

PR&MS INFORMATION TABLE OF CONTENTS

	Page
Introduction	3
PR&MS Tips	4
Explanation Page	5
Model Guidance	
Mishap Prevention Model Guidance	7
Regulatory Compliance Model Guidance	12
Supervision Process Model Guidance	14
Training Process Model Guidance	18
Self-Assessment Model Guidance	21
Self-Assessment Tips	25
Conducting the Self-Assessment	26
Self-Assessment Program Summary Format	29
Self-Assessment Program Summaries	31
Program Tools	73
Sample Self-Assessment Cover Sheet	75
Activity NAVOSH Program List sample	76
Activity NAVOSH Program List blank	77
Customer Identification Matrix (provided separately)	
Training Requirements by OSHA General Industry Standards and Navy Instructions Matrix blank	79
Training Requirements by OSHA General Industry Standards and Navy Instructions Matrix sample	80
Preparing Lesson Plans	81
Training/Lesson Plan Introduction Information	82
Standard Navy Lesson Plan Format	83
Employee Focus Group Questions	84
Supervisor Focus Group Questions	85
Employee Survey	87
PR&MS Supervisor Feedback Survey	89
Safety Department Building Inspection Checklist (Industrial/Administrative Area)	90
SOH Office Inspection Checklist	92
Pre-Con Safety Checklist	96
Job Hazard Analysis Worksheet (Blank)	99
Job Hazard Analysis Worksheet (Sample)	105
Workplace Hazard Assessment (Sample)	106

Flow Charts	107
First Line Supervisor OSH Training Log	108
First Line Supervisor OSH Tracking	110
Model Evaluation Samples	
Mishap Prevention Model Evaluation Sample	112
Regulatory Compliance Model Evaluation Sample	115
Supervision Process Model Evaluation Sample	117
Training Process Model Evaluation Sample	119
Self-Assessment Model Evaluation Sample	121

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INTRODUCTION

Echelon 2s are required to provide guidance to subordinate activities for implementing PR&MS. CINCLANTFLT distributed a letter, 5100 Ser N4676A/000253 of 26 Apr 99, to echelon 3s that said "Do self-assessments and write improvement plans to support PR&MS." NAVOSH command self-assessment guidance and a sample PR&MS Implementation Plan were included to help in doing activity level self-assessments.

The shore activities forwarded a copy of their 1999 self-assessments to us for our evaluation. None of them met the process criteria. As a result of this and numerous questions and requests for more guidance, this additional guidance was developed using input from several shore activities. This information is to provide shore commands and activities additional assistance to evaluate their safety and health program effectiveness using the PR&MS approach. It should be used in conjunction with the information forwarded by the CINCLANTFLT letter addressed in the paragraph above. It is another approach to implementing a safety process program. If your FY00 self-assessment includes all the items discussed in this package, you will have a self-assessment that meets the PR&MS approach. The initial self-assessment will take quite a lot of time and work to complete. However, it will be less time consuming for the following years. All you will need to do after FY00 is to update the information as applicable. If done in accordance with this guidance, your FY00 self-assessment should be used as your baseline for future years.

Performance measures are required to be developed as part of the self-assessment. You may use the sample performance measures/formulas/metrics where provided in this enclosure, or develop your own. It is **NOT** mandatory to use any of them except the IIR. In programs where metrics are not always readily applicable due to low frequency, i.e. plans review, equipment purchase reviews, metrics are difficult to develop. Therefore, spot checks of these operations over a long time period to determine if something has occurred that needs to be or can be sampled should be conducted.

The Program Tools were gathered from various Navy activities and echelon 2s or developed by the CINCLANTFLT safety staff. They are just some ways to record, track, and implement various parts of the program. Use of any of the tools is not mandatory. They are provided as samples that can be revised to apply to your individual activity if desired, or to give you some ideas on various tools to help validate your program. Whatever format you use to conduct the self-assessment, it is to be consistent in format. The Self-Assessment Program Summary tool provides a sample format and includes all the elements to conduct a self-assessment of individual programs. The program examples in this attachment are just that, examples to give you an idea of how to do each program self-assessment.

Although the PR&MS was developed as a method to measure the quality of NAVOSH Program management, all safety programs (Traffic Safety, Recreation, Athletics and Home Safety) are to be developed and assessed by this method.

PR&MS TIPS

1. A process is a particular method of doing something, steps from start to finish, a start, a middle and an end. Keep this in mind when preparing your self-assessment, when implementing individual safety programs, and when integrating safety into the entire command.
2. Process Owner Participation: you must include managers and supervisors in all action (JHAs, mishap analysis, inspections, training, SOPs, etc.) that involves their work responsibilities or their workers. Feedback to the process owner is also important. They need to be kept informed on the status of the OSH Program. It's also necessary if you want your program to be effective. You will need to determine how you will involve managers and supervisors in your assessment process, and how you will keep them informed on the status of the improvement strategies and effectiveness.
 - a. Evaluate Effectiveness of actions/improvement plans, etc. Developing improvement plans, goals and objectives and determining if you've met the requirements is no longer enough. Now you must actually evaluate the effectiveness of your improvement actions. Evaluating the effectiveness of your actions is the last step of the PR&MS process, prior to starting it over. You must be able to show/explain sufficiently that you've done an evaluation on the effectiveness of your actions, what you did after your evaluation, i.e. determined no further action was required, what you did was not effective, and what you are now going to do, etc.
 - b. Job Hazard Analyses (JHAs) are not required by instruction. However, they are considered to be part of the mishap prevention model. So consider determining under what circumstances you would do a JHA and then do them when applicable. (A sample JHA is provided in the "Program Tools" section.)
 - c. Be sure Safety reviews and approves all SOPs; document it.
 - d. Include personnel outside the safety office in conducting the self-assessment (i.e. actually go to work centers and talk with the workers and supervisors when doing required annual program evaluations of such programs as confined space, lockout/tagout, respirators. Talk to people after training classes to get suggestions for improvements, talk to various levels of people, discuss issues with various safety councils, etc.). Unfortunately, you will have to somehow document you did these things to provide proof of outside safety participation.
 - e. Document attempts to get information, support, participation, etc. i.e. send letters to HRO/ICPA to show you have tried to get FECA information; to the IH to show you've requested specific services or disagree with the recommendations. Keep copies of emails to show you've attempted to resolve problems or get help. Make memos to record on telephone calls and personal conversations.
 - f. Establish procedures for the use of the credit card to purchase safety equipment, hazardous materials, etc..

