

~~CONFIDENTIAL~~

OL/IMSS official

ROUTING AND RECORD SHEET

SUBJECT: (Optional)

FROM: [Redacted] OSB/SD/OL [Redacted]	EXTENSION	NO.
		DATE

TO: (Officer designation, room number, and building)	DATE		OFFICER'S INITIALS	COMMENTS (Number each comment to show from whom to whom. Draw a line across column after each comment.)
	RECEIVED	FORWARDED		


1.	C/IMSS/OL				
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14.					
15.					

25X1
25X1
ZJAI

~~CONFIDENTIAL~~

MEMORANDUM FOR: Chief, Information Management Support Staff

25X1 FROM:

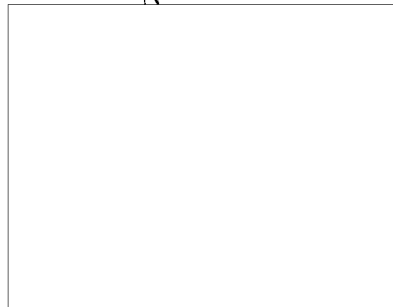

Operations Support Branch

SUBJECT: Office of Logistics Annual Occupational Safety and Health Report

REFERENCE: Memo to D/L fm C/SD/OMS, dtd 8 Oct 87, Same Subject

1. Attached is the Annual Occupational Safety and Health Report for 1987. The paper includes the past year's accomplishments, goals for the upcoming year, and suggestions for the future.

2. The report is divided by division and does not duplicate those programs for which Office of Safety is solely responsible.



~~CONFIDENTIAL~~

DISTRIBUTION:

- Original - Addressee
- 1 - OL/SD Chrono
- 1 - OL/SD/OSB Official
- 1 - OL/SD/OSB Chrono
- 1 - DL/Reader

~~SECRET~~

ROUTING AND RECORD SHEET

SUBJECT: (Optional)

Occupational Safety and Health Program - Annual Questionnaire

FROM:

Chief, Operations Support Branch

EXTENSION

NO.

DATE

18 November, 1987

TO: (Officer designation, room number, and building)

DATE

RECEIVED

FORWARDED

OFFICER'S INITIALS

COMMENTS (Number each comment to show from whom to whom. Draw a line across column after each comment.)

1. C/FMD
3E14 HQ

11/20

2. Paul A.

11/23

3. Dorothy B. Kellor
(Signature)

11/24

11/24

5. PAUL M.

1. Attached is the Annual Occupational Safety and Health Questionnaire for 1987.

2. This report will be consolidated into comprehensive Office of Logistics response and will be forwarded to the Office of Occupational Safety and Health. In order to meet a short deadline for this information request that your be sent to OL/SD/OSB in 3G10

No Later Than COB 23 Nov 87.

~~S E C R E T~~

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.	<u>✓</u>	_____
b. Training	<u>✓</u>	_____
c. Inspection/evaluations	<u>✓</u>	_____
d. Personal protective equipment	<u>✓</u>	_____

S E C R E T

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

YES NO

10. Have safety and health program goals and objectives been established?

✓

11. What were the primary 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

YES NO

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?

✓

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 &	S T A F F I N G	A P P R A I S E M E N T S	C 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 actions.

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						
	E M P L O Y E E S	C U R R E N T L Y	T R A I N I N G	W O R K P L A C E	I N F O R M A T I O N	D E V E L O P M E N T	R U L E S & G U L A T I O N S	F R E Q U E N T I N S P E C T I O N S	C H E C K	
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 M A L L T O C O M M U N I C A T I O N	C O M M U N I C A T I O N	C O M M U N I C A T I O N
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 _____

S E C R E T

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.)		----- ✓
* OI 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

S E C R E T

S E C R E T

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.) | --- | <u>✓</u> |

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

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.)

HEALT PERIODICALS

S E C R E T

INSPECTION

- | | <u>YES</u> | <u>NO</u> |
|---|---------------|---------------|
| 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? | <u>✓</u> | <u> </u> |
| 36. Where there is a known risk of accidents, injuries, or illnesses, how frequently do you conduct formal inspections? | | |
| a. Daily | <u>✓</u> | <u> </u> |
| b. Weekly | <u> </u> | <u> </u> |
| c. Monthly | <u> </u> | <u> </u> |
| d. Other | <u> </u> | <u> </u> |
| 37. How frequently are less hazardous areas/operations of your Agency formally inspected? | | |
| a. Monthly | <u>✓</u> | <u> </u> |
| b. Quarterly | <u> </u> | <u> </u> |
| c. Semiannually | <u> </u> | <u> </u> |
| d. Annually | <u> </u> | <u> </u> |
| e. Other | <u> </u> | <u> </u> |
| 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. | | <u>10</u> |
| 39. Of all formal inspections in the past calendar year, approximately what percent was conducted by trained OSHA professionals? | | <u>20</u> |
| 40. Of all formal inspections in the past calendar year, approximately what percent was conducted by supervisors? | | <u>15</u> |

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:

S E C R E T

~~SECRET~~

ROUTING AND RECORD SHEET

SUBJECT: (Optional)

Occupational Safety and Health Program - Annual Questionnaire

FROM: [Redacted]	EXTENSION	NO.
Chief, Operations Support Branch		
		DATE 18 November, 1987

