

~~SECRET~~

OCCUPATIONAL SAFETY AND HEALTH PROGRAM

ANNUAL REPORT FOR CY 87

NAME AND ADDRESS OF FACILITY/COMPONENT

NUMBER OF EMPLOYEES

NAME OF FACILITY/COMPONENT SAFETY OFFICER

FMD/OL

25X1

ADMINISTRATION

S E C R E T

- | | <u>YES</u> | <u>NC</u> |
|--|------------|------------|
| 1. Has the head of your Facility/Component issued a policy statement that: | | |
| a. Emphasizes his/her commitment to a safe and healthful workplace? | ✓
_____ | _____ |
| b. Charges all levels of management to be responsible and accountable for the program? | ✓
_____ | _____ |
| c. Requires employee compliance with applicable OSHA and/or Agency standards? | ✓
_____ | _____ |
| d. Has been communicated to all Agency personnel? | ✓
_____ | _____ |
| e. Assures employee OSHA rights? | ✓
_____ | _____ |
| 2. Does the Official in Charge directly supervise the person(s) responsible for managing the CSHA program? | _____ | ✓
_____ |
| 3. How frequently does your Facility/Component Safety Officer meet or communicate officially with the Official in Charge on safety and health matters? | | |

- | | <u>Meet</u> | <u>Communicate</u> |
|-----------------------|-------------|--------------------|
| a. At least weekly . | _____ | _____ |
| b. At least monthly | _____ | ✓
_____ |
| c. At least quarterly | ✓
_____ | _____ |
| d. Other | _____ | _____ |

If other, please explain. _____

S E C R E T

S E C R E T

4. How frequently does your Official in Charge communicate with the person(s) responsible for managing the OSHA program?

- a. Daily _____
- b. At least weekly _____
- c. At least monthly _____
- d. At least quarterly _____
- e. Other SELDOM

If other, please explain. _____

5. Who manages your safety and health program? If you have different individuals for safety and health, list both and identify their assignments.

Name Dorothy B.

Title DC/MIB/OPS/FMO

Name _____

Title _____

6. What is the approximate percent of time this (each person spends on the OSHA program?)
10 (safety) 5 (health)

7. Were the financial resources received in calendar year adequate for the following purposes?

	<u>Yes</u>	<u>No</u>
a. Occupational Safety and health personnel.	✓	_____
b. Training	✓	_____
c. Inspection/evaluations	✓	_____
d. Personal protective equipment	✓	_____

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S E C R E T

	<u>YES</u>	<u>NO</u>
e. Abatement	✓ _____	_____
f. Program promotional items	✓ _____	_____
g. Medical surveillance program for employees	✓ _____	_____
h. Safety and health sampling, testing, laboratory, and analytical equipment	✓ _____	_____
i. Technical information, documents, periodicals, etc.	✓ _____	_____

8. Provide the total number of full-time safety and health headquarters and field personnel in the following categories as defined in 29 CFR 1960.2(s).

	<u>Hqtrs.</u>	<u>Field</u>
a. Safety Professionals (GS-018, 019, 081, 803, 804, 1815, 1825, 2125, etc.*)	_____	_____
b. Health Professionals (GS-602, 610, 645, 690, 699, 1306, 1311, 1320, etc.*)	_____	_____

*or equally qualified military, agency, or nongovernmental personnel.

9. Provide the total number of part-time (collateral duty) safety and health headquarters and field personnel.

	<u>Total number</u>	<u>Approximate full-time equivalent</u>
a. Headquarters personnel	_____	_____
b. Field personnel	_____	_____

Column 2 equals the percent of column 1 in full-time equivalency.

S E C R E T

S E C R E T

PLANNING

- | | <u>YES</u> | <u>NO</u> |
|--|-------------------------------------|--------------------------|
| 10. Have safety and health program goals and objectives been established? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 11. What were the <u>primary</u> occupational safety and health program goals achieved during Calendar Year. (Briefly list.) | | |

Safety courses
Protective clothing & gear

12. What primary occupational safety and health program goals were not achieved during Calendar Year? (Briefly list.)

None

13. How often are your goals and objectives reviewed?

- a. Monthly
- b. Quarterly
- c. Semiannually
- d. Annually
- e. Other

- | | <u>YES</u> | <u>NO</u> |
|--|-------------------------------------|--------------------------|
| 14. Are your OSHA goals and objectives included in your Facility/Component's quarterly review system (management by objectives - MBC's, program executive plan - PEP) or other similar system? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

S E C R E T

S E C R E T

GOALS AND OBJECTIVES FOR CY.