EXPLANATION PAGE

1. **Model Guidance.** Model Guidance provides specific information to include in the actual evaluation of the individual process "Model". Guidance is provided for each of the five "Models".
2. **Self-Assessment Tips.** General guidance for conducting your self-assessment, developing a time frame including metrics and creating a cover sheet.
3. **Self-Assessment Format.** Suggested format for use when completing the evaluations of each individual program. The format includes: Program Name, Goal, Reviewing Documents, Program Self-Assessment, Measures/ Metrics/ Target, Program Status, Improvement/implementation Strategies, Strategy implementation Dates, Date for Evaluation Effectiveness of Implemented Strategies, Non-labor dollars.
4. **Conducting the Self-Assessments.** Guidance on what the self-assessment package needs to include and executing the self-assessment process.
5. **Self-Assessment Program Summaries.** This section provides numerous samples of program summaries which you may use. The samples provide the START of individual program evaluations (Review the 10 different elements provided in the self-assessment format section. The samples here only contain the first 5 elements). The samples are not all inclusive. You will need to add/delete programs as applicable to your activity.
6. **Program Tools.** Contains samples of charts, surveys, inspections, check sheets, etc. for possible use in doing your self-assessment. This entire PR&MS Information Guidance Document uses several of the program tools as an integral part of this assessment guidance.
7. **Model Evaluation.** Samples provide an actual sample of each process evaluation. Change the provided information to apply to your activity, add your activity specific information where necessary to tailor to your activity, and use these samples as your model evaluations.

MODEL GUIDANCE

Mishap Prevention Model

Process Review and Measurement System

1. **Introduction.** This model evaluates the command actions to identify and control unacceptable risks. The first, and key measure for this model is the Injury/Illness Incidence Rate (IIR). The second measure is a quality assessment of the collection and analysis of mishap and hazard data, AND correction actions taken.

2. Injury/Illness Incidence Rate (IIR).

a. This is a sum of all injuries, occupational illnesses, fatalities, and first aid cases logged on the Navy Log of Occupational Injuries/Illnesses, or in INJTRAK, divided by the total activity hours worked (# of personnel X 2000). The results are standardized using a 200,000 multiplier.

$$\frac{\text{Total \# injuries/illnesses on log X 200,000}}{\text{Total \# personnel on board X 2000 hours}}$$

b. The key to this measure is the cases recorded on the Navy Log of Occupational Injuries/Illnesses because it is the only factor that is subject to error, assuming that the number of work hours is not too much above or below 2,000 per person.

c. Factors that affect the total number of cases logged include:

(1) Injuries/illnesses reported to safety from the medical treatment facility or department.

(2) Injuries/illnesses reported to safety by the Injury Compensation Program Administrator (ICPA).

(3) Injuries/illnesses reported to safety by supervisor/employee.

(4) Personnel reports of injuries or illnesses that occur away from the workplace (i.e. while on TAD, off-site)

3. Collection and Analyses of Mishap Data.

a. Medical reports of injuries and illnesses. A review of the process by which Medical reports injuries and illnesses to the Safety Office must include:

(1) Review of occupational injuries and illnesses treated at the emergency room and outpatient. When a worker (civilian or military) is treated and diagnosed with an occupationally related injury or illness, written notification must be made to the Safety Office. A worker diagnosed with a permanent threshold shift of occupational origin is a reportable injury. The process review should include:

(a) A review of the emergency room and outpatient logs to obtain the number of reportable injuries and illnesses. Check for after normal working hours and TAD injuries/illnesses.

(b) Interview with occupational health nurse to obtain the number of newly diagnosed injuries and illnesses, including audiology.

(c) Data collected may be analyzed using the following formula:

$$\begin{array}{l} \text{Medical} \\ \text{Report} \\ \text{Factor} \end{array} = \frac{\text{Total \# of these injuries/illness reported to OSH Office}}{\text{Total \# injuries/illnesses reported at ER/Outpatient/Occ Health}} \times 100 = \begin{array}{l} \text{The percent of Medical} \\ \text{injuries/illnesses} \\ \text{reported to the} \\ \text{OSH Office.} \end{array}$$

Note: Target is 100%. Depending upon the size of the activity, this fraction may require several months or a year to obtain enough cases. It is probably sufficient to deal with each un-reported case on an individual basis.

b. A review of the process by which the Injury Compensation Program Administrator (ICPA), Human Resources Office (HRO) reports injuries/illnesses to the Safety office must be done. Review the process, determine if it is sufficient, and if not, determine how to improve it. Data may be analyzed by using the following formula:

$$\begin{array}{l} \text{HRO} \\ \text{Factor} = \\ \text{Report} = \end{array} = \frac{\text{\# of these reported to OSH Office}}{\text{\# of injuries and illnesses reported to HRO}} \times 100 = \begin{array}{l} \text{The percent of HRO} \\ \text{injuries/illnesses} \\ \text{reported to the} \\ \text{OSH Office.} \end{array}$$

Note: Target is 100%. Depending upon the size of the activity, this fraction may require several months or a year to obtain enough cases. It is probably sufficient to deal with each un-reported case on an individual basis.

c. Supervisor reports of injuries and illnesses. After logging injuries and illnesses reported/received by all sources (supervisor, ER/Outpatient, OH, and HRO) determine which mishaps supervisors had reported. If supervisors have not reported injuries/illnesses 100%, develop and implement a plan to improve the supervisor reporting process. The plan must include input from the medical staff, HRO and supervisors:

(1) Interviews with Medical and HRO personnel, supervisors, and workers to determine their level of understanding of reporting all occupational injuries/illnesses.