TO: (Officer designation, room number, and building)	DATE		OFFICER'S INITIALS	COMMENTS (Number each comment to show from whom to whom. Draw a line across column after each comment.)
	RECEIVED	FORWARDED		

TO: (Officer designation, room number, and building)	DATE		OFFICER'S INITIALS	COMMENTS (Number each comment to show from whom to whom. Draw a line across column after each comment.)
	RECEIVED	FORWARDED		
1. C/P&PD 154 P&P Bldg.			[Redacted]	1. Attached is the Annual Occupational Safety and Health Questionnaire for 1987. 2. This report will be consolidated into comprehensive Office of Logistics response and will be forwarded to the Office of Occupational Safety and Health. In order to meet a short deadline for this information request that your be sent to OL/SD/OSB in 3G10 [Redacted] No Later Than COB 23 Nov 87. <div style="border: 1px solid black; width: 150px; height: 80px; margin: 20px auto;"></div>
2.				
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12.				
13.				
14.				
15.				

~~SECRET~~

~~S E C R E T~~

OCCUPATIONAL SAFETY AND HEALTH PROGRAM

ANNUAL REPORT FOR CY 1987

NAME AND ADDRESS OF FACILITY/COMPONENT

OL/P&PD

158 Printing Bldg.

25X1

NUMBER OF EMPLOYEES

NAME OF FACILITY/COMPONENT SAFETY OFFICER

25X1

S E C R E T

ADMINISTRATION

- | | <u>YES</u> | <u>NC</u> |
|--|------------|------------|
| 1. Has the head of your Facility/Component issues 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. Meetings have occurred to discuss specific problems when they occur.

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 ✓ _____

If other, please explain. none, to my knowledge

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

Name

Title Printing Production Specialist

Name _____

Title _____

6. What is the approximate percent of time this (each person spends on the OSHA program? 1% (safety) 1% (health)

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

I am not aware of the financial resources available for these purposes.

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

S E C R E T

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.*)	<u>0</u>	---
b. Health Professionals (GS-602, 610, 645, 690, 699, 1306, 1311, 1320, etc.*)	<u>0</u>	---

*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	<u>2</u>	_____
b. Field personnel	<u>0</u>	_____

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? | _____ | _____✓ |
| 11. What were the <u>primary</u> occupational safety and health program goals achieved during Calendar Year. (Briefly list.) | | |

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

13. How often are your goals and objectives reviewed?

- Goals and objectives have not been established*
- 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? | _____ | _____✓ |

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.

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						OTHER
	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 &	S T A F F I N G	A P P R O P R I A T E M E N T S	
a. Injury and illness incidence data. 1. Lost workday cases 2. Total cases							
b. Injury and illness (OWCP) cost data							
c. Recognized hazard data							
d. Employee reports of unsafe and unhealthful working conditions							
e. Recommendations of employee representatives							
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. _____

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 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.

TYPE OF OCCUPATIONAL INJURY OR ILLNESS (As defined on OSHA Form No. 100F)	SECTION I			SECTION II							C I T I E R
	PERCENT	H, M, L		COUNTERMEASURES							
		W O R K P L O T Y E N T S I A L Y	C U R R E N T P R I O R I T Y	T R A I N I N G	W O R K P L A Z A C A B I L I T Y	I N F O R M A C I O N I N G	D E V E L O P M E N T O F	R U L E S & G U L T I O N S	R E C U R R E N T I N S P E C T I O N S		
a. Traumatic injuries											
b. Occupational skin disease or disorders											
c. Dust diseases of the lungs (Pneumoconioses)											
d. Respiratory conditions due to toxic agents											
e. Poisoning (Systemic effects of toxic materials)											
f. Disorders due to physical agents (other than toxic materials)											
g. Disorders due to repeated trauma											
h. All other occupational illnesses (list)											

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

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

materials receive from O&B are distributed to employees in boxes

COMMITTEES

	<u>YES</u>	<u>NO</u>
22. Does your Facility/Component have safety and health committees? If yes, answer questions 23 through 28. If no, proceed to question 29.	<input type="checkbox"/>	<input checked="" type="checkbox"/>

23. How long have most of your safety and health committees been in operation?	
a. Less than one year	<input type="checkbox"/>
b. 1 - 2 years	<input type="checkbox"/>
c. 3 - 4 years	<input type="checkbox"/>
d. 5 - 6 years	<input type="checkbox"/>
e. 7 years or more	<input type="checkbox"/>

S E C R E T

S E C R E T

	<u>Approximate percent</u>	
24. What is the typical membership of your committees?		
a. Management representatives		_____
b. Safety and health specialists		_____
c. Employee members		_____
d. Employee representatives		_____
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	_____	
	<u>YES</u>	<u>NO</u>
27. Are written minutes taken at committee meetings	_____	_____
Is a formal report of issues and recommendations prepared?	_____	_____
If so, to whom is it submitted?		

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

S E C R E T

S E C R E T

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	-----	-----	-----	-----	-----	-----
b. Employees assigned to operate "new" equipment	-----	-----	-----	-----	-----	-----
c. Employees assigned to "new/different" tasks	-----	-----	-----	-----	-----	-----
d. Employees in high risk jobs	-----	-----	-----	-----	-----	-----
e. Top management officials	-----	-----	-----	-----	-----	-----
f. Supervisors	-----	-----	-----	-----	-----	-----
g. Safety and health	-----	-----	-----	-----	-----	-----
h. Safety and health inspectors	-----	-----	-----	-----	-----	-----
i. Collateral duty safety and health personnel	-----	-----	-----	-----	-----	-----
j. Occupational safety and health committee members	-----	-----	-----	-----	-----	-----
k. Employee representatives	-----	-----	-----	-----	-----	-----
l. Other employees	-----	-----	-----	-----	-----	-----

Approximately 10% of all decisions employees attend to the by management course this CY.

