and Program Management Safety and Occupational Health Functions in Support of HMC&M

The full scope of HMC&M extends beyond safety and encompasses all aspects of management, logistics, acquisitions and environmental protection. Those aspects of HMC&M involving occupational environments and workplaces are a major component of SOH programs, and headquarters commands shall support them accordingly.

a. Headquarters commands and budget submitting offices shall assess environment, safety, and occupational health (ESOH) effects of chemicals and materials posing a high hazard potential in operations under their cognizance and use the results in all life cycle cost and trade-off decisions.

b. Headquarters commands and budget submitting offices shall coordinate with program managers to address safety aspects as an integral part of ESOH. Safety considerations shall be integral to system engineering processes, human factors engineering, and HM management principles and practices consistent with reference 7-12, DODI 4715.4, the DOD Desk Book, SECNAVINST 5000.2B, and SECNAVINST 5100.10H. Headquarters commands and budget submitting offices shall assist program managers whenever practicable to assess the ESOH effects of chemicals, processes, and materials posing a high hazard potential and use the results in all life cycle cost and trade-off decisions.

0704. Afloat HMC&M

Chapter 19 of reference 7-7, references 7-8 and 7-9, and chapters B3, C23 and D15 of reference 7-13 delineate functional responsibilities of key HMC&M participants aboard Navy ships. Reference 7-9 outlines responsibilities for CHRIMP operations, and Reference 7-10 prescribes requirements for the Enhanced CHRIMP Afloat Program (ECAP). In general, receiving shore activities shall coordinate with ships regarding the movement of used and excess HM and ensure that containers are properly labeled in accordance with reference 7-1 and section 0702, and ensure that MSDSs not already possessed by the shore activity are provided to the shore activity along with the applicable used or excess HM.

0705. Shore Activities in Foreign Countries

Safety offices shall support and participate in all HMC&M program elements discussed in section 0702 except where legally binding conflict exists with the laws of the foreign country and/or under local status of forces agreements or Final Governing Standards. In such cases,

the region or activity shall identify the conflict to the appropriate higher authority for resolution.

0706. Chemical Hygiene Plans

Activities or regions with laboratories, as defined in reference 7-11, shall develop Chemical Hygiene Plans. The Chemical Hygiene Plans may cover more than one laboratory, as long as similar work is performed at each laboratory and the other requirements of reference 7-11 are met. There may be instances where a laboratory may need both a Chemical Hygiene Plan and a HAZCOM program. Cognizant headquarters commands shall assist subordinate activities in identifying specific laboratories that meet the definitions in reference 7-11.

0707. Process Safety Management

Activities or regions having processes that meet the threshold quantities of reference 7-14 shall follow the requirements of that reference.

Chapter 7

References

- 7-1. Title 29 Code of Federal Regulations (CFR) Section 1910.1200 of 1 Jul 97, OSHA Hazard Communication Standard, http://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=STANDARDS&p_id=10099.
- 7-2. Title 29 CFR Section 1910.120 of 1 Jul 97, OSHA Hazardous Waste Operations and Emergency Response (HAZWOPER) Standard, http://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=STANDARDS&p_id=9765
- 7-3. Title 40 CFR Part 240 of 1 Jul 97, Resource Conservation and Recovery Act (RCRA), http://www.access.gpo.gov/nara/cfr/waisidx_99/40cfr240_99.html.
- 7-4. Title 40 CFR Subchapter J of 1 Jul 97, Comprehensive Environmental Response, Compensation, and Liability Act (CERCLA), <http://www.epa.gov/docs/epacfr40/chapt-I.info>.
- 7-5. Title 40 CFR Part 302 of 1 Jul 97, Superfund Amendments and Reauthorization Act (SARA) http://www.access.gpo.gov/nara/cfr/waisidx_01/40cfr302_01.html.
- 7-6. BUMEDINST 6270.8A, of 2 Jan 02, Procedures for Obtaining Health Hazard Assessments Pertaining to Operational Use of Hazardous Materials <http://navymedicine.med.navy.mil/Files/Media/directives/6270-8a.pdf>.
- 7-7. OPNAVINST 5090.1B, of 1 Nov 94, Environmental and Natural Resources Program Manual.
- 7-8. NAVSUP Publication 718, Navy Guidance Manual for the Hazardous Material Substitution Process.

- 7-9. NAVSUP Publication 722, Consolidated Hazardous Material Reutilization and Inventory Management Program (CHRIMP) Manual.
- 7-10. CNO ltr 5090, ser: N4/4u745710 of 4 Feb 04, CHRIMP/Regional HMC&M at Navy Shore Activities. [http://www.naspensacola.navy.mil/logistics/N4%20ltr%205090%20\(4Feb04\).pdf](http://www.naspensacola.navy.mil/logistics/N4%20ltr%205090%20(4Feb04).pdf).
- 7-11. Title 29 CFR Section 1910.1450 of 1 Jul 97, Occupational Exposure to Hazardous Chemicals in Laboratories, http://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=STANDARDS&p_id=10106.
- 7-12. DOD Instruction 6050.5 of 29 Oct 90, DOD Hazard Communication Program http://www.dtic.mil/whs/directives/corres/pdf/i60505wch1_102990/i60505p.pdf.
- 7-13. OPNAVINST 5100.19D CH-1, of 30 Aug 01 Navy Occupational Safety and Health Program for Forces Afloat <http://safetycenter.navy.mil/instructions/afloat/510019D.htm>.
- 7-14. Title 29 CFR 1910.119 of 1 Jul 97, OSHA Process Safety Management of Highly Hazardous Chemicals, http://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=STANDARDS&p_id=9760
- 7-15. Federal Standard (FEDSTD) 313, Material Safety Data Sheets, Transportation Data, and Disposal Data for Hazardous Materials Furnished to Government Activities Series, (NOTAL).
- 7-16. Defense Federal Acquisition Regulation (DFAR) clause 52-223-3 of Jan 97, Hazardous Material Identification and Material Safety Data <http://farsite.hill.af.mil/reghtml/regs/far2afmcfars/fardfars/dfars/Dfars223.htm>.
- 7-17. Public Law 94-499 of 17 Oct 86, Emergency Planning and Community Right to Know Act (EPCRA).
- 7-18. Defense Federal Acquisition Regulation (DFAR) clause 252.227-7013 of Nov 95, Rights in Technical Data-Non-Commercial Items, http://farsite.hill.af.mil/reghtml/regs/far2afmcfars/fardfars/dfars/dfars252_227.htm#P298_15719.
- 7-19. Executive Order 13101 of 14 Sept 98, Greening the Government Through Waste Prevention, Recycling, and Federal Acquisition, <http://www.ofee.gov/eo/13101.htm>.