(2) Review mishap reporting training lesson outlines.

4. Mishap Data Trend Analysis

a. The IIR is designed to provide a measure that can be used to set intervention priorities. Workplaces/shops that have a high IIR should be reviewed to determine the root causes. Mishaps can be reduced by various means, i.e. Job Hazard Analysis, training, SOPs, hazardous material changes, adequacy of PPE, re-survey by IH, etc.. Shops that are industrial and have many opportunities for mishaps should have more reported injuries/illnesses

than administrative workplaces. By monitoring case rates/IIR over time, mishap trends can be identified (example 1 is one way of doing this). A spreadsheet with a column for the shops on the far left and the time

intervals for the columns can provide a visual for tracking IIR at the shop and department levels (example 2 is one way of doing this).

EXAMPLE 1:

Dept/Shop	IIR				
	Jan	Feb	Mar	Apr	May
Metal Trades	1.1	1.3	1.2	1.5	1.7
Welding	3.0	2.1	2.1	1.8	3.0
Sheet	7.0	4.4	5.4	6.0	2.0
Plumbing	0.4	2.1	1.4	1.5	2.0
Admin	0.0	0.0	0.1	0.0	0.0

The Sheet Metal Shop is the obvious candidate for a closer look. **OR**

A spreadsheet with the raw numbers listed. Mishap trends can be identified easily and provide a ready visual for following the Dept/Shop mishap experience. Various years can also be easily compared.

EXAMPLE 2:

Dept/Shop	Raw Numbers									
	Jan		Feb		Mar		APR		May	
	99	00	99	00	99	00	99	00	99	00
Metal Trades										
Welding	2	1	0	1	1	0	2	0	1	1
Sheet	3	2	0	1	2	1	0	0	0	2
Plumbing	0	0	1	0	2	0	0	0	1	1
Admin	0	0	1	0	0	0	0	0	0	1

Again the Sheet Metal Shop is the obvious candidate for a closer look.

b. Factor Analyses. Injuries/illnesses must be analyzed by Lost Workday, No Lost Time and First Aid injuries, and frequency and severity rates determined. A total case rate (TCR) must also be determined. Data analyses can be accomplished by several methods, bar graphs, pie charts, spreadsheet, etc. Use whatever method is easy for each of you. However, this analyses alone is not sufficient. Further analyses must include the type of injury (i.e. strain, fracture, abrasion), location of where it happened, causal factors, department/code/occupation, part of body affected, explanation of significant peaks and valleys in occurrence, historical comparisons, etc. Some factors are command-wide factors (command orientation, ergonomics, respirator training, training), and others are shop specific (eye injuries due to dust, chemical exposure, slips, trips, and falls, etc.) By categorizing several broad categories during the analyses, some trends may begin to emerge that may have been lost if they were not displayed visually. This would also permit tracking of a training IIR, HM IIR, etc.

$$\text{Lost Time Case Rate} = \frac{\# \text{ Of all on-duty lost time/deaths X 2000}}{\# \text{ Of all personnel X 2000}}$$

$$\text{Frequency rate} = \frac{\# \text{ Fatalities} + \# \text{ LTC} + \# \text{ NLTC X 200,000}}{\# \text{ Total hours worked}}$$

5. Hazard Identification (identification of processes/operations with increased mishap probability). A Mishap Prevention Program does not refer only to those hazards identified during mishap data analyses. Workplace deficiencies identified during workplace inspections, IH surveys, medical reports, higher command inspections, and outside command inspection (Navy Crane Center, SPAWAR, NAVORD, etc.) reports, etc. need to be reviewed to identify potential hazards or stressors that may lead to an injury or illness. Identified hazards, real or potential must be minimized.

6. Intervention (corrective action, improvement strategies).

a. After appropriate mishap and hazard data is collected, it must be analyzed to identify processes/procedures, etc. that are hazardous or are potentially hazardous. Successful intervention requires assistance from outside the command. It is very important to involve all players in the process, i.e. IH (HM substitution, PPE effectiveness and use, hazard specific training, workplace monitoring); supervisors, workers, other safety managers and supervisors, professional safety committees, HRO case workers. Correction/elimination/reduction of these hazards must be included in OSH program improvement plans. Strategies must be determined and implemented, tracked and assessed for strategy effectiveness. Successes in one shop may be applied to others. Documentation is the key.

b. Abatement/correction of recognized hazards is a primary goal of the NAVOSH program and mishap prevention. Too often hazards are identified, added to the hazard abatement plan, funding projects, etc., and forgotten if funding is minimal or unavailable. The success of the abatement program is determined by the management of the program: tracking, setting abatement priorities, abating hazards, obtaining outside help for system problems, etc.

c. Tracking abatement/corrective action. Tracking and assessing intervention strategies for effectiveness is required. Tracking is required to ensure corrective actions are not lost. Attempts to obtain funding must be made. Just adding items to the hazard abatement plan is not sufficient. Refer to the Self-Assessment Program Summary for Hazard Abatement for a review of the abatement program and performance measures.

d. Obstacles. Because resources, personnel and funds, are required to implement improvement/new controls, and data is collected across command lines, obstacles to implementing these controls must be identified and addressed in writing. A description of the impact of the obstacles must be included in the analysis (i.e. if medical refuses to report all injuries and illnesses, how will that affect the mishap prevention program? What steps did you take to work out the problems? What are the sticking points outside of your control? Is the chain of command engaged?

7. Communication/Notification.

a. OSH Office Communication: OSH staff must share information on mishaps, hazards, abatement, etc. so that required records are maintained and up-to-date, hazards/potential hazards can be spot checked as part of workplace inspections and informal visits.

b. Process Owner Notification: In addition to distributing mishap analyses, the OSH staff must also inform managers and supervisors of the results of the analyses, i.e. command standing and desired goal, improvements/changes required as a result of the analyses, recommendations on how to obtain the improvements, follow-up procedures, etc.