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.)	---	---✓---

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

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.)

S E C R E T

INSPECTION

- | | | <u>YES</u> | <u>NO</u> |
|---|---------------|------------|---------------|
| 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. | | | _____ 0 _____ |
| 39. Of all formal inspections in the past calendar year, approximately what percent was conducted by trained CSHA professionals? | | | _____ 0 _____ |
| 40. Of all formal inspections in the past calendar year, approximately what percent was conducted by supervisors? | | | _____ 0 _____ |

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

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.)

I am not aware of any self-evaluation conducted by the component during the last CY.

- 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.)
-
-

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.)

S E C R E T

ROUTING AND RECORD SHEET

SUBJECT: (Optional)

FROM: OL/RECD

EXTENSION

NO.

OL 13413-87

DATE

30 November 1987

TO: (Officer designation, room number, and building)

DATE

OFFICER'S INITIALS

COMMENTS (Number each comment to show from whom to whom. Draw a line across column after each comment.)

RECEIVED

FORWARDED

1. C/OL/SD/OSB

1 Doc

1 Doc

2.

3. C/ISS/OL

4.

5.

6.

7.

8.

9.

10.

11.

12.

13.

14.

15.

~~SECRET~~

30 NOV 1987

MEMORANDUM FOR: Chief, Operations Support Branch,
Supply Division, OL

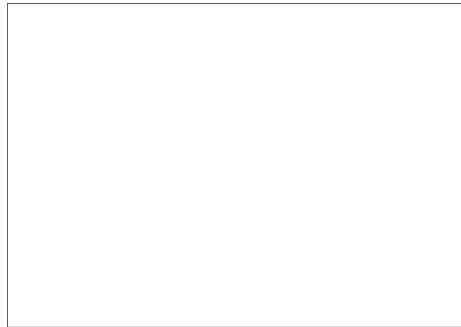
FROM: Acting Chief
Real Estate and Construction Division, OL

SUBJECT: Occupational Safety and Health Program - Annual
Questionnaire

25X1

The Real Estate and Construction Division has on its staff a Safety Officer assigned from the Office of Medical Services to provide assistance and ensure compliance with the Occupational Safety and Health Program. The Chief of the Field Engineering Branch is an advisor to the Agency Occupational Safety and Health Committee, which meets frequently with the committee on matters of safety and health. The Real Estate and Construction Division Occupational Safety and Health program is an integrated part of the Logistics program.

25X1



25X1



OL 13413-87

~~SECRET~~

~~SECRET~~**ROUTING AND RECORD SHEET****SUBJECT:** (Optional)

Occupational Safety and Health Program - Annual Questionnaire

FROM:

Chief Operations Support Branch

EXTENSION**NO.****DATE**

18 November, 1987

TO: (Officer designation, room number, and building)**DATE****RECEIVED****FORWARDED****OFFICER'S INITIALS****COMMENTS** (Number each comment to show from whom to whom. Draw a line across column after each comment.)

1.

C/RECD

19 NOV 1987

2.

23 Nov

3.

4.

5.

6.

7.

8.

9.

10.

11.

12.

13.

14.

15.

1. Attached is the Annual Occupational Safety and Health Questionnaire for 1987.
2. This report will be consolidated into comprehensive Office of Logistics response and will be forwarded to the Office of Occupational Safety and Health. In order to meet a short deadline for this information request that your be sent to OL/SD/OSB in 3G10

No Later Than COB 23 Nov 87.

~~S E C R E T~~

OCCUPATIONAL SAFETY AND HEALTH PROGRAM

ANNUAL REPORT FOR CY _____

NAME AND ADDRESS OF FACILITY/COMPONENT

NUMBER OF EMPLOYEES _____

NAME OF FACILITY/COMPONENT SAFETY OFFICER

~~SECRET~~

ADMINISTRATION

YES NC

1. Has the head of your Facility/Component issues 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?

Meet

Communicate

- | | | |
|-----------------------|-------|-------|
| a. At least weekly | ----- | ----- |
| b. At least monthly | ----- | ----- |
| c. At least quarterly | ----- | ----- |
| d. Other | ----- | ----- |

If other, please explain. _____

~~SECRET~~

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 _____

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 _____

Title _____

Name _____

Title _____

6. What is the approximate percent of time this (each person spends on the OSHA program?

(safety) _____

(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	_____	_____

S E C R E T

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

YES NO

10. Have safety and health program goals and objectives been established?

11. What were the primary occupational safety and health program goals achieved during Calendar Year. (Briefly list.)

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

13. How often are your goals and objectives reviewed?

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

YES NO

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?

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.

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

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 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.

