8 MAR 1983

MEMORANDUM FOR: Chief, Safety Staff, DDA

FROM:

Daniel C. King

Director of Logistics

SUBJECT:

Annual Occupational Safety and Health Report

REFERENCE:

Memorandum to D/L, fm C/SS/DDA, dtd 2 April

1982, same subject (OL 2-1547)

- In response to the referent memorandum, we have reviewed our safety and health program and completed the attached questionnaire report for CY 1982.
- Our Safety and Health Committee continues to oversee the Office of Logistics' (OL) safety and health program, with the primary goal to provide OL personnel with a working environment free of safety and health hazards. I am pleased to report that goal was achieved again in CY 1982.
- If we can be of futher assistance, please contact the Plans and Programs Staff, OL, extension

Daniel C. King

Attachments

Distribution:

Orig. - Addressee w/atts

1 - OL Files wo/atts

1 - D/L Chrone we/atts

1 - Paps Official w/atts

- Paps Chrono wo/atts

OL/P&PS

(8 March 1983)

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3 MAR 1983

	MEMORANDUM FOR:	Chief, Safety Staff, DDA							
STAT	FROM:	Chairman, Office of Logistics Safety and Health Committee							
	SUBJECT:	Annual Occupational Safety and Health Report							
	REFERENCE:	Memo dtd 23 Jun 82 to D/L fm C/SS/DDA, subj same as above							
STAT STAT	our safety and h report for CY 19	onse to the referent memorandum, we have reviewed ealth program and completed the questionnaire 82.  an be of further assistance, please contact Chairman, Safety and Health Committee, ics on extension							



# OCCUPATIONAL SAFETY AND HEALTH PROGRAM

ANNUAL REPORT FOR CY 82

	NAME AND ADDRESS OF FACILITY/COMPONENT	
	Office of Logistics	<del></del>
STAT	NUMBER OF EMPLOYEES	
STAT	NAME OF FACILITY/COMPONENT SAFETY OFFICER  Chairman OL Safety & Health Committee	

Δ	n	M	Т	ij	Ţ	S	T	P	A	T	Т	0	N

			·	VEC	NO
1.	Has iss	s the head of your Fac sued a policy statemen	ility/Component t that:	YES	<u>NO</u>
	a.	Emphasizes his/her cosafe and healthful wo		· _X_	-
	ъ.	Charges all levels of be responsible and active program?		<u>X</u>	-
	c.	Requires employee comapplicable OSHA and/costandards?		<u>X</u>	-
	đ.	Has been communicated personnel?	d to all Agency	<u>x</u> .	
	e.	Assures employee OSH	rights?	X	
3.	for Hor	es the Official in Chapervise the person(s) r managing the OSH prower of the community does your ficer meet or communication of the constant o	responsible ogram? r Facility/Compo	with the	<u>X</u>
			Meet	Communicate	2
•	a.	At least weekly	<del> </del>	<del></del>	
	b.	At least monthly	•		
	c.	At least quarterly	<u>X</u> .	Constitution of the second	
	d.	Other			•
	If	other, please explain	•		
		•			

4	How frequently does your Official in Charge communicate	
• • •	with the person(s) responsible for managing the OSH program?	
	a. Daily	
	b. At least weekly	
	c. At least monthly	
	d. At least quarterly X	
	e. Other	
	If other, please explain.	
	The Oction, broade, cubration	
		•
• ,		••
5.	Who manages your safety and health program? If you have dif- ferent individuals for safety and health, list both and ident their assignments.	ify
	Name DC/SD/OL	
•	Title	
	and the OL Security Staff have been appointed the Dir. of Logistics with the responsibility for OL's o safety & health program. The day to day operations are by the divisional safety/health officers who serve on OL Title Safety & Health Committee.	vera hand
6 <b>.</b>	What is the approximate percent of time this (each) person spends on the OSH program? Approx. 5% for Both (safety) (health)	
7.	* Divisional officers spend as much as 20% of their time on both Were the financial resources received in calendar year adequate for the following purposes?	١.
•	YES NO	
	a. Occupational safety and health  personnel	
	b. Training <u>X</u>	
	c. Inspections/evaluations <u>x</u>	
	d. Personal protective equipment <u>X</u>	
	(continued on next page.)	