8. Tools.

a. Activity Self-Assessment

b. Mishap logs

c. FECA charge-back lists

d. Mishap reports

e. Medical records

f. Activity abatement plan

9. ACTION: REVIEW THE MODEL AND DETERMINE:

a. CONCLUSIONS: review the information and performance measures, determine if programs are satisfactory or need improvement. Provide rationale for conclusions.

b. IMPROVEMENT PLAN/INTERVENTION: describe what you will do to fix the areas identified as needing improvement.

c. DATE FOR IMPLEMENTING IMPROVEMENTS: provide dates for implementing improvement actions for each area.

Regulatory Compliance Model

Process Review and Measurement System

1. **Introduction.** This model establishes a guide for ensuring conformance to NAVOSH requirements and standards. The steps of this model are: determine regulatory requirements, develop compliance strategies, identify and provide resources, implement the compliance strategy, monitor improvement status, evaluate effectiveness of improvements, and reassess strategies as applicable.

2. **Compliance Model Goals.** The primary goal of this model is to determine regulatory requirements, develop and implement strategies for compliance, and then develop a method to monitor effectiveness of strategies. Compliance includes: a review of required programs, facilities and equipment (real property), work practices (job hazard analysis), workplace stressors (workplace monitoring), and administrative requirements. A secondary goal is to integrate OSH within the chain of command using requirements as the driver. There are several ways to accomplish this, and the best place to start may be with a checklist.

3. **Process Steps.**

a. Determine regulatory requirements: review the mission of your activity and determine what programs must be implemented; review NAVOSH requirements, OSHA, NFPA, NEC, etc.

(1) Workplace compliance: inspections, workplace requirements, training, mishap reporting, required programs such as fall protection, respiratory protection, etc., and the individual requirements within each program.

(2) Administrative compliance: This may be considered a low priority with respect to other areas, however, administrative requirements must be developed to support the OSH program. Many activities spend a significant amount of time trying to meet administrative requirements. Unfortunately, in some situations, this may be necessary to successfully complete outside inspections and to prove the OSH staff is doing their job. Activities must determine the amount of administrative efforts required to support their individual programs. Some questions to ask:

(3) Where specifically required by NAVOSH or OSHA, do you have written instructions or guidelines?

(4) If Navy instructions or guidelines do not add value to your program, have you requested a waiver?

(5) Have you implemented administrative procedures or requirements, not required by higher command, that do not add value to the program, but require time to perform?

b. Develop strategies for program compliance: training programs, inspection programs, job hazard analyses, etc. and determine time frame/periodicity for performing strategies.

c. Identify and provide resources: safety staff requirements and qualifications, budget to support strategies, facility personnel assistance, medical assistance, IH assistance, etc.

d. Implement strategies.

e. Monitor progress: data analysis, compliance checklist for an initial review of each program, feedback from personnel, management, IH, medical, etc. Determine status of programs.

f. Develop plan of action and milestones (POA&M) for correction of problems identified or for improvement of programs. It not sufficient just to implement the improvement plan. Effects of the implementation must be assessed. So, develop a method to assess the effectiveness of correction or improvement actions. If original improvement plans or corrections are not effective, new ones must be developed, and then evaluated for effectiveness.

4. Performance measurement.

a. One performance measure for this model cannot be developed. From a regulatory aspect, you are either in or out of compliance. As a result, the activity Self-Assessment is the key to regulatory compliance and must include performance measures within each program element. Reviewing other process models will provide supporting information and documentation that can be used to determine compliance and overall program effectiveness.

5. Some suggested tools.

a. The activity self-assessment.

b. The other four process models.

c. NAVOSH Program Checklist

6. **Comments.** DO NOT make extra work for yourselves. The five models go together and should be used to compliment and support each other. State the information in one model and refer to it in the other (i.e. You state requirements for annual inspections in your self-assessment model. If you include inspections in the regulatory model instead of restating the information, just list it and state "refer to annual inspections in the self-assessment model.)

7. ACTION: REVIEW THE MODEL AND DETERMINE:

a. **CONCLUSIONS:** review the information and performance measures, determine if programs are satisfactory or need improvement. Provide rationale for conclusions.

b. **IMPROVEMENT PLAN/INTERVENTION:** describe what you will do to fix the areas identified as needing improvement.

c. **DATE FOR IMPLEMENTING IMPROVEMENTS:** provide dates for implementing improvement actions for each area.

Supervision Process Model

Process Review and Measurement System

1. **Introduction.** This model consists of those actions taken to plan, organize, direct, oversee and evaluate the activities of subordinates and command personnel to safely accomplish their work. The three performance indicators used to evaluate command implementation of this model include sequential steps associated with accomplishing specific tasks; continuous evaluations of supervised personnel's performance for specific times; and the integration of OSH throughout the management structure. Performance measures used to assess the Supervision Process include an evaluation of the presence and quality of OSH elements in performance standards, an assessment of employee understanding of OSH expectations, and an assessment of OSH integration, initiatives and improvements into the work environment.

2. **Supervision Process Model Components:**

a. Actions /steps associated with the accomplishment of specific jobs or tasks by subordinates.

(1) Have the jobs/tasks been analyzed to identify and evaluate the hazards; to control or eliminate the hazards; to determine needs for compliance with local, Navy, OSHA requirements, i.e. personal protective equipment, training (workplace inspections, IH reports, employee reports, SOPs, job hazard analyses, ergonomic surveys, etc?).

(2) Are the people qualified to perform the job, do they know how to perform the job. Have requirements for training, medical surveillance, etc. been determined. Attachments can be used for areas of determination.

(3) Schedule, coordinate, direct the job; discuss all aspects of the job; provide details IAW the person's knowledge, skill and the job.

(4) Evaluate subordinates' performance by observation, communication with subordinate and the customer.

(5) Adjust procedures, etc. for future task requirements.

b. Action to evaluate overall performance of personnel over time.