TYPE OF OCCUPATIONAL INJURY OR ILLNESS (As defined on OSHA Form No. 100F)	SECTION I		SECTION II									
	PERCENT	H, M, L	COUNTERMEASURES									
			W	I	D	R	F	E	S	A	I	C
			W	I	D	R	F	E	S	A	I	C
			OR	N	E	U	O	V	L	E	R	Q
			K	F	E	L	R	E	S	E	L	U
			PL	R	L	E	M	O	S	G	T	I
			OT	A	P	P	A	P	&	U	L	N
			YE	C	A	C	C	M		L	A	S
			EN	R	A	T	A	E		A	T	I
			ET	N	I	O	I	S		M	E	S
			SI	T	N	O	P	N		O	P	E
			EX	O	I	E	N	A		G	O	F
			PL	T	G	M	I	N		O	F	D
			LO	Y		E	N	A		S	I	N
			SE			N	I	N		O	N	S
			EL			T	G	W		S		
a. Traumatic injuries												
b. Occupational skin disease or disorders												
c. Dust diseases of the lungs (Pneumoconioses)												
d. Respiratory conditions due to toxic agents												
e. Poisoning (Systemic effects of toxic materials)												
f. Disorders due to physical agents (other than toxic materials)												
g. Disorders due to repeated trauma												
h. All other occupational illnesses (list)												

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.

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

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

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

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 _____

S E C R E T

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 _____
- 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 _____

YES NO

- 27. Are written minutes taken at committee meetings _____
- Is a formal report of issues and recommendations prepared? _____
- If so, to whom is it submitted?

- 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.)		-----
25X1 * 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?	-----	-----

S E C R E T

S E C R E T

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	-----	-----	-----	-----	-----	-----
b. Employees assigned to operate "new" equipment	-----	-----	-----	-----	-----	-----
c. Employees assigned to "new/different" tasks	-----	-----	-----	-----	-----	-----
d. Employees in high risk jobs	-----	-----	-----	-----	-----	-----
e. Top management officials	-----	-----	-----	-----	-----	-----
f. Supervisors	-----	-----	-----	-----	-----	-----
g. Safety and health	-----	-----	-----	-----	-----	-----
h. Safety and health inspectors	-----	-----	-----	-----	-----	-----
i. Collateral duty safety and health personnel	-----	-----	-----	-----	-----	-----
j. Occupational safety and health committee members	-----	-----	-----	-----	-----	-----
k. Employee representatives	-----	-----	-----	-----	-----	-----
l. Other employees	-----	-----	-----	-----	-----	-----

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.) | ---- | ---- |

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

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.)

S E C R E T

INSPECTION

- | | <u>YES</u> | <u>NO</u> |
|---|------------|-----------|
| 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. | | _____ |
| 39. Of all formal inspections in the past calendar year, approximately what percent was conducted by trained OSHA professionals? | | _____ |
| 40. Of all formal inspections in the past calendar year, approximately what percent was conducted by supervisors? | | _____ |

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? _____

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

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.)

- 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.)

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.)

S E C R E T

~~SECRET~~

ROUTING AND RECORD SHEET

SUBJECT: (Optional)

Annual Occupational Safety and Health Report (U)

FROM:	EXTENSION	NO.
		DATE
		23 November 1987

TO: (Officer designation, room number, and building)	DATE		OFFICER'S INITIALS	COMMENTS (Number each comment to show from whom to whom. Draw a line across column after each comment.)
	RECEIVED	FORWARDED		

1. C/SD/OL				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				

25X1

25X1

~~S E C R E T~~

23 November 1987

MEMORANDUM FOR: Chief, Supply Division, OL

25X1 FROM:

[Redacted]

25X1 SUBJECT: Annual Occupational Safety and Health Report

[Redacted]

25X1 Attached is the completed subject report for

[Redacted]

25X1 [Redacted] for calendar year 1987.

[Redacted]

[Redacted]

25X1 Attachment:
Safety Report

25X1

[Redacted]

~~S E C R E T~~

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OCCUPATIONAL SAFETY AND HEALTH PROGRAM

ANNUAL REPORT FOR CY 1987

NAME AND ADDRESS OF FACILITY/COMPONENT

25X1

25X1

NUMBER OF EMPLOYEES

NAME OF FACILITY/COMPONENT SAFETY OFFICER

25X1

SAFETY OFFICER

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S E C R E T

ADMINISTRATION

	<u>YES</u>	<u>NO</u>
1. Has the head of your Facility/Component issues a policy statement that:		
a. Emphasizes his/her commitment to a safe and healthful workplace?	<u> X </u>	<u> </u>
b. Charges all levels of management to be responsible and accountable for the program?	<u> X </u>	<u> </u>
c. Requires employee compliance with applicable OSHA and/or Agency standards?	<u> X </u>	<u> </u>
d. Has been communicated to all Agency personnel?	<u> X </u>	<u> </u>
e. Assures employee OSHA rights?	<u> X </u>	<u> </u>
2. Does the Official in Charge directly supervise the person(s) responsible for managing the OSHA program?	<u> </u>	<u> X </u>
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	<u> </u>	<u> X </u>
b. At least monthly	<u> </u>	<u> </u>
c. At least quarterly	<u> X </u>	<u> </u>
d. Other	<u> </u>	<u> </u>

If other, please explain. _____

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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 X
- d. At least quarterly _____
- e. Other _____

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
Title Safety Officer

Name _____
Title _____

6. What is the approximate percent of time this (each person spends on the OSHA program?)
 80% 5%
(safety)(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.	<u> X </u>	_____
b. Training	<u> X </u>	_____
c. Inspection/evaluations	<u> X </u>	_____
d. Personal protective equipment	<u> X </u>	_____