Appendix 7-A

Hazardous Material Information Resource System (HMIRS)

1. Background and Discussion

a. DOD established HMIRS to store and disseminate MSDS and related information on HM. HMIRS provides a means of sharing and communicating information on HM procured by DOD components with other commands, activities, and units within DOD. The overall operation of HMIRS is prescribed in reference 7-12. This appendix discusses the Navy's implementation and operation of HMIRS.

b. The Defense Logistics Agency (DLA) manages the DOD HMIRS. Local users receive MSDSs via vendors or suppliers who provide them per references 7-15 and 7-16. MSDSs sent by local users to a service focal point are the means by which HMIRS is populated and updated. The Navy service focal point for HMIRS is the Navy Environmental Health Center (NEHC).

c. The provisions of this appendix and reference 7-1 are not applicable to:

(1) HM purchased by the military exchange systems for subsequent resale, though the Consumer Product Safety Commission or other regulatory agencies may regulate the sale of that material.

(2) The acquisition of laboratory quantities of chemicals or other HM when used by qualified professions in Navy laboratories as defined in reference 7-11. In both these situations, however, the special provisions of reference 7-1 apply.

2. System Operation

a. Vendors and Suppliers. Vendors selling material to DOD activities will submit a fully completed MSDS to the procuring activity or region per the procurement contract. Reference 7-15 contains instructions for completing the MSDS forms.

b. Commands, Region Commands, and Activities

(1) Contracting officers for Navy regions, shore activities, or ships purchasing HM or consumables through vendors or other federal agencies (e.g., DLA, Government Services Administration (GSA), etc.) shall require the MSDS as a line item deliverable in the contract, per reference 7-16, for all HM. Contracting officers shall attach a copy of documentation that adequately identifies the product (including National Stock Number (NSN)/Locally (service)-assigned temporary Stock Number (LSN), contract number, applicable military/Federal specification to which the product conforms and date of purchase or requisition and a point of contact within the contracting region or activity) to the MSDS.

(2) Upon award and per reference 7-16, the contracting officer shall forward the MSDS (and the manufacturer's current hazard communication standard compliant hazard warning label) to the Navy Environmental Health Center (NEHC), which is the Navy (service) focal point for MSDS submission. Submissions should be addressed to:

Commanding Officer
Navy Environmental Health Center (NEHC)
Attn: IH (HMIRS)
620 John Paul Jones Circle Ste. 1100
Portsmouth, VA 23708-2103

(3) For HM locally acquired (blanket purchases, direct buys or "off-the-shelf" purchases) by a Navy region, activity, or ship, that region, activity, or ship shall ensure it obtains an MSDS from the vendor and the MSDS is available at the activity. The Navy region, activity or ship shall determine whether the MSDS is present in the HMIRS and forward the MSDS to NEHC, at the address specified above if it is not present in the HMIRS.

NOTE:

There may be more than one MSDS for a given HM or stock number (LSN or NSN) due to formulation changes or different manufacturers.

(4) To fulfill the requirements of reference 7-1, each activity shall retain either the HMIRS MSDS or copies of the manufacturer's MSDSs for all HM received by that activity.

c. Navy Environmental Health Center (NEHC). NEHC shall:

(1) Act as the Navy service focal point for HMIRS, coordinate Navy HMIRS record processing and review, and train and certify Navy HMIRS data submitters.

(2) Review each MSDS for completeness.

(3) Ensure that all complete MSDSs are properly disseminated or processed for entry into HMIRS in accordance with the requirements and guidelines specified in reference 7-12.

(4) Notify the Naval Operations Logistics Support Center Transportation and Distribution (NOLSC – T & D) of each new Navy-managed HMIRS entry that has a corresponding NSN or LSN so that HMIRS transportation data can be prepared for the record.

(5) Notify the Naval Sea Systems Command Detachment Radiological Affairs Support Office (NAVSEA DET RASO) of each new Navy-managed HMIRS entry that contains radioactive materials so that HMIRS radiological data can be prepared for the record.

d. Naval Operations Logistics Support Center Transportation and Distribution (NOLSC (T&D)). Upon notification from the NEHC that a Navy-managed HMIRS record needs transportation data, NOLSC (T&D) shall prepare and enter transportation data HMIRS using the

procedures and guidelines found in reference 7-12.

e. Naval Sea Systems Command Detachment Radiological Affairs Support Office (NAVSEA DET RASO). Upon notification from NEHC that a Navy-managed record in HMIRS needs radiological data, NAVSEA DET RASO shall prepare and enter radiological data into HMIRS using the procedures and guidelines found in reference 7-12.

3. **Outputs**

a. The DOD HMIRS is an internet-based product. As such, the primary output product for HMIRS is the HMIRS web site. The HMIRS web site allows access to both the proprietary (LR) and non-proprietary (L) versions of HMIRS. Access to the non-proprietary version of HMIRS requires a User Identity (ID). Access to the proprietary version of HMIRS requires both a User ID and a Pass code. DLA issues and managed User Ids and Pass codes for HMIRS. Contact NEHC at the address listed above for more information about obtaining a User ID and Pass code for HMIRS.

b. The HMIRS Compact Disc – Read Only Memory (CD-ROM) set is produced on a periodic basis and contains the complete HMIRS database of MSDS and related information. The HMIRS CD-ROM is available in both proprietary (LR) and non-proprietary versions and is intended primarily for use by deployable units and activities that do not have reliable Internet access. The Naval Supply Systems Command (NAVSUPSYSCOM) manages the Navy HMIRS CD-ROM distribution list. Requests for distribution additions or changes should be forwarded to:

NAVICP-M
Attn: Code M0772
Building 312
5450 Carlisle Pike
P.O. Box 2020
Mechanicsburg, PA 17055-0788

4. **Proprietary Information**

The HMIRS outputs and MSDSs may contain information that the supplier considers proprietary. To protect both the supplier and the Government, the contract under which the MSDS is obtained from the supplier shall contain the "Rights in Technical Data and Computer Software Clause" of reference 7-15. In these outputs, all proprietary information of the supplier that satisfies the definition of limited rights data (i.e., technical data pertaining to items, components or processes developed at private expense) is marked with the "limited rights legend" prescribed in the Rights in Technical Data and Computer Software Clause. Local activities shall protect this data.

