DEPARTMENT OF THE NAVY
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MEMORANDUM FOR CHIEF OF NAVAL OPERATIONS (09FB)

Subj: FISCAL YEAR (FY) 2003 NAVAL INSPECTOR GENERAL NAVY OCCUPATIONAL SAFETY AND HEALTH (NAVOSH) OVERSIGHT INSPECTION SUMMARY

Ref: (a) OPNAVINST 5100.23F

Encl: (1) Fiscal Year (FY) 2003 NAVOSH Oversight Inspection Summary

1. As required by reference (a), a summary of NAVOSH oversight inspection results for Fiscal Year (FY) 2003 is provided. A report of trends and data summary is forwarded in enclosure (1).

2. Naval Inspector General Oversight Inspection Unit (NOIU) conducted sixteen Process Review and Measurement System (PR&MS) inspections in FY 2003. Activities we have re-inspected using the PR&MS are showing OSH process improvements in reducing their mishaps. Continued command support for improved OSH integration is imperative for NAVOSH Program successes.

3. My points of contact for oversight inspections are CAPT R. Natsuhara, CEC, USN at DSN 288-6648 and commercial (202) 433-6648 and CDR J. Jackson, MSC, USN, NOIU Director at DSN 377-0334 and commercial (757) 953-0334.

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Deputy

Fiscal Year (FY) 2003 NAVOSH Oversight Inspection Summary

There were sixteen NAVOSH oversight inspections using PR&MS conducted during FY 2003. The average PR&MS inspection process score for these activities was 71 percent, five points higher than the previous year's results (Chart 1).