S E C R E T

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

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.*)	<u> N/A </u>	<u> N/A </u>
b. Health Professionals (GS-602, 610, 645, 690, 699, 1306, 1311, 1320, etc.*)	<u> N/A </u>	<u> N/A </u>

*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	<u> 1 </u>	<u> 85% </u>
b. Field personnel	<u> N/A </u>	<u> N/A </u>

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

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PLANNING

- | | <u>YES</u> | <u>NO</u> |
|--|-------------|-------------|
| 10. Have safety and health program goals and objectives been established? | <u>X</u> | <u> </u> |
| 11. What were the <u>primary</u> occupational safety and health program goals achieved during Calendar Year. (Briefly list.) | | |
| <u>Please see attached</u> | | |
| <u> </u> | | |
| <u> </u> | | |
| <u> </u> | | |
| 12. What <u>primary</u> occupational safety and health program goals were <u>not</u> achieved during Calendar Year? (Briefly list.) | | |
| <u>N/A</u> | | |
| <u> </u> | | |
| <u> </u> | | |
| <u> </u> | | |
| <u> </u> | | |
| 13. How often are your goals and objectives reviewed? | | |
| a. Monthly | <u> </u> | |
| b. Quarterly | <u>X</u> | |
| c. Semiannually | <u> </u> | |
| d. Annually | <u> </u> | |
| e. Other | <u> </u> | |
| | <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 - MBO's, program executive plan - PEP) or other similar system? | <u> </u> | <u>X</u> |

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GOALS AND OBJECTIVES FOR CY.

15. Briefly list your primary goals for Calendar Year.

Please see attachment

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

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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 X

If yes, briefly describe. _____

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 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.

TYPE OF OCCUPATIONAL INJURY OR ILLNESS (As defined on OSHA Form No. 100F)	SECTION I			SECTION II						
	PERCENT	H, M, L		COUNTERMEASURES						
				W	I	D		F		
				O	N	E	R	R		
				R	F	V	U	Q		
		C		K	O	E	L	U		
		U	T	P H	R	L	E R	E		
		R	R	L A	M	O	S E	N I		
		R P	A	A Z A	A C	P	G	T N	O	
		E R	I	C A B	T A	M	& U	S	T H	
		N I	N	E R A	I M	E S	L	P	E R	
		E T O	I	D T	O P	N T	A	E		
		A X R	N	E	N A	T A	T	C	R	
		L P I	G	M	I	N	I	T		
		L O T		E	G	O F D	O	I		
		Y S Y		N	N	A	N	O		
		E		T	I	N R	S	N		
		D			G	E D	S	S		
						W S				
a. Traumatic injuries	66%	M	X		X		X	X		
b. Occupational skin disease or disorders	1%	L	X		X		X	X		
c. Dust diseases of the lungs (Pneumoconioses)	2%	L	X		X		X	X		
d. Respiratory conditions due to toxic agents	1%	M	X		X		X	X		
e. Poisoning (Systemic effects of toxic materials)	0									
f. Disorders due to physical agents (other than toxic materials)	0									
g. Disorders due to repeated trauma	0									
h. All other occupational illnesses (list)	0									

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

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

- a. Poster X
- b. Administrative directive X
- c. Routine part of new employee orientation procedures X
- d. Periodic publications X
- e. Other (list): Supervisor's mini-safety meetings X

- 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 X
- b. Newsletter X
- c. Memoranda X
- d. Pamphlets X
- e. Other (list): Films & Cassettes X
- 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

 X

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 X

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Approximate
percent

24. What is the typical membership of your committees?

- a. Management representatives 40%
- b. Safety and health specialists 10%
- c. Employee members 40%
- d. Employee representatives 10%

25. What is the total number of safety and health committees in you Facility/Component: 1

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

27. Are written minutes taken at committee meetings

X _____

Is a formal report of issues and recommendations prepared?

X _____

If so, to whom is it submitted?

25X1 Chief, [redacted] Branch Chiefs & all Safety Committee Members.

Is there a formal follow-up procedure?

X _____

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	_____	_____	X	_____
b. Communicating OSHA problems to management	_____	_____	X	_____
c. Increasing safety consciousness in the workplace	_____	_____	_____	X
d. Reducing accident rates	_____	_____	_____	X
e. Improving health conditions	_____	_____	X	_____
f. Finding solutions to OSHA problems that are discovered	_____	_____	X	_____

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.)	X*	_____
25X1 * OL utilizes Agency guidelines and regulations		_____
30. If yes, has the policy been communicated to all Facility/Component subunits and field establishments?	X	_____
31. Have official (management and non-management) representatives to Field Councils been appointed by the head of each establishment?	X	_____