15. Briefly list your primary goals for Calendar Year.

Safety training
Improved work place.

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)

PLANNING FACTORS	PROGRAM ELEMENTS					
	I N S P E C T I O N S	T R A I N I N G	I N F O R M A T I O N	B U D G E T & I N G	A P P R A I S E M E N T S	O T H E R
a. Injury and illness incidence data. 1. Lost workday cases 2. Total cases	A	A	A	S	F	
b. Injury and illness (OWCP) cost data	N	N	N	N	N	
c. Recognized hazard data	A	A	A	A	A	
d. Employee reports of unsafe and unhealthful working conditions	A	A	A	A	A	
e. Recommendations of employee representatives	A	A	A	A	A	
f. Other N/A						

S E C R E T

S E C R E T

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 yes, briefly describe.

Asbestos identification & corrective action.

S E C R E T

S E C R E T

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 (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.

TYPE OF OCCUPATIONAL INJURY OR ILLNESS (As defined on OSHA Form No. 100F)	SECTION I			SECTION II						
	PERCENT	H, M, L		COUNTERMEASURES						
	EMPLOYEES EXPOSED	CURRENT PRIORITY	TRAINING	WORKPLACE HAZARD ABATEMENT	INFORMATION	DEVELOPMENT	RULES & REGULATIONS	FREQUENT INSPECTIONS	OTHER	
a. Traumatic injuries	0	L								
b. Occupational skin disease or disorders	0	L								
c. Dust diseases of the lungs (Pneumoconioses)	0	L								
d. Respiratory conditions due to toxic agents	0	L								
e. Poisoning (Systemic effects of toxic materials)	0	L								
f. Disorders due to physical agents (other than toxic materials)	0	L								
g. Disorders due to repeated trauma	0	L								
h. All other occupational illnesses (list)	0	L								

S E C R E T

S E C R E T

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.

Procedures	D E V E L O P E D	F O R T M E A D L L T O S T A F F C O M M U N I T Y	C O M M U N I C A T I O N S T O R S	C O M M U N I C A T I O N S T O R S
a. For abatement of hazards when other agencies are involved.	X			
b. For employees to participate in OSHA activities on official time.		X		
c. For employees exclusive of any negotiated procedure, to report hazardous conditions, including time limits on action, notification to reporting employee, and inspection.	X			
d. To assure that employees are not subject to restraint, reprisal, or coercion for exercising OSHA rights.	X			
e. To maintain a log of injuries and illnesses at each work location.	X			
f. For issuing alternate and/or supplementary standards.	X			
g. For resolving conflicting standards	X			
h. To permit entry of Agency OSHA inspectors to classified areas.	X			
i. For issuance of notice of unsafe conditions within 30 days.	X			
j. For abatement and follow-up.	X			
k. For evaluating performance of personnel with OSHA duties.	X			

S E C R E T

S E C R E T

20. How are employees notified about their occupational safety and health rights and responsibilities? (Check as many of the following as appropriate.)

- a. Poster
- b. Administrative directive
- c. Routine part of new employee orientation procedures
- d. Periodic publications
- e. Other (list): _____

- f. No formal methods employed

21. How many of the following methods are routinely used to provide additional occupational safety and health information? (Check as many as appropriate).

- a. Posters
- b. Newsletter
- c. Memoranda
- d. Pamphlets
- e. Other (list): _____
- f. None

COMMITTEES

22. Does your Facility/Component have safety and health committees? If yes, answer questions 23 through 28. If no, proceed to question 29.

YES NO

23. How long have most of your safety and health committees been in operation?

- a. Less than one year _____
- b. 1 - 2 years _____
- c. 3 - 4 years _____
- d. 5 - 6 years _____
- e. 7 years or more _____

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S E C R E T

Approximate
Percent

24. What is the typical membership of your committees?

a. Management representatives _____

b. Safety and health specialists _____

c. Employee members _____

d. Employee representatives 100

25. What is the total number of safety and health committees in you Facility/Component: _____

26. How often do committees conduct meetings:

a. At least weekly _____

b. At least monthly _____

c. At least quarterly _____

d. At least annually ✓

27. Are written minutes taken at committee meetings

YES

NO

✓

Is a formal report of issues and recommendations prepared?

✓

If so, to whom is it submitted?

D/OPS/FMD/OL

Is there a formal follow-up procedure?