CHAPTER 8

OCCUPATIONAL HEALTH

0801. Discussion

a. The primary objective of the Navy Safety and Occupational Health Program is to ensure a safe and healthful work environment for all Navy personnel. The safety part of the program focuses on the elimination or control of the type of hazard that can result in instantaneous (acute) traumatic injury or death. The occupational health part deals with insidious health effects, usually produced by long-term (chronic) exposure to toxic chemicals or harmful physical agents (e.g., noise, radiation, etc.) and treatment of work related injuries. Since many hazardous agents can produce both acute and chronic effects, depending on the nature and degree of exposure, this control requires the close and continuing teamwork of all SOH personnel.

b. Two major specialties comprise the occupational health program: industrial hygiene and Occupational and Environmental Medicine (OEM). Each of these specialties has, as one of its major functional components, a long-term surveillance program. Industrial hygiene involves the anticipation, identification, evaluation and control of occupational health hazards. OEM focuses on the medical surveillance of employees potentially exposed to the hazards identified during the industrial hygiene workplace evaluation, the physical requirements of the job, and on the prevention, diagnosis and treatment of occupational injuries and illnesses. These two specialties working together form the basis for an active Occupational and Environmental Health (OEH) program. Their integration at the local level provides a valuable tool in preventing, identifying and treating occupational injuries and illnesses.

c. This chapter applies to occupational health efforts at all Naval shore activities including those that support Marine Corps activities. Reference 8-1 covers occupational health for forces afloat. Major functional components not included in this chapter are contained in other chapters of this manual.

d. Priorities for Occupational Health (OH) support are determined by exposure risk and the availability of the customer or patient. Generally, Department of the Navy (DON) operational and industrial activities have the highest priorities. OH services may be provided to other Department of Defense (DOD) activities and then to other federal activities as resources allow, and if interservice support agreements are established as required by DODI 4000.19 of 9 August 1995 (NOTAL).

0802. Industrial Hygiene

a. Navy industrial hygiene personnel anticipate, recognize, evaluate, and make recommendations to control unacceptable workplace exposures. Exposure assessment of Navy workplaces requires a sound, logical strategy and shall be based on references 8-2 through 1.1.1. Inform the Secretary of Defense on 8-5. The purpose of such a strategy is to accomplish at least four goals:

(1) To assess potential health risks faced by Navy personnel by understanding their exposures, to differentiate between acceptable and unacceptable exposures, and to control unacceptable exposures.

(2) To establish and document a historical record of exposure levels for Navy personnel and to communicate exposure monitoring results.

(3) To ensure and demonstrate compliance with safety and health exposure criteria.

(4) To provide a basis for medical surveillance examinations.

b. The occupational exposure assessment strategy is the plan for recognizing, evaluating, and documenting all exposures, and for developing controls for occupational exposures that are judged unacceptable. There are five major steps in setting up a functioning occupational exposure assessment program:

(1) Basic characterization

(2) Exposure Assessment

(a) Define similar exposure groups (SEG)

(b) Define exposure profiles for each SEG

(c) Judge acceptability of the exposure profile for each SEG

(d) Recommend control strategies

(3) Further information gathering

(4) Communications and Documentation

(5) Reassessment

Chief, Bureau of Medicine and Surgery (BUMED) shall provide all Navy shore activities with a current, thorough occupational exposure assessment of each workplace per reference 8-2. BUMED activities shall routinely update the exposure assessment. The following subparagraphs outline the basic requirements for occupational exposure assessment.

c. Basic Characterization of the Workplace (Walk-through Survey). The first step in the Navy's exposure assessment strategy is to characterize the workplace, workforce and environmental agents. The cognizant industrial hygienist (IH) shall conduct a survey of each workplace to obtain, as a minimum, the following information:

(1) Descriptions of operations, tasks and work practices that take place in the workplace (e.g., welding, spray painting). The description shall include a layout sketch incorporating relevant aspects of the factors listed below, along with the number of persons

assigned to the operation/task and the specific work area(s) occupied. The IH shall note the frequency and duration of events taking place within the workplace.

(2) A list of hazardous materials (HM) used in the workplace that present significant risk. The list shall include a description of use at each workplace. Reproductive hazards and carcinogens shall be specifically identified.

NOTE:

IH's shall have access to a copy of the authorized use list for the workplaces being surveyed.

(3) A list of physical hazards (e.g., noise, ergonomic stressors, non-ionizing radiation, etc.) in the workplace that present significant risk including a brief description of their source(s).

(4) A description of existing controls (e.g., industrial ventilation and personal protective equipment).

d. Exposure assessment. The BUMED IH will assess exposures using all the information available. The outcomes include: groupings of workers having similar exposures, definition of an exposure profile for each similarly exposed group and judgments about the acceptability of each exposure profile.

(1) Define Similar Exposure Groups (SEG) - The BUMED IH will group workers having the same general exposure profile because of the similarity and frequency of the tasks they perform, the materials and processes with which they work, and the similarity of the way they perform the tasks.

(2) Define Exposure Profiles for each SEG - The BUMED IH will use all quantitative and qualitative data to determine the degree of personnel exposure i.e. estimate the exposure intensity and how it varies over time for each SEG. Estimates of the actual exposure levels for the SEG will be made whenever feasible. Exposure monitoring is the primary means of determining exposure levels.

(3) Make Judgments on Acceptability of the Exposure Profile for each SEG - The BUMED IH shall judge the SEG exposure profile as acceptable, uncertain, or unacceptable as defined in reference 8-3. The BUMED IH shall determine and document the rationale for each judgment. The BUMED IH shall evaluate and determine the adequacy of existing controls.