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S E C R E T

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	<u>X</u>	<u>100%</u>	<u> </u>	<u>X</u>	<u>100%</u>	<u> </u>
b. Employees assigned to operate "new" equipment	<u>X</u>	<u>100%</u>	<u> </u>	<u>X</u>	<u>100%</u>	<u> </u>
c. Employees assigned to "new/different" tasks	<u>X</u>	<u>100%</u>	<u> </u>	<u>X</u>	<u>100%</u>	<u> </u>
d. Employees in high risk jobs	<u>X</u>	<u>100%</u>	<u> </u>	<u>X</u>	<u>100%</u>	<u> </u>
e. Top management officials	<u> </u>	<u> </u>	<u>X</u>	<u> </u>	<u> </u>	<u>X</u>
f. Supervisors	<u>X</u>	<u>100%</u>	<u> </u>	<u>X</u>	<u>100%</u>	<u> </u>
g. Safety and health	<u>X</u>	<u>100%</u>	<u> </u>	<u>X</u>	<u>100%</u>	<u> </u>
h. Safety and health inspectors	<u>X</u>	<u>100%</u>	<u> </u>	<u>X</u>	<u>100%</u>	<u> </u>
i. Collateral duty safety and health personnel	<u>X</u>	<u>100%</u>	<u> </u>	<u>X</u>	<u>100%</u>	<u> </u>
j. Occupational safety and health committee members	<u>X</u>	<u>100%</u>	<u> </u>	<u>X</u>	<u>100%</u>	<u> </u>
k. Employee representatives	<u>X</u>	<u>100%</u>	<u> </u>	<u>X</u>	<u>100%</u>	<u> </u>
l. Other employees	<u>X</u>	<u>100%</u>	<u> </u>	<u>X</u>	<u>100%</u>	<u> </u>

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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.)

YES NO

 X _____

<u>Course Title</u>	<u>Course Objective (ident. problems)</u>	<u>Trainee Classification</u>	<u>Number Attendees</u>	<u>Number Hours</u>
Hazardous Cargo	For Employee Certification		29	40
Forklift Training	New & Potential Operators		32	40
CPR	Protection of Workforce		20	40
Forklift Refresh Course	All Involved Employees		75	2
Fire Fighting	Keep Fire Brigade Abreast of New Technology		10	12

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.)

<u>Subject Matter</u>	<u>Intended Audience</u>	<u>Type of Training Material (film, slides, text)</u>
The Great Betrayal	Employees who operate material handling equip. and their Supervisors	Film and Video Cassette
The Color of Danger	Employees who operate material handling equip. and their Supervisors	16 MM Film
25X1 Safe Transport of Hazardous Materials	All persons involved with said material <input type="text"/>	Film and Video Cassette
25X1 Countdown to Disaster	All Personnel <input type="text"/>	Cassette

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INSPECTION

- | | <u>YES</u> | <u>NO</u> |
|---|------------------|---------------|
| 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? | <u>X</u> | <u> </u> |
| 36. Where there is a known risk of accidents, injuries, or illnesses, how frequently do you conduct formal inspections? | | |
| a. Daily | <u> </u> | |
| b. Weekly | <u> X </u> | |
| c. Monthly | <u> </u> | |
| d. Other | <u> </u> | |
| 37. How frequently are less hazardous areas/operations of your Agency formally inspected? | | |
| a. Monthly | <u> X </u> | |
| b. Quarterly | <u> </u> | |
| c. Semiannually | <u> </u> | |
| d. Annually | <u> </u> | |
| e. Other | <u> </u> | |
| 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. | | <u>100%</u> |
| 39. Of all formal inspections in the past calendar year, approximately what percent was conducted by trained OSHA professionals? | | <u>100%</u> |
| 40. Of all formal inspections in the past calendar year, approximately what percent was conducted by supervisors? | | <u>50%</u> |

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41. Of all known unsafe or unhealthful working conditions, approximately what percent was abated within your inspection report deadlines in the past calendar year? 95%

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.)

See Attached sheet

25X1
25X1

Evaluations [redacted] program conducted by
Chief of Operations & Maintenance Branch [redacted] and Safety Officer [redacted]

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.)

-See attached sheets

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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.)

See attached sheets

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ATTACHMENT

Response to Question 11.

25X1 - Still using Man & Manager textbook technique
for inspections

25X1

Film program on Safety - Fire Prevention.

25X1 Forty hours of fire brigade training

Training classes for forklift operators and
materiel handling equipment.

Response to Question 15.

25X1 - To continue to reduce accidents through employee and
supervisor awareness and President Reagan's program
25X1 for reduction of accidents in government.
25X1 total accidents CY 1986 - 43 accidents, 8 with lost
time. total to date (20 NOV. 87) CY 87 25
accidents , 7 with lost time.

25X1 Through Medic CPR classes to have a
sufficient number of employees trained in CPR and
First Aid.

Strive for an overall improved ratio of trained
supervisors which will equate with the table of
organization for each Branch and tenant organization.

25X1 General Services Administration removed empty PCB
25X1 transformers from roof in FY-87, and all
such items which were located at Compound
have been disposed of properly and in a timely
fashion.

~~SECRET~~

Response to Question 43

Evaluation Factors:

1. Leadership and administration
2. Management training
3. Inspections
4. Job analysis & procedures
5. Investigations
6. Job observations
7. Emergency plans (fire evacuations)
8. Protective and safety equipment (masks, safety shoes, goggles)
9. Rules & regulations
10. Skill training
11. Emergency care such as CPR, mini safety and first aid courses
12. Engineering controls - safeguarding machinery
13. Purchasing controls
14. Communications
15. Hiring & placement of personnel
16. Program follow-up system
17. Reference library
18. State of the art changes in personnel protective equipment
19. State of the art training in fire/suppression, fire prevention, sprinkler systems, etc.
20. Good, sound fire prevention practices
21. Procurement of new training films on fire prevention and home fire safety and a continuing program through out the year to see that all personnel are afforded the opportunity to attend.