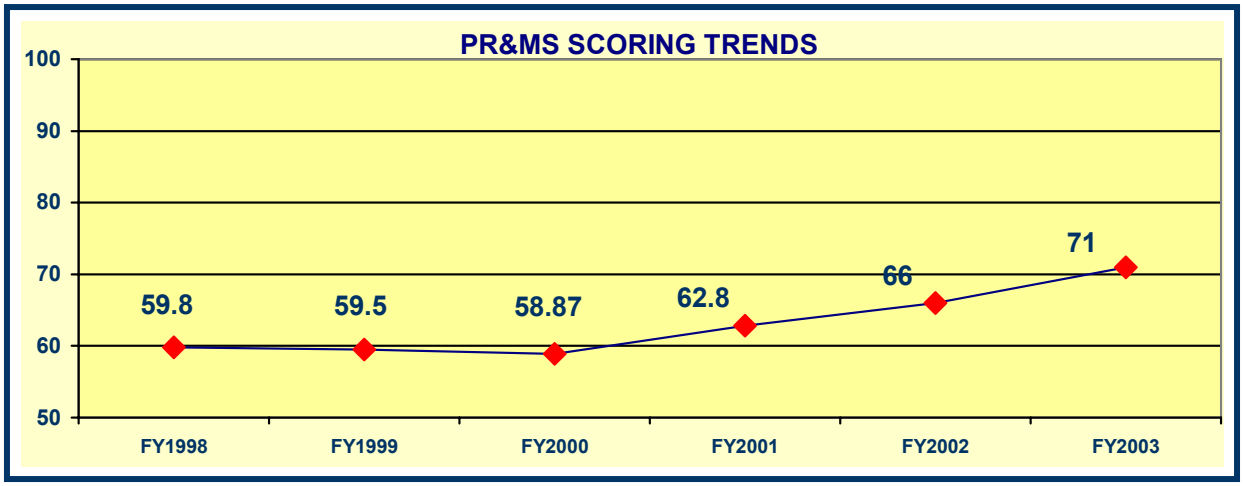
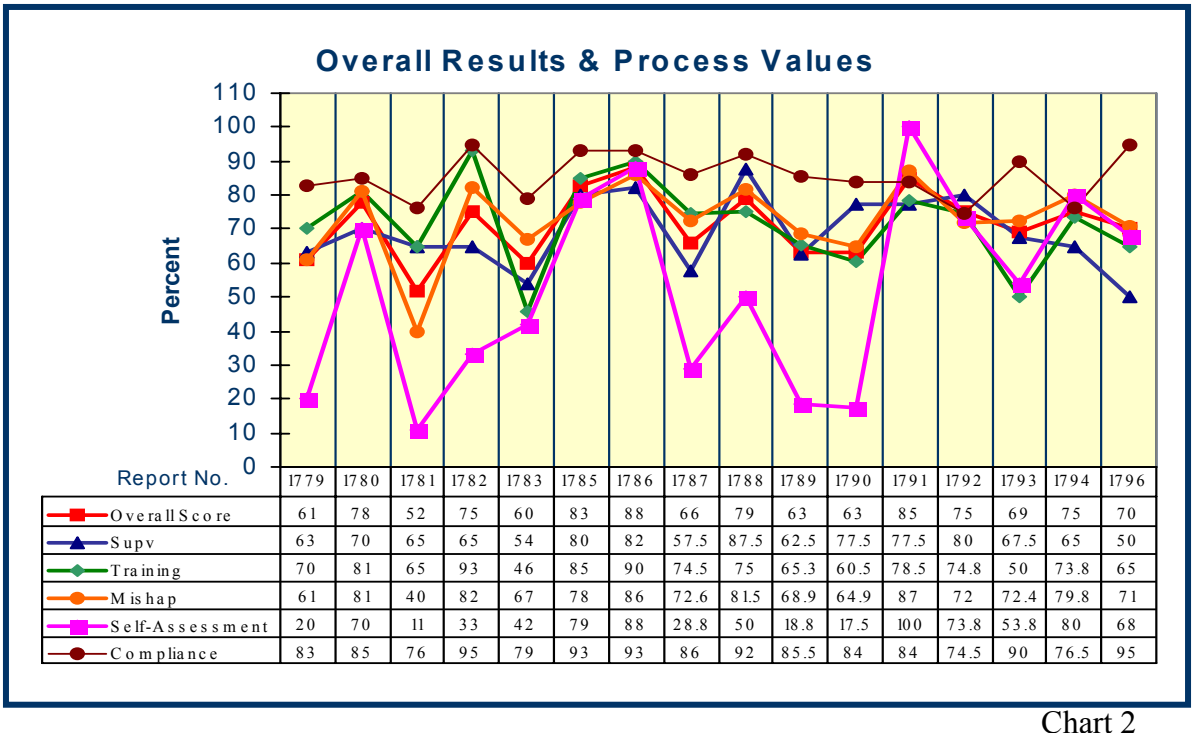


Chart 1

Since each command is unique, it is difficult to compare score values. However, there were common findings across command lines and between the various echelons; and for these there appeared to be a common basis or cause–lack of integration of the OSH program within the activity and accountability for OSH at various command levels. Overall process model values for the sixteen inspections conducted are shown. (Chart 2).



Report No.	1779	1780	1781	1782	1783	1785	1786	1787	1788	1789	1790	1791	1792	1793	1794	1796
Overall Score	61	78	52	75	60	83	88	66	79	63	63	85	75	69	75	70
Supv	63	70	65	65	54	80	82	57.5	87.5	62.5	77.5	77.5	80	67.5	65	50
Training	70	81	65	93	46	85	90	74.5	75	65.3	60.5	78.5	74.8	50	73.8	65
Mishap	61	81	40	82	67	78	86	72.6	81.5	68.9	64.9	87	72	72.4	79.8	71
Self-Assessment	20	70	11	33	42	79	88	28.8	50	18.8	17.5	100	73.8	53.8	80	68
Compliance	83	85	76	95	79	93	93	86	92	85.5	84	84	74.5	90	76.5	95

Chart 2

The major roadblocks we had seen in each key process area in FY 2003 are as follows:

- **Self-Assessment Process: Lack of a comprehensive self-assessment of the command's OSH program**. Inspection results are still indicating self-assessments are not meeting the performance measures of the PR&MS. OSH offices almost exclusively conduct "self-assessments" without input from the entire command. Thus the assessments tend to identify deficiencies within the OSH office and the programs administered by the OSH office, and do not reflect the status of the "command" OSH program. Other predominant findings noted this year were the failure of commands to conduct a self-assessment of each key NAVOSH process, including adequacy of OSH resources, personnel participation, and implementation of process improvement plans.
  Action: The NAVOSH Quality Council's Process Review and Measurement Quality Management Board (PR&MS QMB) has formulated, developed and is beta testing a self-assessment tool at select sites to assist commands with NAVOSH Program process improvements.