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					YES	NO	
e	. Abateme	ent	• .		<u> </u>		
f	• Program	promotional	items	·-	<u>X</u>		
g	. Medical for emp	. surveillanc oloyees	e program		<u>X</u>	**********	
h		and health sory, and ana	_		X		
	periodi	cal informati	P		_X 21		
8. P	and resourd rovide the uarters ar	, a study is ces required total number of field pers 29 CFR 1960.	r of full- onnel in t	time safe	ty and he	alth head-	
			•	Hq	trs.	Field	•
a	( <u>G</u> S-018	Professional 3, 019, 081, 1825, 2125,	803, 804,		0	0	
ď	. (GS-602	Professional 2, 610, 645, 1311, 1320,	690, 699,		0	0	
	qually qua	alified milit	ary, agenc	y, or non	governmer	ntal	
		e total numbe headquarters				duty) safe	ty .
		•	•	Total number	fi	pproximate ull-time quivalent	•
a	• Headqua	arters person	nel	9 *	-		
b	. Field p	personnel		0	•	0	
,	olumn 2 ecquivalency	uals the per	cent of co	olumn l in	full-ti	me	
t r	* Include ime and the anges from .	es members of the state of the	nurse (part f OL's Safe				

STAT

PLA	NNING	3	YES	NO
10.	Have safety and health program goals and objectives been established?	-	*	
*	Pls see attachment	-	<del></del>	
11.	What were the primary occupational safet goals achieved during Calendar Year.		nealth efly l	
	* Please see attachment	<u> </u>	·	·····
			21	•
<u> </u>				·
12.	What primary occupational safety and hea not achieved during Calendar Year.  * Please see attachment	lth pro (Brief)		
		<del></del>		
	•			
13.	How often are your goals and objectives	review	ed?	
•	a. Monthly		•	
	b. Quarterly X			
	c. Semiannually			•
	d. Annually X			
	e. Other	•		·
		•	YES	NO
14.	Are your OSH goals and objectives includ in your Facility/Component's quarterly r system (management by objectives - MBO's execution plan - PEP) or other similar system?	eview	ram \ <u>X *</u>	
	* Major, specific projects are included i Div level MBO's when warrented.	n		

GOALS AND OBJECTIVES FOR CY.

15.	Briefly	list	your	primary	goals	for	Calendar	Year
-----	---------	------	------	---------	-------	-----	----------	------

 `	* I	Please	see	att	achmo	ent				•	
	•						 •				
 			·	•					•	•	
 			· 						•		

16. To what extent are planning factors a. through f. below used in planning the program elements listed in the right-hand columns?

(N = Never; R = Rarely; S = Sometimes; F = Frequently; and A = Always)

	•	PROGRAM ELEMENTS									
	•	T	T	1		<del></del>	<del></del>				
	PLANNING FACTORS	inspections	TRAINING	INFORMATION	BUDGET AND STATTING	ABATEMENT PRIORITIES	<b>ं</b>				
•		<u>i</u>	1								
a.	Injury and illness inci- dence data. 1. Lost workday cases 2. Total cases	F	F	S	S	S	·				
ъ.	Injury and illness (OWCP) cost data	S	S	S	S ·	S					
c.	Recognized hazard data	Α .	F	F	S	S					
d.	Employee reports of unsafe and unhealthful working conditions	F.	S	S	S	S					
e.	Recommendations of employee representatives	F	F	S	S	S					
f.	Other:			· <del>-</del> .		** <u>-</u>	į				

<sup>\*</sup> USES WILL VARY BY DIVISIONAL NEEDS

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17.	Have any special in-depth studies of specific hazards been conducted by your staff or by outside consultants within the									
	past year? YES NO									
	If v.s, briefly describe.									
	1. OL has been working with OGC and DDA safety staff on									
	procedure for the disposal of hazardous waste.									
	2. OL, OMS, Safety Staff, and outside consultant studied the									
	noise level problems in P&PD.									
	3. Removal of asbestos insulation from work areas.	`								

## MEASURES EMPLOYED TO MITIGATE INJURY AND ILLNESS IMPACTS

18. Please complete the following table. In Section I, enter the approximate percentage of employees potentially exposed to the injuries and illnesses listed a. through h. and the appropriate letter H, M, or L (H = High, M = Moderate, L = Low or none) to indicate current priority in your hazard reduction program. In Section II, place an "X" in the appropriate portion of the table for each of the items a. through h. to indicate whether the particular countermeasure shown is being used to mitigate the impact of the injury or illness category.