(4) Make Control Strategy Recommendations - The BUMED IH shall make appropriate recommendations regarding the workplace, workforce and environmental agents based on the results of the exposure assessments by using accepted industrial hygiene practices, which comply with appropriate regulatory requirements.

e. Further information gathering. Exposure profiles that are not well understood, or for which acceptability judgments cannot be made with high confidence must be further

characterized by collecting additional information. Information needs may be quantitative or qualitative depending on the exposure profile and judgment.

(1) Quantitative Exposure Monitoring - Monitoring the workplace for toxic substances and/or harmful physical agents is the primary means of assessing:

- (a) Personnel exposures.
- (b) The need to control exposures.
- (c) The effectiveness of measures directed at reducing or eliminating health hazards.

An IH shall accomplish these assessments using data gathered from representative sampling programs in the workplace. Analysis and interpretation of the data from this sampling assists in the timely assessment of hazards, in making recommendations for changes to existing conditions, and in determining requirements for the medical surveillance of exposed personnel.

(2) Qualitative Exposure Decisions - Examples may include exposure modeling, biological monitoring or determining an appropriate Occupational Exposure Level. The BUMED IH shall determine the appropriate information needed, gather it, and evaluate it so that an acceptable or unacceptable exposure assessment is reached and appropriate controls and recommendations can be implemented.

f. Communications and Documentation. Exposure assessment reports and records are critical elements of the exposure assessment process. Reports and records are needed to ensure effective communication of workplace findings and successful continuity of the industrial hygiene program.

(1) The cognizant BUMED IH shall provide an exposure assessment report, as outlined in reference 8-3, to the surveyed activity.

(2) The cognizant BUMED IH shall maintain documentation on:

- (a) Workplace basic characterization
- (b) Exposure profiles
- (c) Exposure assessment judgments and findings
- (d) Health hazard controls
- (f) Recommendations
- (g) Reassessment frequency

(3) The cognizant BUMED IH shall prepare and implement an exposure-monitoring plan to:

- (a) Fulfill regulatory sampling requirements.
- (b) Collect sufficient data to allow statistically valid exposure assessments.
- (c) Track workplace exposures to determine trends.
- (d) Validate professional judgments of unchanged exposure assessments.

The BUMED IH shall design this plan to obtain samples representative of actual exposures and to analyze the data collected to minimize any bias involved in the process. He or she shall base the plan on a sampling strategy, such as the one outlined in reference 8-4. Standards shall specify the frequency of monitoring. Where such standards do not exist, the IH shall use professional judgment to determine the frequency of monitoring. When the BUMED IH performs the exposure monitoring, he or she may incorporate the exposure-monitoring plan in the industrial hygiene report. If the BUMED IH takes this course, he or she shall include the following information: what must be sampled, how many samples are needed and how often the sampling should be performed. If the BUMED IH does not include the exposure-monitoring plan in the industrial hygiene survey report, he or she may use Appendix 8-A or a computer-generated facsimile (i.e., containing data fields of Appendix 8-A) for developing the exposure-monitoring plan, per reference 8-3.

NOTE:

IH's (or IH technicians or exposure monitors under the technical direction of an IH) shall conduct all exposure monitoring per reference 8-3.

Exposure monitors shall successfully complete the industrial hygiene techniques and exposure-monitoring course and a period of on-the-job training as determined and documented by the supervising BUMED IH.

g. Reassessment. The BUMED IH shall, at a minimum, conduct a periodic reassessment per appendix 8-B and provide a report for each serviced activity.

Regardless of any activity's category, the BUMED IH may specify more frequent evaluations for specific workspaces or processes depending upon the industrial hygiene exposure assessment. For example, isolated high hazard spaces within an otherwise administrative Category III activity - will require reevaluation more frequently than every 4 years. Regardless of their activity's category, the IH can evaluate all administrative workplaces and tasks at the Category III periodicity. For operations governed by reference 8-6 through 8-8, the cognizant IH shall comply with the exposure assessment required by those references. Any changes in the workplace that could affect exposures shall prompt a reevaluation. The surveyed activities shall establish procedures to ensure that the cognizant IH is notified of any such changes

0803. Retention and Access to Sampling Records (Disposition)

- a. The BUMED IH shall forward individual exposure monitoring information to the cognizant OEM staff (or medical department supporting operational commands) for review and placement into the individual's medical record. (Section 0807 discusses medical records.)
- b. BUMED shall retain survey, evaluation and sampling records (section 0802) for a minimum of 40 years (except where specific applicable standards require retention for a longer time).
- c. Whenever an employee or designated representative requests access to a record, the supporting medical activity shall assure that access is provided in a reasonable time, place and manner as required by reference 8-9.

0804. Occupational Exposure Registry and Data Bank

The Navy requires standardization of industrial hygiene data (e.g., Defense Occupational and Environmental Health System (DOEHRS) and Industrial Hygiene Information Management System (IHIMS). Analysis of this data will allow for the assessment of hazardous operations Navy-wide and reduce personnel exposure to health hazards. To satisfy this requirement, personnel conducting surveys shall use:

- a. Sampling survey forms contained in reference 8-3 or computerized equivalent (i.e., at a minimum containing the same data fields). Sample forms may be obtained by writing to Commanding Officer Navy Environmental Health Center, NEHC, 620 John Paul Jones Circle, Ste. 1100, Portsmouth, VA 23708-2103 or via the internet at: <http://www-nehc.med.navy.mil/ih/ihfom.htm>
- b. Activities submitting their samples to laboratories other than the Consolidated Industrial Hygiene Laboratories (due to special projects or contracted services) shall submit a copy of analytical results to NEHC.

0805. Occupational and Environmental Medicine (OEM) Program

- a. OEM is a critical part of the multidisciplinary approach to the prevention of work-related injuries and illnesses and in the promotion of healthy work- practices throughout the Naval workforce. A comprehensive OEM program includes but is not limited to:
 - (1) Treatment and referral (if indicated) of work-related injuries and illnesses
 - (2) Medical surveillance program management including:
 - (a) Validation of personnel identified for medical surveillance programs based on industrial hygiene data
 - (b) Medical surveillance examinations per reference 8-10

- (3) Fitness for duty medical evaluations (e.g., pre-placement, return-to-work, etc.).
 - (4) Job certification examinations per reference 8-10
 - (5) Worksite consultations
 - (6) Epidemiological assessments of available injury and illness data to assist with prevention efforts and reduction of lost work time
 - (7) Occupational injury and illness case management to restore workers to optimal health and productivity
- b. For more details of program requirements see reference 8-11, "Occupational Medicine Field Operations Manual," Navy Environmental Health Center publication NEHC6260 TM96-2 at <http://www-nehc.med.navy.mil/od/Documents/FOM.PDF>.