25X1

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~~SECRET~~

Response to Question 44

25X1 [] has a component Safety Officer who has been trained in safety
 25X1 management techniques by a creditable outside organization. He has
 25X1 attended Agency-sponsored (OSHA) 40-hour training programs. []
 25X1 Safety Officer implements the safety program and follows through with the
 25X1 assistance of supervisors in the investigation of work accidents or
 25X1 hazards and "near misses". Selected personnel are trained in emergency
 25X1 care for the ill or injured. [] has a full time Medical Technician
 25X1 assigned to handle any extreme emergencies, and to conduct CPR and other
 25X1 related emergency treatment courses []

25X1 The safety program at the LOC is consistent with the intent of []
 25X1 [] CIA Safety & Health Program. [] has experienced relatively
 25X1 few accidents involving lost time during the past calendar year. During
 25X1 the period 1 January 1987 through 20 November 1987 [] has
 25X1 experienced seven (7) lost time accidents out of 25 total accidents
 25X1 overall.

Listed below are a number of safety problem areas and safety measures
 accomplished during the period 1 January 1987 through 20 November 1987.

25X1 Fumes & Vapors - Twenty-four exhaust fans are strategically located
 25X1 throughout [] to protect employees' health. Six additional fans
 25X1 are installed in overhead door openings in summertime.

25X1 Dust Problems - GSA employs two machines, an electric sweeper and
 25X1 electric scrubber, to reduce the amount of dust [] These
 25X1 machines are similar to dust removal equipment used throughout the
 25X1 industrial community. The machines are used daily, the machines are
 25X1 very old and have been in a state of disrepair quite frequently over
 25X1 the past few months. [] personnel have been discussing this
 25X1 problem with General Services Administration (GSA) in an attempt to
 25X1 have the machines replaced. [] floors have been sealed periodically
 25X1 throughout the year to reduce dust problems.

Excessive Heat or Cold

Excessive Heat - GSA established a task force to resolve
 excessive heat problems during the summer months. The overhead
 ventilating fans were repaired and are 95% operational. Defective
 units are awaiting spare parts replacement. The roof was painted
 with an aluminum reflective paint which reduced the temperature
 about ten percent (10%). Some relief from the hot sun was noticed
 as a result of this exercise.

Excessive Cold - All heating units are in good operating
 condition. Permission was received from GSA to again raise the
 temperatures in the industrial work areas. New closer fitting large
 overhead doors have been installed in the Small Purchases Section
 (SPS) Receiving Area to keep out cold air. Clear plastic sheeting
 has been installed around selected unused overhead doors to keep out
 the cold air. The new enclosed dock area is now completed.
 This should create a better environment in which to work.

~~SECRET~~

25X1 Radiation - In the past [] has not dealt with any major
radiation problem as most of our shipments involving a radiation
25X1 hazard are very minimal and are properly packaged upon arrival here
at []

25X1 Roof Leaks - The roof leaks in [] have been corrected through
the establishment of a GSA contract with a local vendor. A large 50,000
square foot quadrant which was the most seriously damaged area was
completely repaired. The remaining 200,000 square feet which requires
less extensive repairs was repaired in calendar year 1986. Sporadic
leaks are repaired by GSA on an ad hoc basis as required.

25X1 Safety Shoes - All personnel at [] are now issued two (2) pairs
of safety shoes. The shoes are fitted on the job through the periodic
visit of a commercial shoe truck or are purchased individually if volume
25X1 sales do not necessitate the truck transiting [] Individuals draw
official funds and purchase safety shoes accordingly. Periodic
inspections are made to insure that personnel are wearing safety shoes as
prescribed by regulations. Supervisors are responsible for compliance
with the program.

25X1 Housekeeping Practices - Safety Inspections - Weekly and monthly
inspections are conducted on all shop tools and equipment. [] fire
extinguishers are inspected semi-annually. A weekly safety and security
25X1 inspection is made every Friday by the Safety Officer and reported in
writing to the Chief [] Supervisors are advised to take corrective
action as necessary. All supervisors are made aware of the need for good
housekeeping and safety practices, and in turn, pass on their experience
along to the employees under their supervision. The most current safety
meeting was held in September 1987.

Training - Scheduled and/or Recommended

25X1 Safety Responsibility - The National Safety Council says that the
primary responsibility for safety lies with the supervisor; subsequently,
[] is planning an updated supervisor's training course in CY 1988.

CPR & First Aid Classes - Six (6) or more CPR classes are planned for
the calendar year 1988, and a short first aid class in concert with these
CPR classes. Annual re-certification will be given to all CPR trained
employees who complete the one-half day refresher course in CPR

25X1 Forklift Training - Ten (10) forklift training courses were held at
[] for new employees. At least eight (8) will be held in CY-1988.
Refresher training will be held periodically through the use of films and
videotapes to remind employees about safety and hazards involved in
forklift operations.

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Response to Question 44 continued

25X1 Fire Brigade Training - [] Fire Brigade Training (basic fire
 25X1 fighting protective clothing, and self-contained breathing apparatus)
 25X1 classes were held both at [] and on the fire training grounds at
 25X1 []

25X1 Hazardous Materiels Training - As previously stated in question 11, a
 25X1 hazardous material training course will be conducted [] in the
 Spring of 1988 by a representative from the Department of Defense. About
 30 personnel normally attend this course which includes re-certification
 of employees who are continually involved in handling hazardous cargo.

Fire Drills - Evacuation Fire Drills and employee fire safety
 awareness are scheduled for early spring and throughout the year
 particularly during Fire Prevention Week in October.