				<del>,</del>							
	•	SECTI	I NC	SECTION II							
	•	PERCENT	H,M,L		COUNT	rerme <i>i</i>	ASURES EMPLOYED				
I (As	E OF OCCUPATIONAL NJURY OR ILLNESS defined on OSHA rm No. 100F)	EMPLOYEES POTEN- TIALLY EXPOSED	CURRENT PRIORITY	TRAINING	WORKPLACE HAZARD ABATEMENT	INFORMATION	DEVITOPMENT OF NEX! STANDARDS	RULES AND REGULATIONS	FNEQUENT INSPECTIONS	OTHER	
a.	·Traumatic injuries	21%	I I Н	X	l X	Х	[	•	χ		
b.	Occupational skin diseases or disorders	.6.%	<u>M</u>	<u>X</u> _	Х	Х	! ! !	٠	X.		
c.	Dust diseases of the lungs (Pneumoconioses)	.3%	L L	Х	l I X	X !	[ ] ]				
<b>đ.</b>	Respiratory conditions due to toxic agents	.3%	M	Х	Х	X			Х	! ! !	
e.	Poisoning (Systemic effects of toxic materials)	0		Х	X	X	}   		X I		
f.	Disorders due to physical agents (other than toxic materials)	0 .	!     	Х	X	X		; [ ] [	X   X 		
g.	Disorders due to repeated trauma	0		Х	X	X			X	     	
h.	All other occupational illnesses (list)	3%	M I	Х	X	X	1	! !	X I		

### IMPLEMENTATION

19. The following is a list of procedures your Facility/Component developed and communicated to safety and health personnel at field establishments, to supervisors, and to employees. Please indicate by and (X) the extent of development and communication.

	Procedure	DEVELOPED	FORMALLY COMMUNICATED TO FIELD OSH STAFF	COMMUNICATED TO ALL SUPERVISORS	COMMUNICATED TO ALL EMPLOYEES
a.	For abatement of hazards when other agencies are involved.	*		Х	Х
b.	For employees to participate in OSH activities on official time.	χ		Х	Х
c.	For employees exclusive of any negotiated procedure, to report hazardous conditions, including time limits on action, notification to reporting employee, and inspection.			. X	Х
d.	To assure that employees are not subject to restraint, reprisal, or coercion for exercising OSH rights.				X .
e. <sup>.</sup>	To maintain a log of injuries and illnesses at each work location.	-		X	Х
f.	For issuing alternate and/or supplementary standards.				
g.	For resolving conflicting standards.	Χ			
h.	To permit entry of Agency OSH inspectors to classified areas.	X		X	Х
i.	For issuance of notice of unsafe conditions within 30 days.	Х		X	X
j•.	For abatement and follow-up.	Χ		Х	χ
k.	For evaluating performance of personnel with OSH duties.	Х		X	Х

<sup>\*</sup> Procedure is to notify GSA & Safety Staff

20.	hea!	are employees notified about their occup lth rights and responsibilities? (Check a lowing as appropriate.)	ational s many	safety and of the
	a.	Positer	<u>X</u>	
	ď.	Administrative directive	X	•
	c.	Routine part of new employee orientation procedures	<u>X</u>	•
	d.	Periodic publications	<u>X</u>	·
•	e.	Other (list):	<del>,</del>	• .
	f.	.No formal methods employed		•
21.	add	many of the following methods are routing itional occupational safety and health ir many as appropriate).	ely us format	ed to provide ion? (Check -
	a.	Posters	X	
•	b.	Newsletter	*	
	c.	Memoranda	X	
	đ.	Pamphlets	X	
	·e.	Other (list): Films, Activity Reports	X	•
	f.	None * CD uses a monthly newsletter	• • • • • • • • • • • • • • • • • • •	
COM	MITI	PEES	VEC	NO
	and	es your Facility/Component have safety I health committees? If yes, answer	YES	<u>NO</u>
•	que pro	estions 23 through 28. If no, oceed to question 29.	<u>X*</u>	
		*Plus 3 at the Division Level		
23.		long have most of your safety and healt operation?	h commi	ttees been
	a.	Less than one year		
	b.	1 - 2 years	<del></del>	•
	c.	3 - 4 years	*_X_	(Office Level)
٠	ã.	5 - 6 years "		
	e.	7 years or more		

<sup>\*</sup> Two Div have had committees for over 7 years Sanitized Copy Approved for Release 2010/10/18: CIA-RDP87-00031R000100040011-8

		Approximate percent
24.	What is the typical membership of your committees?	•
	a. Management representatives	100% *
	b. Safety and health specialists	***************************************
	c. Employee members	•
•	<ul> <li>d. Employee representatives</li> <li>* Office Level</li> <li>Div level committees maintain a mixer of management</li> </ul>	t & employees
25.	What is the total number of safety and health committees in your Facility/Component?	**
	* 1 at Office level - 3 at Div level	<del></del>
26.	How often do committees conduct meetings?	·
	a. At least weekly	•
	b. At least monthly	
	c. At least quarterly X	•
	d. At least annually	•
	YES	NO
<b>27.</b>	Are written minutes taken at committee meetings?	· ·
	Is a formal report of issues and recommendations prepared?	
•	If so, to whom is it submitted?	
	Formal reports are based on need. At present, two	Div
•	level committees (CD & P&PD) report formally to the	eir
	respective chiefs	
	Is there a formal follow-up procedure? *	
	*Based on issue and need. At present, 1 div level comm (CD) has a formal procedure	nittee

28. How effective would you say most of your safety and health committees have been in performing the following functions?