- **Mishap Prevention Process: Insufficient efforts to identify, assess and prioritize hazards to prevent mishaps.** Activities do not always include safety/operational risk assessment as an integral part in the decision-making process, to include operational evolutions, contract reviews, developing operating procedures, facility design and projects. Complete hazard data collection processes to identify and report mishap/hazard data were lacking, which resulted in poor data analysis. The OSH office often failed to present available data analysis reports to the OSH council, Executive Steering Committee or equivalent for action by process owners/supervisors.

  Mishap Prevention Process: Status of reinspected activities. Of the six activities that have been reinspected, all showed improvement in their Mishap Prevention Program (i.e., higher scores)(Chart 3). One activity had reduced their Injury Illness Rates (IIR) by 50%. Four activities have shown marginal improvements and one activity had doubled their IIR due to improved reporting and recordkeeping.

  Action: Continued emphasis on operational risk management and job hazard analysis at the department and shop level and during planning operations should result in improvements in this area. Improved efforts are needed to ensure data collection/analysis and reporting clarifies and makes line supervisors accountable for poor mishap trends. Recommend more emphasis be made in prospective Commanding Officer/ Executive Officer schools on the importance of integrating safety in command operation.

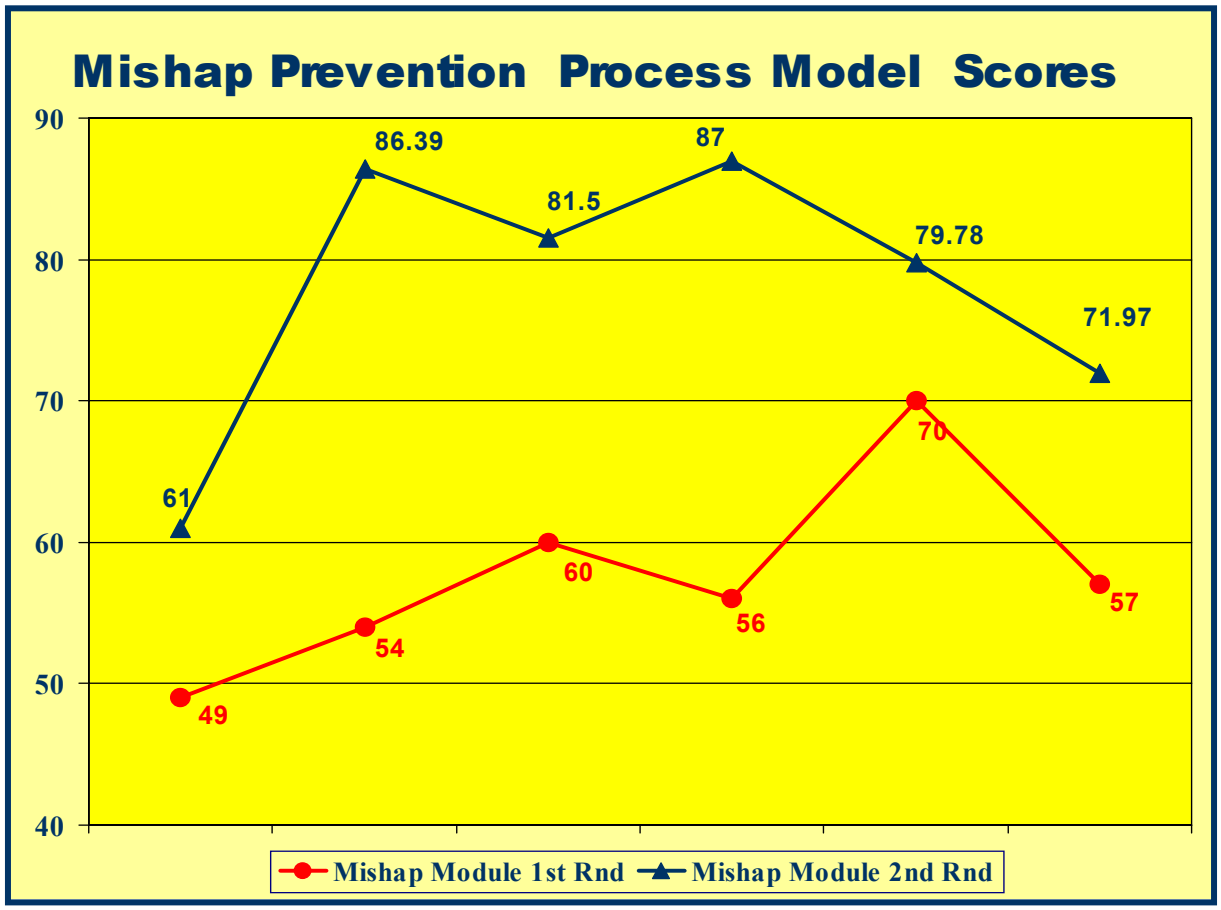


Chart 3

- **Supervision Process: The lack of OSH performance criteria in supervisor and employee performance standards and failure to make "safety" a measurable element in performance evaluations.** Some improvement has been noticed in the inclusion of OSH criteria in performance standards. However, systemic issues continue to exist in the lack of measurable performance criteria for civilian supervisory positions and military service members who supervise workers. OSH program integration initiatives were found to be lacking in 10 of the 16 activities inspected, indicating that OSH was not integrated into these commands' core business practices.