25X1 Hazardous Materiels Storage - The construction of an environmentally
 controlled building for the storage of hazardous materiel in an area near
 25X1 the proposed [] is now complete. Two buildings, with four (4)
 bays are ready for occupancy once explosion proof motors are installed
 for overhead door operation.

25X1 Painting of Forklifts - [] forklifts have been painted in house with
 safety approved lime/yellow OSHA approved color to have them more readily
 visible by employees, and all new forklifts procured hereafter are
 painted with the same safety approved color.

Physical Stress - Improved environment with a new dayroom and new
 restroom facilities and installation of additional recreational type
 equipment during smoke breaks, lunch hours and before working hours
 provided much needed changes in these areas. Additional new improved
 materiel handling equipment is being acquired and office areas,
 including Small Purchase Section and Inventory & Audit Section,
 provided better office space because of renovations. Office in the
 Transportation Management Branch (TMB) area were reconfigured to
 improve the working environment. Additional offices for TMB were
 constructed to house the Support Section, truck dispatcher, and
 drivers. Completion of the renovations were accomplished in July
 1986. The renovation of the men's and ladies' restrooms near front
 door #50 was completed on or about 10 October 1986.

25X1 New Exercise Equipment - In the interest of promoting physical
 fitness selected exercise equipment was procured during calendar year
 25X1 1987 in coordination with [] Medical Technician and the physical
 25X1 therapist assigned to the Office of Medical Services. The therapist
 25X1 visited [] on several occasions to demonstrate the new equipment and
 25X1 to brief [] personnel on sound physical fitness programs. A new
 separate area adjacent to the medical office has been set up as a fitness
 25X1 room for [] personnel.

S E C R E T

Response to Question 44 continued

25X1 Safety Committee - A safety committee consisting of several [redacted]
 25X1 personnel is established for improving overall safety [redacted] The
 Group meets quarterly, and membership is rotated on an annual basis.

25X1 Machinery Requiring Maintenance - A preventative maintenance program
 is well established by [redacted] Maintenance Mechanic to preclude
 25X1 excessive wear and breakdowns of equipment. Whenever new equipment
 25X1 is received [redacted] the manufacturer is contacted as necessary to
 familiarize maintenance personnel with the care, operation and repair
 of the equipment. This is accomplished either in house or out of
 house.

25X1 Poor Lighting - Areas [redacted] were surveyed and additional
 overhead lighting was installed in Storage & Issue Section,
 25X1 Classification, Repair & Disposal Section and Freight Traffic
 Branch. In addition to the areas inside [redacted] the outside
 compound was surveyed, and GSA installed sodium vapor lighting which
 25X1 has improved nighttime lighting about 60%. Sodium vapor lighting has
 25X1 also been used [redacted] and to illuminate the rear yard [redacted]
 25X1 Maintenance Staff has an ongoing light replacement program to help
 reduce the amount of "lights out" throughout [redacted]

Primary Goals and/or Accomplishments

25X1 [redacted] Safety and Health Program, through the efforts of
 management and all employees, continued on the positive side. Even
 25X1 though many of [redacted] operations are labor intensive and [redacted] has
 25X1 many diversified operations, [redacted] has experienced few lost time
 accidents which we attribute to implementation of good sound and
 established safety and health habits on a continued basis.
 25X1 Particularly of significance during this past year is that [redacted]
 again experienced a heavy workload setting new records for overtime
 worked, cargo packed, tonnage handled, vehicle mileage over the road,
 and productivity achieved without any corresponding increase in
 accidents.

25X1 [redacted] plans to continue daily and weekly inspections through
 the various branch supervisors, and a follow-up program is in
 operation to record progress through the end of 1987. All personnel
 are encouraged to participate in physical fitness programs, good
 safety practices and to be aware of potential safety hazards and to
 report same immediately.

S E C R E T

Response to Question 45

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.)

25X1 Management consistently initiates a local policy statement concerning the many phases of safety [redacted] Safety now has become a specific part of each agenda for management meetings. Safety is a specific requirement in Performance Appraisal Reports. All levels of supervisors are or will be trained (in the near future) in safety management to include planned inspections, accident investigation, skill training, job instruction and conduct of group meetings. Management has requested that more time be allocated by the Safety Officer to safety related activities.

Foremen and supervisors are being trained to have specific standards established to instill involvement in accident investigations, planned inspections and safety communications. Plans are being formulated for all new employees with new assignments, to include supervisors, to receive formal job orientation that includes safety, i.e., job and craft rules, accident reporting, protective equipment and safety responsibilities. A prepared plan and check list will be used to insure that the critical information is disseminated.

Inspections and planned tours are conducted on a weekly basis. Emphasis is placed on identifying the basic causes for deficiencies found. This gives top management high visibility to all employees and enables employees to become aware of what priority should be placed on safety. An accelerated preventative maintenance program has been implemented to reduce breakdowns and failures of equipment.

25X1 A current analysis of protective equipment needs for all employees was made. Closer coordination with more clearly defined responsibilities for safety will be paramount pertinent to all tenants [redacted] to insure that safety standards will be honored.

Over the road vehicle operators and forktruck lift operators through refresher courses will be instructed in operator's inspection and minor maintenance to ease the workload of mechanics.

The abatement program, as a result of the early 1984 safety inspection by DDA/Safety Staff, is 100% completed.

S E C R E T