•			•		
		Not Effective	Generally Ineffective	Somewhat Effective	Very Effectiv
į	<ul><li>a. Identifying hazardous conditions</li></ul>				. <u>X</u>
	<ul><li>b. Communicating OSH problems to management</li></ul>			X	
•	<ul><li>c. Increasing safety consciousness in the workplace</li></ul>			.3,	X
٠.	d. Reducing accident rates	270		<u> </u>	
	e. Improving health conditions			<u> </u>	•
	f. Finding solutions to OSH problems that are discovered	ed		<u> </u>	
FIEL	LD FEDERAL SAFETY AND	HEALTH COU	NCILS	vec	
				YES	NO
29.	Does your Facility/Copolicy specifically etion in Field Federal	omponent have encouraging sefety an	ve a formal participa-		• •
	Councils? (If yes, p OL utilizes Agency gu:	please attac	ch a copy.) $^{-1}$	*	STAT
30.	If yes, has the police to all Facility/Composite field establishments?	onent subuni	nunicated its and		<u> </u>
31.	Have official (manage management) represent Field Councils been a the head of each esta	tatives to appointed b	ρλ	*	
	The D/L appoints the care selected by their			& Div reps	

are selected by their Div Chiefs

#### TRAINING

32. Has your Facility/Component developed safety and health training policies and procedures for the target populations listed below? (If yes. indicate the percent of the population trained in CY.)

		Prima	ary Train	ning		Refr	esher	
		Yes	Percent	No		Yes	Percent	No
a.	New employees	*	•	·			-	
b.	Employees assigned to operate "new" equipment	*			• •	•	•	
c.	Employees assigned to "new/different" tasks	*					-	
đ.	Employees in high risk jobs	*				•	-	
e.	Top management officials			<u>X</u>	•			
f.	Supervisors	*	· .			·	•	
	Safety and health specialists	*		***************************************			-	<u>.                                    </u>
h.	Safety and health inspectors	*						
i.	Collateral duty safety and health personnel	<u> x</u>		<del></del>	•		***************************************	سمين
j.	Occupational safety and health committee members	<u> </u>		•				•
k.	Employee representatives			X	•			
1.	Other employees			X				

STAT

		YES	NO
33.	Has your Facility/Component conducted training courses during the report year to address special or unique problems identified in your areas? If yes, please list these courses. (Attach additional pages as necessary.)	<u>x</u>	

	•	• •		
Course Title	COULDS OF LOWER .	Trainee Classification	Number Attendees	Number Hours
Hazardous Cargo	Proper handling of Hazardous Cargo	بر	25	40
Forklift Training	Proper use of		25	12
Forklift Refresher Course	11 11 11		105	<u>.</u> . 2
Fire Extin- guisher Handling	Introduce types of extinguisher and handling technique	es	150	1
CPR	Life Saving Techniqu	es	34	40

34. If you developed or used training materials during the report year that you think would be helpful to others, please list below. (Attach additional pages as necessary.)

Subject Matter	Intended Audience	Type of Training Material (film, slides, text)
	Employees who operate materiel handling equip and their supervisors	Film cassette
"Color of Danger"	11 11	16MM Film

٠.,							
TNIC	PECTI	ONS					•
1143	·	OKO				YES	NO
35.	inspe	your Facilitections as dell areas and office?	efined in	29 CFR 1	Part 1960.2(	(k) ,/	
36.	Wner ness	e there is a es, how freq	known ri	you co	ccidents, ir nduct formal	njuries, Linspect	or ill- tions?
	a.	Daily	•	*	At present,	CD's nr	ocedure
	b.	Weekly	X		calls for w	eeklý in	spections,
	c.	Monthly		•	quarterly, requirement	LSD & RE	CD has the
•	đ.	Other	<u> </u>				
37.	How Agen	frequently a cy formally	re less h inspected	azardou: ?	s areas/oper	rations (	of your
	a	Monthly	<u>X</u>	*	The nature hazard dict	ates the	
	b.	Quarterly	X		of the insp	ection.	
	c.	Semiannually	***************************************			•	
	d.	Annually	X		·		
	e.	Other '	•			•	
38.	Compo	ide an estima onent's perso t one periodi ndar year.	onnel work	ing in	areas in wh:	ich at	
39.	approsh * At	ll formal in oximately wh professional least 1 insport for DDA saf	at percen s? ection per	t was co	onducted by	trained	*
<b>40.</b>	Of a	ll formal in oximately wh	spections				*