0806. Consultative Assistance Teams

To facilitate OEH support, Consultative Assistance Teams (CATs) from NEHC IH and OEM directorates are available to provide timely, high quality, technical and professional assistance to field activities. CATs are available for all aspects of occupational health programs (e.g., industrial hygiene, OEM/nursing, audiology).

- a. The three types of CATs are:
 - (1) Type I. Provides assistance for situations that are beyond the professional capability of local resources and which may threaten or have adverse health affects to naval personnel or their working environment.
 - (2) Type II. Provides professional and administrative personnel to evaluate program management, effectiveness of program implementation and management of resources.
 - (3) Type III. Augments local staff to provide required services beyond the capabilities of the requesting activity.
- b. Requesting a CAT. Any activity requiring CAT assistance shall submit requests to BUMED (M3F4) by letter or message. After receiving a request, BUMED shall contact the requesting activity and determine the scope of work. In emergency situations, a request by telephone is acceptable; however, confirmation by message or letter shall follow.
- c. Limitations. CATs shall not conduct pre-NAVINGEN OSH program oversight reviews. Requesting activities are ultimately responsible for all required sampling and surveys. CATs will not normally conduct complete routine periodic surveys, but will assist in evaluating new processes or environments.

0807. Medical Records

Maintenance, retention, and disposition of personnel medical records shall be performed in accordance with references 8-6 and 8-12.

0808. Responsibilities

a. Chief, Bureau of Medicine and Surgery (BUMED), through its Echelon 3, 4, and 5 activities, shall provide OH support Navy-wide (see chapter 2) including:

(1) A comprehensive industrial hygiene exposure assessment program as defined in section 0802 including:

(a) Initial and periodic exposure assessments of the conditions at each Navy shore activity.

(b) Technical direction of exposure monitoring programs, including training, procedures, sampling and analytical methods, sample analysis and analysis/interpretation.

(c) The industrial hygiene techniques and exposure-monitoring course.

(2) A comprehensive occupational medical program as defined in paragraph 0806.

(3) The establishment, in coordination with each activity, of appropriate records relating to all OH aspects of the activity's safety program.

(4) Participate in Workers' Compensation Working Group as requested.

(5) Other consultative occupational health support, as requested by the activity commanding officer to meet the requirements of this instruction.

b. Activity Commanders, Commanding Officers and Officers in Charge shall provide a safe and healthful work place for their employees and coordinate with the cognizant BUMED activity for the provision of the OH services described above. When non-medical activities perform services outlined in this chapter, they will perform those services per, and under the technical oversight of BUMED.

c. Commanders of Naval Shipyards shall supplement BUMED programs by the continued operation of their exposure monitoring programs.

- 8-1. OPNAVINST 5100.19D, of Dec 05; Navy Occupational Safety and Health (OSH) Program Manual for Forces Afloat
<http://www.safetycenter.navy.mil/instructions/afloat/510019D.htm>.
- 8-2. DODI 6055.5 of Jan 89, Industrial Hygiene and Occupational Health
http://www.dtic.mil/whs/directives/corres/pdf/i60555wch1_011089/i60555p.pdf.
- 8-3. Industrial Hygiene Field Operations Manual of Dec 04, NEHC Technical Manual, NEHC-TM6290.91-2, <http://www-nehc.med.navy.mil/ih/ihfom.htm>.
- 8-4. AIHA "A Strategy for Occupational Exposure Assessment", latest revision (NOTAL)
<http://www.aiha.org/>.
- 8-5. "DOD IH Exposure Assessment Model of January 00," DOD Industrial Hygiene Working Group Report 2000-1.
<https://www.denix.osd.mil/denix/Public/News/Army/DOHP/Occhealth/Documents/IHEAM/ihassestmodelv8.html>.
- 8-6. Title 29 CFR 1910, Occupational Safety and Health Standards
http://www.osha.gov/pls/oshaweb/owastand.display_standard_group?p_toc_level=1&p_part_number=1910.
- 8-7. Title 29 CFR 1915, Occupational Safety and Health Standards for Shipyards
http://www.osha.gov/pls/oshaweb/owastand.display_standard_group?p_toc_level=1&p_part_number=1915.
- 8-8. Title 29 CFR 1926, Occupational Safety and Health Standards for Construction
http://www.osha.gov/pls/oshaweb/owastand.display_standard_group?p_toc_level=1&p_part_number=1926.
- 8-9. Title 29 CFR 1910.1020, Subpart Z, Toxic and Hazardous Substances
http://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=STANDARDS&p_id=10027.
- 8-10. NEHC Technical Manual OM 6260 of Feb 01, Occupational Medical Surveillance Procedure Manual and Medical Matrix
http://www-nehc.med.navy.mil/downloads/Occmed/Medical_matrix_Feb_2001.pdf.
- 8-11. NEHC Technical Manual NEHC 6260 TM96-2 of Apr 96, Occupational Medicine Field Operations Manual, <http://www-nehc.med.navy.mil/od/Documents/FOM.PDF>.
- 8-12. NAVMED P-117, revision of Aug 02, Manual of the Medical Department,
<http://www.vnh.org/Admin/MMD/001Contents.html>.