(1) Determine expectations for the work group, i.e. cost/budget needs, mishap prevention, process improvements, etc.

(2) Set performance standards (ensure quantifiable objectives), evaluate behavior, discuss with employee (strengths, weaknesses, and improvement), initiate awards, disciplinary measures as appropriate.

3. **Determine Performance Appraisal Measures for Supervisors and Employees**

All levels within the chain of command are assigned OSH responsibilities in OPNAVINST 5100.23E. They are inherent in being a conscientious manager, supervisor, and worker, and need to be part of the performance appraisals for civilians. Military personnel are held to a different appraisal standard and support for the OSH program is a significant part of being a military member. Because military performance evaluations are controlled by Bureau of Naval Personnel, there are Navy-wide problems in complying with the OPNAVINST

5100.23E requirement for military. This issue has been forwarded to the NAVOSH Quality Council for resolution. Until BUPERS and CNO resolve the issue, do not pursue this approach for evaluating military personnel performance. In this section of the activity self-assessment, paraphrase the above paragraph relative to reviewing military performance evaluations. However, SOME method to evaluate military OSH performance must be developed. Each activity must determine a process by which to do this. A metric and target must also be developed. (Some ways to evaluate military performance are: review their support as part of workplace inspections (are they wearing PPE, following SOPs,; review if they attend required training; determine number of on-duty mishaps within their work codes and review if mishap reports were completed and forwarded to Safety; review if military supervisors are conducting personnel training; review if personnel are reporting for medical surveillance; have the supervisors use the First Line Supervisor Tracking form and log, or similar forms, and then review them.)

Metric and target to evaluate military performance.

Civilian workers and supervisors are rated for support of the command's OSH program.

Measure: Performance OSH rating. Take a random sample of names from command roster using random sample equation.

$$\begin{array}{l} \text{Performance} \\ \text{OSH} \\ \text{Fraction} \end{array} = \frac{\begin{array}{l} \# \text{ of workers \& first line supervisors} \\ \text{with OSH support statement} \end{array}}{\begin{array}{l} \# \text{ of workers and 1}^{\text{st}} \text{ line supervisors} \end{array}}$$

Note: Target: 1 (if less than 1, improvement is needed)

a. A separate performance standard relating to safety is not required; however, safety must be specifically addressed in the descriptive element. The evaluation of safety needs to include such areas as the person's communication of safety requirements, information; enforcement/compliance with safety rules, attending training, reports on-the-job injuries, reports safety problems, etc:

b. For the civilian supervisor/manager, the performance standard can be similar to:

(1) Supports the command EEO, Affirmative Action, Safety, Command Assessment Programs.

(2) Leadership and reorganization support: supports the safety program, etc. (The related descriptive element needs to address the safety aspect specifically, i.e. Supervisor conducts monthly safety training; provides PPE for specific jobs and spot-checks to ensure it is stored, maintained and used properly; schedules required training through safety, medical (or whoever does the training); ensures employee obtains medical screening appropriate to the job; reviews mishaps, injuries, illnesses and determines methods to decrease/improve support; supports actions for reward of positive safety behavior as well as disciplinary actions for not complying with safety requirements.) Not all supervisor descriptive elements will be the same as specifics depend on the supervisor's job and level of safety responsibility. You must be able to support the statements and provide what level of performance is pass or whatever rating system is used.

c. For the employee, the performance standard can be similar to:

(1) Supports and participates in command programs such as safety,
Or

(2) Complies with command safety, special emphasis, program requirements. The related descriptive element needs to address the safety aspect specifically, similar to: Employee attends scheduled safety training; reports for medical surveillance exam as originally scheduled; wears PPE with no more than one supervisory reminder; reports on-the-job injuries immediately to the supervisor; follows SOPs in performance of routine tasks, reports safety problems to the supervisor, etc.). The descriptive element will not be the same for all employees. The description will depend on the employee's job and specific safety responsibility. You must be able to support the statements and provide what level of performance is pass or whatever rating system used.

4. Integration of the OSH Program throughout the command.

a. Is the Command proactive concerning safety issues?

b. Is safety a part of the strategic/business plan?

c. Are appropriate councils, committees, working groups established as appropriate?

d. Does the command receive reports concerning civilian employee compensation?

e. Does the command analyze mishaps and take appropriate action to reduce them?

f. Is the IH survey report/sections forwarded to applicable supervisors?

g. Has an activity safety awards program been implemented?

h. Is customer feedback concerning effectiveness of the safety program pursued and evaluated?

5. Evaluating the Supervision Process Model. There are various ways to evaluate employee knowledge and your safety program achievements.

a. Assessing Employee Understanding. Do all levels of personnel: understand their responsibilities relating to the safety program; know what to do to report a safety problem; wear PPE when required; practice safety procedures; know when, where and how to report on-the-job injuries and mishaps; aware of the established councils, committees; know who the safety personnel are, where the office is located; etc.

b. Assessing OSH Integration, Initiatives, Improvements: Does the command support the OSH program (OSH Policy statement; DD2272 posted; councils/committees established; does the CO/XO attend meetings; exchange safety support with various levels of personnel; does CO review 5 or more lost workday mishaps, the abatement log, mishap trends, compensation costs, etc.; established a command safety awards program; provided funds to support the safety program, do management personnel attend safety training; has the command established safety goals and objectives; is safety promoted via

various means such as a marquee, the local LAN, flyers, special safety promotion campaigns, etc.

c. Assessing the OSH Program: Has the command conducted an annual OSH Program evaluation to identify status of program elements, develop program goals and objectives, and determine requirement for additional program elements. Refer to the Self-Assessment Model for details.

d. Some common, standard methods to evaluate programs: conduct focus groups; distribute customer evaluation surveys; conduct a command safety climate survey; visit work sites and observe personnel, conduct special campaigns such as trivia questions, do safety crossword puzzles, have safety fairs, use tools provided with this letter.

e. Do random checks of supervisor and employee performance standards (be sure to document the number checked, who was checked and the results).

f. Be innovative, think of untried methods, nothing is set in concrete. The objective is to find out if your personnel know the safety requirements and use them in their work, and if the program is integrated throughout the command.