25%

90+%

CD

\* They vary by area and Div; P&PD

41.	Of all known unsafe or unhealthful working cor approximately what percent was abated within y inspection report deadlines in the past calend	your		
	year?	•	Unk	_% _
42.	Of all known imminent danger situations, appropriately what percent was abated within your inspect report deadlines in the past calendar year?		Unk	
			<del></del>	-
SEL	F-EVALUATIONS	, p	•	
43.	Describe your Facility/Component's program of Outline the procedure(s) utilized, list types collected, and indicate who conducted the eval staff, I.G. staff, private contractor, another unit within your Facility/Component). (Attach as necessary.)	uation (e corganiza	e.g., Cational	)SH L
	See Attached			-
			· <del></del>	•
			_	
			· · · · · · · · · · · · · · · · · · ·	
,				
44.	Describe the results of your self-evaluations should assess the degree to which your Facilit implemented the requirements of Executive Order quality of the safety and health program, and meet program requirements. It should also into of your areas' progress in meeting your goals and any unusual program accomplishments during applicable, describe unusual problems encounted of any innovative means you employed to address (Attach additional pages as necessary.)	y/Componer 12196, any fail clude a d and obje the yeared and ss those	ent has the ures to escrip ctives r. If the res probles	s tion , sult: ms.
	While no formal measure has been initiated to reflect reand self-evaluations, OL feels that the efforts put forth work place for OL employees. While there were several go accomplished during CY82, the two overall goals were not but were the primary reasons for creating a safer work place increased employee awareness and increased employee involved.	have creat als that we only accomp ace. They	ed a saf re not lished,	er

ts

40.	what changes in your safety and health program have been proposed, approved, and implemented as a result of your self-evaluations? Indicate the status of each. (Attach additional pages as necessary.)
	None
	•
•	
	•

#### QUESTIONS:

10. The overall objectives for OL are to provide a safe and healthy work environment for all employees; and ensure that all employees promote and encourage safety and health awareness. Specific objectives/goals have been established within OL, but along divisional lines. Whether these objectives/goals are established formally is determined by the division and based on needs.

## 11. By Division

- \* RECD Hdqs Bldg short circuit protection project. At present, 90% is completed with an ending date of 1 August 1983
  - Asbestos insulation removed from GC-03 and GC-47 computor centers
  - P&PD Audiometric testing through OMS for P&PD, Press and Bindery, Personnel
  - CD Man and Manager Safety program approved by OSH
    - Hazardous Cargo Training Course conducted at CD
    - Depot Fire Brigade training
    - Material handling courses, promoting safety

## 12. By Division

- RECD encourage participation in CPR and Safety courses
- P&PD Noise abatement for press and bindery equipment
  - Repair of sidewalk in front of P&PD Bldg.
  - Encourage press and bindery personnel to wear protective hearing equipment

## 15. By Division

- RECD Successfully support safety staff with engineering solution and minor funding for their projects
- P&PD Promulgate mandatory use of hearing protection equipment
  - Replace water filled extinguishers with ABC-Type
  - Encourage personnel to attend basic Safety and Health Course

REFERENCE

02 APR 1982

MEMORANDUM	FOR:	Director of Logistics
FROM:		Chief, Safety Staff, DDA

SUBJECT:

Annual Occupational Safety and Health Report

- 1. Each year by 1 April the Agency must send a comprehensive report to the Secretary of Labor covering the Agency's Occupational Safety and Health Program for the previous year. The report is required by the Occupational Safety and Health Act, Executive Order 12196 and Title 29 Code of Federal Regulations, Part 1960. The report is based on guidelines provided by the Secretary of Labor.
- 2. The report for CY 1981 has just been completed based on information recorded in the Safety Staff and provided by you in the recent questionnaire.
- 3. The Secretary of Labor has advised that the report for CY 1982 will also be based on the same guidelines. Therefore, the questionnaire has been modified to apply to facilities and components. A copy is attached for your use throughout CY 1982. It should be completed in detail in order that the combined Agency report will be as comprehensive as possible. The completed questionnaire should be returned to the Safety Staff by 1 March 1983.

4.	Questions 1	ding the xtension	questionn	aire may	be	directed
Attachme	nt					

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