Appendix 8-A

Exposure Monitoring Plan

OPNAV 5100-25

WORKPLACE INFORMATION				
Organization:				
Shop or Work Center:				
Location:				
Supervisor:			Phone:	
No of Workers	Male	Female:		
Shop Operations:				
Work Task	Potential Hazard	Frequency/ Duration	Workers Involved	Controls ((E)xisting or (R) Recommended)
EXPOSURE ASSESSMENT				
Comments				
Signed:			Date:	

**Appendix 8-B
Periodic Industrial Hygiene Reassessment Frequency Categories**

ACTIVITY CATEGORY	REQUIRED IH EXPOSURE ASSESSMENT FREQUENCY	ACTIVITY EXAMPLES
I High Hazard	Annual	NAVSHIPYD, SRF, NAVAVNDEPOT, SIMA, AIMD, PWC, WEAPONS/ORDNANCE STATION, NAVIMFAC, TEST CENTER OR LAB, MEDICAL/DENTAL ACTIVITIES, ACU, BMU, PHIBCB, NUWC, NSWC
II Moderate Hazard	Every 2 years	NAVAL STATIONS, AIR STATIONS, NCTAMS, FISC, SEAL TEAMS, AVIATION SQUADRONS, SUBTRAFAC, FLTIMAGING, NAVFAC EFD, NCIS, NAVBASE, EXCHANGE, EOD, NAVCOMTELSTA, NAVCOMMU, FLETRACEN, FASO, NETC/NPDC, FACSFAC, NOSTRA, NSWC DET AND ALL SHIPS AND SUBMARINES
III Low Hazard	Every 4 years	ALL OTHER ACTIVITIES WITH PRIMARILY OFFICE OR CLASSROOM WORK, SUCH AS ADMINISTRATIVE HEADQUARTERS STAFFS AND ADMINISTRATIVE SUPPORT COMMANDS

Note: Where Category III activities have received a documented baseline industrial hygiene survey and it can be verified that the facilities and/or work processes have not changed since the last evaluation, the reevaluation does not require a site visit.

CHAPTER 9

SOH INSPECTION PROGRAM

0901. Discussion

The Navy Safety and Occupational Health (SOH) Inspection Program is necessary to ensure safe and healthful workplaces for all Navy employees. The inspection program identifies deficiencies that need correcting to protect personnel and meet regulatory requirements. The overall inspection program consists of three levels of inspection, each fulfilling different objectives:

a. Workplace Inspections. Regional safety service providers and activity commands shall inspect for hazardous conditions, unsafe work practices and violations of standards. They shall follow up on accident reports and abatement actions.

b. Command Evaluations. Headquarters commands shall ensure appropriate evaluations of safety program effectiveness are conducted at subordinate commands and field activities at a minimum of every three years per reference 9-1.

c. Oversight Evaluations.

(1) Naval Inspector General (NAVINGEN). The NAVINGEN shall conduct shore oversight inspections, as deemed appropriate, of headquarters and subordinate commands to evaluate compliance with requirements of the program.

(2) President, Board of Inspection and Survey (PRESINSURV). PRESINSURV is responsible for the oversight inspections for forces afloat and shall maintain close liaison with the NAVINGEN for matters of common interest concerning the program.

0902. Qualifications for Inspectors

a. A successful inspection program requires trained, qualified, and competent inspectors. Inspectors shall thoroughly familiarize themselves with the equipment and work practices at the workplace. The term "Safety and Health Inspector" means a safety and/or occupational health professional who has met the Office of Personnel Management (or military equivalent) standards, and who has the equipment and competence to recognize safety and/or health hazards in the work place. The Navy shall base qualifications for inspectors on the degree of hazard and complexity of the inspection areas or operations.

b. As a minimum, a fully qualified journeyman safety inspector (GS-018, 019 or 803 classification series), shall have successfully completed the following courses available through the Naval Occupational Safety and Health and Environmental Training Center (NAVENVTRACEN): Occupational Safety and Health Assessment Tools and Strategies, A-493-0089; Introduction to Occupational Safety and Health (Ashore), A-493-0050; General Industry Standards, A-493-0061; Electrical Safety Standards, A-493-0033; Introduction to Hazardous Materials (Ashore), A-493-0031; Introduction to Industrial Hygiene, A-493-0035, Navy Ergonomics

Program, A-493-0085; Machinery and Machine Guarding Standards, A-493-0073. See Certified Safety Professional and Certified Industrial Hygienist exemptions in 0602.d(2).

NOTE:

Safety managers shall include in individual development plans (IDPs) provisions for completing the core courses listed above. See reference 6-2 for instruction on preparation of IDPs.

0903. Workplace Inspections - Shore Region or Activity Level

The region or activity's commanding officer shall ensure routine workplace inspections are conducted, and the cognizant medical activities provide occupational health support as necessary, refer to paragraph 0304.a regarding written agreements. Line managers/supervisors are responsible for day-to-day inspections and corrective actions.

- a. Safety personnel shall inspect all workplaces at least annually. They shall inspect high hazard areas more frequently based upon an assessment of the potential for injuries, occupational illnesses, or damage to Navy property.
- b. Section 0902 outlines qualifications for inspectors. In the event regions or activities do not have the required expertise, they shall make arrangements with the appropriate echelon commander to obtain assistance.
- c. Regions and activities shall provide inspectors with appropriate technical test equipment, where required.
- d. Regions and activities shall conduct inspections in a manner to preclude unreasonable disruption of the operations of the workplace. Inspections shall be consistent with the operational concepts of the Navy and local commands. Regions and activities may conduct these inspections with or without prior notice.
- e. Inspectors may deny the right of accompaniment to any person whose participation interferes with a fair and orderly inspection or who lacks the required security clearance.
- f. Inspectors shall discuss matters affecting safety and health with employees or employee representatives and offer them the opportunity to identify unsafe or unhealthful working conditions while remaining anonymous.
- g. When an inspector discovers an imminent danger situation during an inspection, he/she shall immediately notify supervisory personnel (in certain cases the commanding officer of the region or activity). Regions and activities shall initiate immediate abatement action or terminate the operation.
- h. Inspectors shall provide Deficiency Notices for risk assessment codes (RAC) 1, 2 and 3 deficiencies to the official in charge of the operation within a reasonable time, but not later than 15 working days after the inspection. Inspectors shall provide a written report of the

inspection, including administrative findings, to the official in charge of the operation within 45 days of completion of the inspection. For notification purposes, they shall use OPNAV 5100/12, Deficiency Notice (Appendix 9-A), or a computer-generated form that includes all the information of OPNAV 5100/12. Inspectors can group multiple identical deficiencies in the same organization (jurisdiction of the same supervisor) or worksite into a single notice.

i. Regions and activities shall correct violations of standards and other deficiencies found during inspection per chapter 12.

j. Regions and activities shall conduct follow-up workplace inspections to verify that completed corrections have been made or that actions addressing specific problem areas are taken. When deficiency notices have been prepared, regions or activities shall use section C of OPNAV 5100/12 to document follow-up inspections. They shall develop procedures for correcting unsafe or unhealthful working conditions that include a follow-up, to the extent necessary, to determine whether the correction was made.

k. Regions and activities shall retain inspection records for a minimum of five years.