6. Some suggested tools.

- a. First Line Supervisor OSH Tracking Log
- b. First Line Supervisor OSH Training Tracking Log
- c. Various questionnaires/surveys
- d. Develop supervisor checklists
- e. Flow charts

7. ACTION: REVIEW THE MODEL AND DETERMINE:

a. CONCLUSIONS: review the information and performance measures, determine if programs are satisfactory or need improvement. Provide rationale for conclusions.

b. IMPROVEMENT PLAN/INTERVENTION: describe what you will do to fix the areas identified as needing improvement.

c. DATE FOR IMPLEMENTING IMPROVEMENTS: provide dates for implementing improvement actions for each area.

Training Process Model

Process Review and Measurement System

1. **Introduction.** This model evaluates the command training program and how it is implemented at the customer level. Training is a key ingredient in implementing and using the Risk Management process to manage risk throughout the command. Training is provided at all levels of the command with emphasis placed on the expectations and requirements of each level.

2. **Command Training Program.** (refer to the OSH Training Program Summary)

a. Develop an OSH Training Plan that includes:

(1) List of all activity required training: review OSHA requirements, Navy requirements, IH Surveys, etc to determine requirements.

(2) Target audience for each type of training; identify by department, shop, code, job title, program, and/or work operations, department.

(3) The training source for each topic.

(4) Frequency of training for each topic.

(5) Reason for the training (i.e. OSHA, Navy, IH survey, etc).

(6) Location of training, where it will be conducted.

(7) Description of how the training is to be achieved.

(8) Who conducts the training, i.e. Safety personnel, supervisor, Occupational Health Nurse, IH, etc.

(9) Method/process/procedure to do "make-up" sessions.

NOTE: A sample Training Matrix with training program performance criteria is provided in the "Program Tools" section. It can be modified for individual activity needs.

b. Monitoring/tracking of the customer OSH Training Program.

(1) OSH staff does not have to conduct all the training but they should track all OSH training. If the OSH staff does not track the training, someone else at the activity must. The tracking must include date conducted, roster of attendees, topic, length of training, audience, etc.

(2) OSH training shall be documented and records kept IAW with the specific training subject, but no less than five years.

(3) The training roster shall include those elements listed in OPNAVINST 5100.23E section 0605.

(4) Determine standardized format for preparation of lesson plans (standard Navy lesson plan format is provided in "Program Tools").

(5) Maintain copies of lesson plans for all training conducted locally and the date prepared.

c. Evaluate effectiveness of each training topic.

(1) Develop method of evaluation, i.e. tests, surveys, post training work site visits, customer feedback surveys, etc.

(2) Evaluate effectiveness and update/revise lesson plans accordingly. Document the date of review and updated/revise.

d. Monitoring/Tracking of the staff OSH Training Program.

(1) Document/determine training each staff member has completed.

(2) Determine training required for each staff member for the FY (develop IDP/training plan). The OSH staff training must also be included in the command annual OSH training plan.

(3) Determine how/where training will be provided and cost associated (travel, per diem, tuition, time away from work, etc.

e. Preparation, Update, Revising Training.

(1) Does OSH Manager/Program Manager approve training aids, lesson outlines, etc.

(2) Are lesson outlines, the master training plan, etc. reviewed and updated annually, is the review documented (documentation can be done in various ways: maintaining master file and documenting review date on the master, maintaining a matrix by subject and date of lesson plan and initialing next to it, etc.)

f. Document/track the cost associated with developing and implementing the total OSH Training Program. This can be done by tracking man-hours to prepare lesson plans, coordinate training, conduct training, cost of handout materials, cost of videos, computer use, paper and reproduction costs of materials used in the training, speakers, annual review of the training plan, annual review of lesson plans, etc. A spreadsheet can be used to track estimates.

g. Mishap prevention training is necessary and is based on requirements of the individual activity to meet the command's OSH goals. Training to reduce mishaps based on the results of trend analysis requires more effort to develop an effective training lesson plan. Some suggestions to approach this are:

(1) Identify key factors from mishap analysis.

(2) Assemble a group of workers, supervisors, and instructors to develop a lesson-training guide that targets the key factors and change behavior.

(3) Provide Training.

(4) Evaluate training effectiveness and monitor key process measures

for changes in trend. Ensure enough time is permitted to observe true changes due to behavior changes vice increased awareness.

3. Some suggested performance measurements and tools.

- a. $\frac{\text{dollars required for annual staff training}}{\text{dollars provided for annual staff training}}$ = % of dollars provided for training
- b. $\frac{\text{\# of customer training classes required}}{\text{\# of customer training classes conducted}}$ = % of classes conducted
- c. Analyses of total number and percentage of personnel actually trained. The Training Requirements by OSHA Standards and Navy Instructions Matrix can be used.
- d. First Line Supervisor OSH Training Tracking Log
- e. First Line Supervisor OSH Tracking Log
- f. Training Matrix
- g. Process or Chemical Specific Training Record
- h. Standard Navy lesson plan format.

4. ACTION: REVIEW THE MODEL AND DETERMINE:

- a. CONCLUSIONS: review the information and performance measures, determine if programs are satisfactory or need improvement. Provide rationale for conclusions.
- b. IMPROVEMENT PLAN/INTERVENTION: describe what you will do to fix the areas identified as needing improvement.
- c. DATE FOR IMPLEMENTING IMPROVEMENTS: provide dates for implementing improvement actions for each area.

