

FY2003 Semi-Annual Inspection Summary for Naval Inspector General NAVOSH Oversight Inspection Unit

There were seven NAVOSH oversight inspections conducted during the 1st and 2nd quarters of FY2003 (Chart 1). The average inspection process score for these activities was 71%, 5 points higher than the previous year's results (Chart 2).

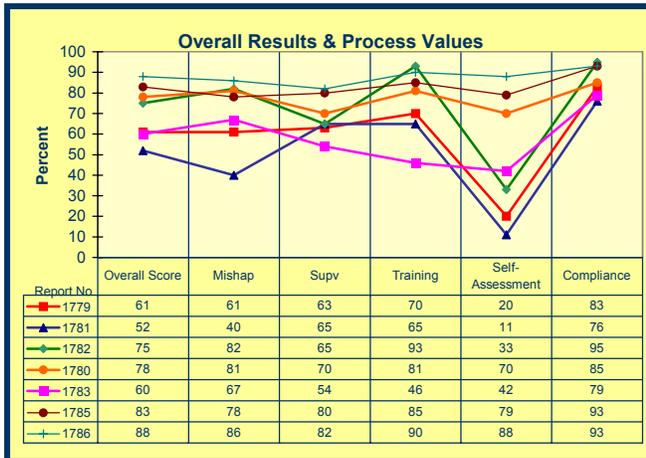


Chart 1

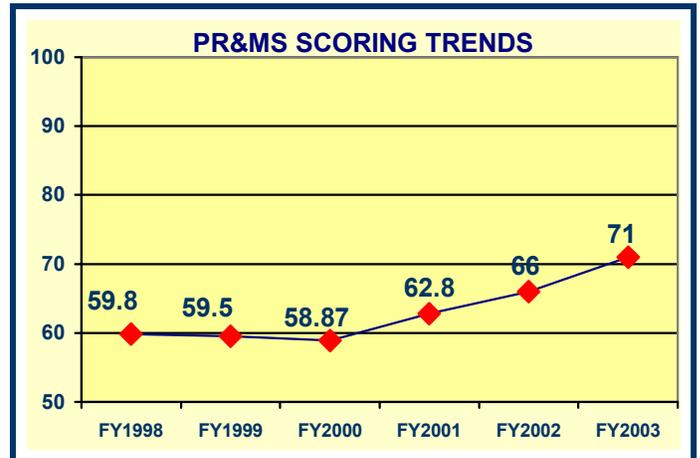


Chart 2

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. The major roadblocks we see in each key process area are as follows:

➤ **Self-Assessment Process: Lack of a comprehensive self-assessment of the activity's OSH program.** 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, i.e., integration and accountability at the department and shop level. Most findings and recommendations resulting from the self-assessment result in recommendations and actions primarily for the OSH office itself; do not require command involvement; and are NOT brought before the OSH council, ESC or equivalent for command attention and tracking. Echelon 2 commands have provided poor guidance and clarification for conducting self-assessments-in many cases making the tasking more complex and time-consuming than is cost effective or necessary.

Action: The NAVOSH Quality Council's Process Review and Measurement Quality Management Board (PR&MS QMB) is in the process of formulating a self-assessment tool to assist commands with NAVOSH Program process improvements. Guidance should adhere to the suggested outlines in the PR&MS self-assessment model, which is relatively simple and straightforward. Anticipated completion date for the PR&MS QMB's "toolkit" is September 2003, with field testing beginning October 2003.

➤ **Mishap Prevention Process: Insufficient efforts to identify, assess and prioritize hazards to prevent mishaps.** Activities do not always include safety as an integral part in the decision-making process, to include operational evolutions, contract reviews, developing operating procedures, facility design and new projects. The OSH office often fails to present data analysis reports to the OSH council, ESC or equivalent for action by process owners/supervisors, and therefore often fails to get buy-in from upper management. In addition, managers, supervisors, and employees have not embraced risk assessment processes to identify workplace hazards and institute controls.

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. Recommend more emphasis be made in prospective Commanding Officer/Executive Officer schools on the importance of integrating safety in command operation. It is vital that officers in management positions support the OSH office and require shop participation in ORM and job hazard analyses. Recommend CNO N46 Safety IPT develop leading indicators for safety performance, in addition to the currently established lagging indicators.

➤ **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 the criteria are seldom measurable.

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 analyses, pre-operational briefs, etc. Additional guidance from Human Resources Offices on how to include criteria in employee performance standards may be beneficial.

➤ **Training Process: Poorly developed lesson plans and lack of a process in place to evaluate the effectiveness of training in the workplace.** Frequent comments/complaints from interviews and focus groups are 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 Navy Education and Training Center.

➤ **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.

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.