0904. Command Evaluations

Headquarters commands shall ensure that appropriate evaluations of program effectiveness are conducted at subordinate commands and field activities at a minimum of every three years per reference 9-1. Whenever possible, these evaluations shall be part of a Command Inspection.

a. Command evaluations shall:

- (1) Evaluate the results of mishap prevention efforts.
- (2) Include a quality assessment of the region or activity Self-Assessment Program.
- (3) Review compliance with program requirements, including this manual.
- (4) Evaluate mishap trends.

b. NAVINSGEN program oversight evaluations may be used to meet this requirement.

0905. Oversight Program

a. A strong oversight program covering the total SOH program is central to its success. NAVINSGEN shall conduct oversight ashore to validate safety and occupational health program effectiveness. NAVINSGEN shall use SOH professionals and prioritize locations for oversight based on risk. To the maximum extent possible, the NAVINSGEN should coordinate scheduling to avoid conflicts with triennial headquarters command inspection schedules as they become available. Headquarters commands shall inform NAVINSGEN of command inspection schedules as they become available.

b. NAVINSGEN shall provide the CNO with semi-annual reports that identify safety program areas in need of improvement and recommended actions to enhance the overall Navy-wide safety program.

Chapter 9

References

9-1. DODI 6055.1 of 19 Aug 98, DOD Safety and Occupational Health (SOH) Program
http://www.dtic.mil/whs/directives/corres/pdf/i60551_081998/i60551p.pdf.

Appendix 9-A
SOH Deficiency Notice

DEFICIENCY NOTICE		
SECTION A - DEFICIENCY INFORMATION		I.D. NO.:
Organization:	Location:	
Description of Hazard:		
Standard Violated:	RAC:	
Safety Official:	Date:	
SECTION B - ABATEMENT STATUS (COMPLETE ALL APPLICABLE PARTS)		
• INTERIM CONTROLS		
• ABATEMENT PROJECT INITIATED		
Project Description:	Action Taken (Included Work Orders/Purchase Request numbers and date as appropriate):	
	Cost Estimate:	Completion Date (Est):
• DEFICIENCY CORRECTED		
Corrections Made:	Date:	
	Cost	
	Labor:	Material:
Signature:		
SECTION C - COMMENTS		

CHAPTER 10

EMPLOYEE REPORTS OF UNSAFE/UNHEALTHFUL WORKING CONDITIONS

1001. Discussion

a. This chapter provides guidance on establishing a channel of communication between Navy civilian and military employees and those supervisory personnel responsible for safety and health matters for the purpose of ensuring prompt response to, and analysis of, reports of alleged unsafe or unhealthful working conditions.

b. Identifying and reporting potentially unsafe or unhealthful working conditions is the responsibility of all Navy employees, both military and civilian. The employee has the right to decline a task because of a reasonable belief that there is an imminent risk of death and insufficient time for normal hazard reporting and abatement actions.

1002. Hazard Reporting

Detecting unsafe or unhealthful working conditions at the earliest possible time and making prompt corrections of these hazards at the lowest possible working level are essential elements of the SOH program. Navy activities shall use the following procedures for submission of employee reports of unsafe or unhealthful conditions in the workplace per reference 10-1.

a. Immediately report unsafe or unhealthful working conditions. Since many safety and health problems can be eliminated as soon as they are identified, commanders shall encourage all Navy employees to orally report unsafe or unhealthful working conditions to their immediate supervisors who shall promptly investigate the situation and take appropriate corrective actions. Supervisors shall contact the activity occupational safety office for assistance, as necessary. Supervisors shall inform the reporting employee of all action taken on oral reports.

b. Submit a report of unsafe or unhealthful working condition. Any Navy employee (or employee representative) may submit a report of an unsafe or unhealthful working condition directly to the activity safety office. OPNAV Form 5100/11 shown in appendix 10-A may be used for this purpose. Commands shall post blank copies of this or a similar form and procedures for its use in areas convenient to all workplaces (e.g., official bulletin boards, time clocks, web-sites, etc.). The form used shall include a provision for an employee to indicate his/her desire to remain anonymous, should he/she wish.

Employees may make an oral or email report to the safety office instead of a written report. In these cases, the safety office will transcribe the information into a written report or log.

c. Maintain records of all reports filed. The safety office shall maintain records of all hazard reports received. Records shall include: date, time, identifying reference number, location of condition, brief description of condition, hazard classification, and the date and nature of action taken. When necessary, the safety office shall contact the employee making the report and/or advise the cognizant supervisor that a hazard has been reported.

d. Promptly investigate all reports. The safety office shall investigate all reports brought to its attention (alleged imminent danger situations within 24 hours, potentially serious situations within three days, and all other situations must be investigated within ten working days). If the reported situation involves a health hazard, as opposed to a safety hazard, the safety office shall refer the report to the cognizant medical activity for investigation as necessary.

e. Provide an interim response to the report originator. The safety office shall provide an interim or complete response in writing to the originator of a written report within ten working days of receipt. Interim responses shall include the expected date for the complete response. If the investigator validates the reported hazard, the complete response shall include a summary of the action taken for abatement. If no significant hazard is found to exist, the reply shall include the basis for the determination.

f. Encourage the originator to follow through if he/she is dissatisfied. The complete response shall encourage, but not require, the originator to informally contact the safety office if he or she desires additional information or is dissatisfied with the response. Complete responses shall indicate that formal appeals can be made and shall state or provide the reference for procedures for making appeals and appeals levels.

g. Handle grievances separately from hazard reporting. A hazard report is not a grievance. In the event that a hazard report also involves a grievance action, the safety office shall notify the complainant that the processing of the hazard report will be separate from the grievance response. In no case will a grievance action delay a safety Office response to a report of an unsafe or unhealthful working condition.

1003. Appeals

a. If the originator of a report is dissatisfied with the assessment made by the region or activity safety office of the alleged hazard or with action taken to abate a confirmed hazard, the region or activity safety office shall encourage the employee to discuss the matter further. If the originator remains dissatisfied after such discussion, he/she may appeal up the chain of command. The written appeal shall contain at least the following information:

(1) A description of the alleged hazard including its location and standards violated, if known (a copy of the original hazard report shall suffice).