Self-Assessment Process Model

Process Review and Measurement System

1. **Introduction.** This model is a comprehensive internal evaluation of how an OSH program meets the requirements of its internal/external customers. The PR&MS outlines steps for the command to implement to ensure a quality and comprehensive self-assessment:

a. Identification of program elements to be evaluated (each program and resources-people and dollars).

b. Development of assessment plans for each element (including improvement strategies, performance criteria, schedules and resources needed).

c. Conduct of the actual assessment of each element (including analysis, conclusions, strengths, weaknesses, recommendations, etc.

d. Implementation of improvement plans.

e. Measuring/adjusting/improving self-assessments (obtaining customer feedback, developing/implementing improvements and advising customers of changes).

f. OPNAVINST 5100.23E, Chapter 5, section 0505a requires the self-assessment to include, as a minimum, a review of mishap statistics and analysis data, inspection records, hazard reports and risk assessments, and an evaluation of compliance posture.

2. **Command Self-assessment.** This process is sequential and skipping or missing steps diminishes the value of the improvement plan. It is far better to have a few well-developed plans instead of many incomplete plans. In your plan, answer all of the questions. If a section does not apply, mark it as not applicable.

a. Was a command-wide self-assessment to evaluate the OSH program completed at least annually?

b. Was the self-assessment process directed or endorsed by the CO?

(1) Were performance measures and outcomes established for each strategy?

(2) Were all outcomes linked to the OSH program goals, i.e. reduced mishaps and safe work environments, etc.?

(3) Were targets and control limits established for each measure?

(4) Was a data collection system described: what, when, who, why, and how for the data collection and analysis?

c. Did the process analysis include the appropriate levels within the chain of command from process start to the outcome? (Managers, supervisors, other than safety are to assist in the self-assessment process.)

(1) Was the process analysis described using a wire diagram, process flow diagram, or other means?

(2) What method was used to conduct the self-assessment?

d. Were external service providers (Industrial Hygienist, Occupational Health Nurse) included in the self-assessment?

(1) Was a customer satisfaction survey developed and used as an evaluation tool?

(2) What type of analysis was performed to summarize the results?

e. Were all improvement plans reviewed by the responsible parties and the CO?

(1) Did the improvement plans include the measures to be used to determine the success of the plan (trend analysis)?

(2) Were improvement plans limited to those out of control or did they include any opportunity to improve other programs?

(3) Did each plan address the resources required: time, funding, people, materials, and facilities?

(4) Was a plan to review progress and status included?

(5) Was a goal set to determine success?

(6) Was a deadline to accomplish the improvement established?

(7) Were all improvement plans assigned a relative priority?

(8) Was a method to evaluate the effectiveness of the improvement plans identified?

f. Were the command OSH self-assessment and improvement plans reviewed by the regional OSH Program Manager?

3. Command Policy for OSH.

a. Performance Standards Target: refer to the section "Determine Performance Appraisal Measures for Supervisors & Employees" in the Supervision Process Model Guidance.

b. Customer Focused Support. To measure the impact of the OSH program on the command, a customer needs assessment may be used. A periodic survey can be used to solicit input and provide some measures of program understanding. A spreadsheet can be very useful for tracking manpower and money commitments for each customer:

(1) Identify your customers.

(a) Within the host command.

(b) Commands that receive full and partial support (ISSAs and MOUs).

(c) Departments and shops that receive special support due to the nature of their work (i.e. gas free/confined space services, respiratory protection program).

(d) Union contacts.

(e) Contractor support and oversight.

(f) Committees and councils.

(2) Services provided by man-hours per year and per unit costs.

(a) Training.

(b) Special inspections and certifications.

(c) PPE.

(d) Confined space entry and GFE.

(e) Special evaluations: weapons loading, crane operations.

(f) Job hazard analysis.

(g) Committee and council membership.

(3) Service and product evaluations.

(a) Develop a simple questionnaire to measure customer satisfaction and areas for improvement after each service delivery.

(b) Spot-check by visiting customers after services were provided and document observations with respect to those services.

(c) Measure: Customer satisfaction fraction

Customer Satisfaction Fraction = $\frac{\# \text{ of surveys with average or above rating}}{\# \text{ of surveys returned}}$

Target: 1 (if less, needs improvement)

(4) Service management.

(a) Did services provided have corresponding customer high satisfaction ratings?

(b) Was an improvement plan developed for those services with low or moderate customer satisfaction ratings?

(c) Did the improvement plan include customer input?

4. Some suggested tools.

a. Activity NAVOSH Programs List.

b. NAVOSH Program Checklist.

c. Safety and Occupational Health Office Facility Inspection Check Sheet/Inspection Form.

d. Various Flow-Charts.

e. Various questionnaires/surveys

f. The other PR&MS Models

5. ACTION: REVIEW THE MODEL AND DETERMINE:

a. CONCLUSIONS: review the information and performance measures, determine if programs are satisfactory or need improvement. Provide rationale for conclusions.

b. IMPROVEMENT PLAN/INTERVENTION: describe what you will do to fix the areas identified as needing improvement.

c. DATE FOR IMPLEMENTING IMPROVEMENTS: provide dates for implementing improvement actions for each area.

SELF-ASSESSMENT TIPS

1. Your self-assessment must include:
 - a. The time frame you will conduct your annual self-assessment
 - b. An explanation stating if all programs will be assessed at one time or throughout the year. If throughout the year, identify the time period for each program.
 - c. How you will do the self-assessment (i.e. a checklist, visits to the work site, review of mishap data, etc.).
 - d. The measures/metrics you will use to help in determining performance (i.e. mishap and other types of formulas, number of people trained, etc.).
2. Recommend you do a cover sheet for the annual self-assessment stating the above requirements. A sample cover sheet is provided in the "Program Tools" section.

CONDUCTING THE SELF-ASSESSMENT

1. Recommend the self-assessment package include:

- a. Cover sheet
- b. Individual program self-assessments, including supporting documentation within reason.
- c. Process model evaluations, including supporting documentation as necessary.
- d. Plan of Action and Milestones (POA&M).

2. Doing the Self-assessment Process:

- a. Prepare the cover sheet (sample provided in Program Tools section)
- b. Do the individual program summaries. Before trying to assess each of your applicable programs, recommend you do the following: (the procedure and Program Tools provided in this guidance are based on use of several of the program tools. The approach is to keep everything as much as possible together in a few documents so they can be referred to rather than to repeat the information several times as is possible during the assessment process.)