✓

S E C R E T

S E C R E T

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

	<u>Not Effective</u>	<u>Generally Ineffective</u>	<u>Somewhat Effective</u>	<u>Very Effective</u>
a. Identifying hazardous conditions	_____	_____	_____	_____ ✓
b. Communicating OSHA problems to management	_____	_____	_____	_____ ✓
c. Increasing safety consciousness in the workplace	_____	_____	_____	_____ ✓
d. Reducing accident rates	_____	_____	_____	_____ ✓
e. Improving health conditions	_____	_____	_____	_____ ✓
f. Finding solutions to OSHA problems that are discovered	_____	_____	_____	_____ ✓

FIELD FEDERAL SAFETY AND HEALTH COUNCILS

	<u>YES</u>	<u>NO</u>
29. Does your Facility/Component have a formal policy specifically encouraging participation in Field Federal Safety and Health Councils? (If yes, please attach a copy.)		_____ ✓
* OL utilizes Agency guidelines and regulations	<input type="checkbox"/>	_____
30. If yes, has the policy been communicated to all Facility/Component subunits and field establishments?	_____	_____
31. Have official (management and non-management) representatives to Field Councils been appointed by the head of each establishment?	_____	_____ ✓

25X1

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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.)

	<u>Primary Training</u>			<u>Refresher</u>		
	Yes	Percent	No	Yes	Percent	No
a. New employees	✓	10	---	✓	5	---
b. Employees assigned to operate "new" equipment	---	NA	---	---	---	---
c. Employees assigned to "new/different" tasks	---	NA	---	---	---	---
d. Employees in high risk jobs	---	NA	---	---	---	---
e. Top management officials	---	NA	---	---	---	---
f. Supervisors	---	NA	---	---	---	---
g. Safety and health	---	---	---	✓	5	---
h. Safety and health inspectors	---	---	---	✓	5	---
i. Collateral duty safety and health personnel	---	---	---	✓	5	---
j. Occupational safety and health committee members	---	---	---	✓	5	---
k. Employee representatives	---	---	---	✓	3	---
l. Other employees	---	---	---	✓	2	---

S E C R E T

S E C R E T

- | | <u>YES</u> | <u>NO</u> |
|--|------------|-------------------------------------|
| 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.) | --- | <input checked="" type="checkbox"/> |

<u>Course Title</u>	<u>Course Objective (ident. problems)</u>	<u>Trainee Classification</u>	<u>Number Attendees</u>	<u>Number Hours</u>
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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.)

HEALTH PERIODICALS

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INSPECTION

YES NO

- 35. Does your Facility/Component conduct formal inspections as defined in 29 CFR Part 1960.2(k), of all areas and operations of each workplace and office? ✓

- 36. Where there is a known risk of accidents, injuries, or illnesses, how frequently do you conduct formal inspections?
 - a. Daily ✓
 - b. Weekly _____
 - c. Monthly _____
 - d. Other _____

- 37. How frequently are less hazardous areas/operations of your Agency formally inspected?
 - a. Monthly ✓
 - b. Quarterly _____
 - c. Semiannually _____
 - d. Annually _____
 - e. Other _____

- 38. Provide an estimate of the percent of your Facility/Component's personnel working in areas in which at least one periodic inspection was conducted in the past calendar year. 60

- 39. Of all formal inspections in the past calendar year, approximately what percent was conducted by trained OSHA professionals? 20

- 40. Of all formal inspections in the past calendar year, approximately what percent was conducted by supervisors? 15

S E C R E T

S E C R E T

41. Of all known unsafe or unhealthful working conditions, approximately what percent was abated within your inspection report deadlines in the past calendar year?

100

42. Of all known imminent danger situations, approximately what percent was abated within your inspection report deadlines in the past calendar year?

100

SELF-EVALUATIONS

43. Describe your Facility/Component's program of self-evaluation. Outline the procedure(s) utilized, list types of data and how collected, and indicate who conducted the evaluation (e.g., OSHA staff, I.G. staff, private contractor, another organizational unit within your Facility/Component). (Attach additional pages as necessary.)

All known safety & health problems are
identified & corrected.

44. Describe the results of your self-evaluations. Your discussion should assess the degree to which your Facility/Component has implemented the requirements of Executive Order 12196, the quality of the safety and health program, and any failures to meet program requirements. It should also include a description of your areas' progress in meeting your goals and objectives, and any unusual program accomplishments during the year. If applicable, describe unusual problems encountered and the results of any innovative means you employed to address those problems. (Attach additional pages as necessary.)

100 percent.

S E C R E T

S E C R E T

45. 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.

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