  Action: Activities need to develop specific criteria, which are measured and to which personnel are held accountable to ensure those actions that prevent mishaps, are addressed. ("What gets measured, gets done.") These could include such actions as shop inspections, job hazard analysis, pre-operational briefs, etc. Additional guidance from Human Resources Offices on how to include criteria in employee performance standards may be beneficial. The OSH performance accountability in military performance ratings (fitness reports) is currently being addressed as part of the new Naval Safety Strategic Plan.

- **Training Process: Poorly developed OSH training plans and lack of a process in place to evaluate the effectiveness of training in the workplace.** There were eleven activities that still did not have formal training plans from which to implement their training process. Activities were also not ensuring their training plan covered all required training necessary for hazard recognition and control. The most frequent process deficiency noted in the training model was the failure of all 16 inspected activities to provide a process that evaluates training effectiveness. This was reinforced by the frequent comments/complaints from interviews and focus groups that training is repetitive, boring and often not relevant or specific to the job.
  Action: The increased use of feedback forms and employee input at activities should lead to improved and more focused training. Guidance for developing lesson plans is available from the Naval Education and Training Command.

- **Regulatory Compliance Process: Scores remain constant and identical workplace deficiencies continue to be identified.** Most of the deficiencies identified are those that could be easily identified and corrected by supervisors and employees; however, traditionally, the "fix" has been to correct the deficiency (symptom) and not the cause of these recurring deficiencies. The most predominant workplace deficiencies noted were those within the following areas: electrical, machine guarding, weight handling, hazardous material and respiratory protection. The top five administrative program deficiencies were: OSH Inspections; OSH Project, Procedures, and Plan Review; Hazardous Material Control and Management; OSH Staffing and Functions; Hearing Conservation; and Energy Control/Lock Out-Tag Out.
  Action: Activities must train supervisors and employees to identify these common deficiencies, require supervisors to conduct periodic worksite inspections (as required by OPNAVINST 5100.23F) and recognize (measure) supervisor and employee efforts in identifying and abating deficiencies to ensure more consistent compliance and identification of hazards, rather than relying solely on the annually-required inspections by OSH professionals.