(2) How, when, and to whom the original report of the alleged hazard was submitted.

(3) What actions (if known) were taken as a result of the original report?

(4) A statement explaining why the actions taken as a result of the original report were unsatisfactory and are being appealed.

b. The next higher level of command shall respond to the originator of the appeal within ten working days. The response shall contain the office and address of the next higher level of appeal.

c. If the employee is still dissatisfied or has not received a response within 20 working days, he/she may appeal to the next higher level of command. The originator may submit subsequent appeals if still not satisfied with the action taken as a result of the previous appeal. The sequence of appeals shall be through Echelon 4, 3, or 2, the Chief of Naval Operations (CNO) (N09F), the Deputy Assistant Secretary of the Navy (Safety) (DASN(S)), and the Assistant Deputy Under Secretary of Defense (Safety) (DASN (s)), and the Assistant Deputy Under Secretary of Defense (Environment, Safety and Occupational Health) (ADUSD(ESOH)). Each appeal shall include the information prescribed in paragraphs 1003a(1)-(4) with emphasis on the actions taken by the reviewing authority on the previous appeal and reasons why the originator is still not satisfied. Paragraph 1003b prescribes each response by the reviewing authority.

d. The final appeal authority for military personnel is the Deputy Under Secretary of Defense (Installations and Environment) DUSD(I&E). In the event that a civilian employee is not satisfied with the response from DUSD(I&E); he/she may contact the Office of Federal Agency Safety Programs, US Department of Labor, Washington, DC 20210.

1004. Reports to the Occupational Safety and Health Administration (OSHA)

Section 1002 provides a mechanism for all Navy employees to report unsafe and unhealthful working conditions to the appropriate authority for in-house resolution. Navy civilian employees may, at any time, submit complaints alleging workplace hazards directly to the Department of Labor (DOL) (OSHA). Navy civilian employees do not have to exhaust their chain of appeal before reporting a hazard to their cognizant federal OSHA office; however, the Secretary of Labor encourages employees to use the Navy in-house hazard reporting procedures as they are usually the most expeditious means to achieve abatement. Reports to the DOL OSHA may serve as the basis for investigations or inspections by OSHA officials. See chapter 11 for guidance concerning such investigations or inspections.

1005. Responsibilities

Regional or activity commanders, commanding officers, or officers in charge shall:

a. Publicize (e.g., posting, training) the existence of the employee hazard reporting program and notify personnel regarding their rights and obligations in regard to reporting hazardous situations.

NOTE:

Posting DD 2272, DOD Occupational Safety and Health Protection Program, alone is not sufficient notification to personnel of the existence of the employee hazard reporting program, nor is it sufficient explanation of their right to participate.

b. Maintain the anonymity of personnel making a report or named in a report if requested by the reporting or named employee.

- c. Encourage the submission of oral reports to supervisors as the quickest and most effective method of hazard identification and correction.
- d. Ensure that standardized hazard reporting forms and procedures are available to all personnel.
- e. Include safeguards to ensure that the command does not subject Navy employees to restraint, interference, coercion, discrimination, or reprisal by virtue of their participation in the region or activity's safety program.

NOTE:

Personnel shall file allegations of reprisal for such participation under existing grievance procedures.

- f. Maintain adequate recordkeeping practices and retain records for at least five years following the end of the calendar year in which final action on a report was undertaken.

Chapter 10

References

- 10-1. DODI 6055.1, of 19 August 98, DOD Safety and Occupational Health (SOH) Program http://www.dtic.mil/whs/directives/corres/pdf/i60551_081998/i60551p.pdf.

Appendix 10-A
Navy Employee Report of Unsafe or Unhealthful Working Condition

Report Control Symbol OPNAV 5100/11

**NAVY EMPLOYEE REPORT
OF UNSAFE OR UNHEALTHFUL WORKING CONDITION**

***THIS FORM IS PROVIDED FOR THE ASSISTANCE OF AN EMPLOYEE
AND IS NOT INTENDED TO CONSTITUTE THE ONLY METHOD BY WHICH A REPORT MAY BE
SUBMITTED***

1. THE UNDERSIGNED (check one) EMPLOYEE
REPRESENTATIVE OF EMPLOYEES

BELIEVES THAT A VIOLATION OF AN OCCUPATIONAL SAFETY OR HEALTH STANDARD WHICH IS A
JOB SAFETY OR HEALTH HAZARD HAS OCCURRED AT

a. Navy installation/region/activity and mailing address

b. Building or worksite where alleged violation is located, including address

2. NAME AND PHONE NUMBER OF GOVERNMENT SUPERVISOR AT SITE OF VIOLATION

3. DOES THIS HAZARD IMMEDIATELY THREATEN DEATH OR SERIOUS PHYSICAL HARM?

NO YES

4. BRIEFLY DESCRIBE THE HAZARD WHICH EXISTS INCLUDING THE APPROXIMATE NUMBER
OF EMPLOYEES EXPOSED TO OR THREATENED BY SUCH HAZARD

5. IF KNOWN, LIST BY NUMBER AND/OR NAME, THE PARTICULAR STANDARD (OR STANDARDS)
ISSUED BY THE AGENCY WHICH YOU CLAIM HAS BEEN VIOLATED

6. TO YOUR KNOWLEDGE, HAS THIS VIOLATION BEEN THE SUBJECT OF ANY
UNION/MANAGEMENT GRIEVANCE OR HAVE YOU (OR ANYONE YOU KNOW) OTHERWISE CALLED IT

O THE ATTENTION OF, OR DISCUSSED IT WITH, THE GOVERNMENT SUPERVISOR <input type="checkbox"/> NO <input type="checkbox"/> YES (List results, including any efforts by management to correct violation)	
7. EMPLOYEE NAME (PLEASE PRINT OR TYPE CLEARLY)	8. EMPLOYEE SIGNATURE
8. EMPLOYEE ADDRESS	10. EMPLOYEE PHONE NUMBER
11. MAY YOUR NAME BE REVEALED? <input type="checkbox"/> NO <input type="checkbox"/> YES	12. ARE YOU A REPRESENTATIVE OF <input type="checkbox"/> NO <input type="checkbox"/> YES (List
13. DATE FILED:	