(1) By use of the Activity NAVOSH Program List (sample and blank form provided in Program Tools section) identify the individual programs applicable to your activity (identification of applicable programs is a requirement of the assessment process). Complete the section "Program" only. The remaining information will be filled in as you go through the assessment process.

(2) Use the "Customer Identification Matrix" to list all the activities to which you provide support, even you, the host. List the number of man-hours required for each activity for each program you implement. This information is required as part of your self-assessment. The information will be needed, and used, as you go through individual program assessments.

(3) As a start, use a program checklist to determine basic compliance of each program. (Note: a valid updated NAVOSH Program Checklist is not available at this time, so use whatever checklists you determine as valid for your individual use.)

3. Annual OSH Training Plan:

- a. Complete the "Training Requirements by OSHA General Industry Standards and Navy Instructions MATRIX" (sample and blank provided in "Program Tools" section). If you use the Matrix and complete it as this guidance recommends, this MATRIX is then to be used as your ANNUAL OSH TRAINING PLAN. It is the only document you will need as it contains all the requirements for a training plan. This MATRIX also contains the majority of required information for training as you work through the assessment process. At this time, complete the Standard/Reference, Course Title/Audience/Training Cost (Man-years and dollars must be identified for EACH program), month training

is scheduled to be conducted in Scheduled, and Frequency sections. After you state the audience for each of the training requirements list the LOCATION where the training will be conducted (see sample). The remaining sections will be completed as you work through the assessment process. (All the information on the MATRIX is required, and if you choose not to use the MATRIX, then be sure you provide this information somewhere in your documentation.) Include training and information for Safety Staff annual training on this MATRIX also.

(1) As part of the OSH Training Program self-assessment, you must determine the number of people required to be trained. Then, as a metric for the training programs, you need to determine a Target percent of the people you will train; then you must determine if all personnel have been trained. As you go through each training program, record the information on the Training MATRIX, in the sections "# Personnel Identified" (this is the number of people required to be trained), Target % (this is the % of people you plan to train), and % Complete (this is the % of personnel who have been trained). Completion of all this information results in various metrics for your overall training program.

(2) If you conduct unscheduled training/special convenings, document that training on the Training MATRIX as an addition to the MATRIX. You are required to track and document ALL training conducted. To keep all training together, just make additions to your Training MATRIX.

(3) Rationale for including OSH Staff training information on the Training MATRIX is that it is considered as part of the activity OSH Training Plan.

b. Lesson plans are required to be developed for every training presentation. You can develop your own format or use the standard Navy format provided in the Program Tools section. Whatever format you use, there are specific items that must be included. Refer to "Preparing Lesson Plans" and "Training/Lesson Plan Introduction Information" provided in the Program Tools section. These two sections provide guidance and information required to be documented as part of training plan information.

4. **Do an assessment of each program.** Use the "Self Assessment Program Summary Format" section previously provided. Refer to the Self-Assessment Program Summaries following this explanation. There is not a sample summary for each program. Also, the summaries are not completed, they only go through the Metrics section. You will need to complete the remaining sections. The Metrics section provides ideas for possible Metrics. These are not required metrics, however, you may use them, or develop your own. Other guidance on where to refer to Metrics is provided. Remember, DO NOT repeat information if it is provided in another section, just make a statement that says refer to that section. You will need to identify a TARGET specific to your program for each metric you use. The sample metric does **NOT** identify a target, as it must be specific to individual activities and programs. There are some program flow charts provided that may be used to help in assessing those programs.

a. Tips on doing Program Summaries:

(1) OSH Staff and Functions: Do this program summary last, prior to doing the Model Evaluations. Until you evaluate each individual program you cannot properly assess staffing and functions.

(2) Command Support: Possible questionnaires-focus group questions, employee surveys, PR&MS Interview Model Information, and feedback survey are provided in the "Program Tools" section. Whatever surveys, questionnaires, etc., you use, be sure to include all encompassing questions so that you can use them to evaluate other programs as you work through the assessment process. You do not need to do different surveys for each program, just include pertinent questions for each applicable program in one survey.

5. **Program Tools.** In addition to those "Program Tools" already discussed, sample checklists are provided in the "Program Tools" section that may be of use in implementing the Inspection and Project, Operating, Purchase, Contracts Review programs. Samples of a Workplace Hazard Assessment and Job Hazard Analysis are also provided.

6. **After Completion of Each Program Summary.** After you have determined the status of each program, go back to your Activity NAVOSH Program List and check the appropriate column (SAT, Needs Minor Improvement, Needs Major Improvement).

7. **Model Evaluation.** Next, evaluate your program using the five (Mishap Prevention, Training, Self-assessment, Regulatory, and Supervision) process models. Guidance for assessing these models is provided in the "Model Guidance" section. Refer to the section "Model Evaluation Sample" for a sample of the model evaluations. You may use these sample evaluations to complete your self-assessment. Just revise and add information applicable to your activity.

8. **Develop PO&M.** When you have completed the entire self-assessment process, list all programs and processes you identified as NOT BEING SAT. You must then determine in which priority you will initiate improvement actions and document this priority. Go back to your Activity NAVOSH Program List and indicate the implementation priority in the section labeled "Priority for Implementing Improvements." Recommend if you have model processes as NOT SAT, you skip a few spaces on the Activity NAVOSH Program List and add those model process items, and indicate the priority for improvement in the appropriate column (this way everything is one place and can be readily identified and prioritized). Explain your priority identification system, i.e. Use a scale starting at 1 with it being the first priority. Determine and record an improvement implementation date for EACH program and model process requiring improvement (remember to verify the date on the formal POA&M agrees with the date of the individual program summaries and model process evaluations).

SELF ASSESSMENT PROGRAM SUMMARY FORMAT

IMPORTANT: One format for completing the self-assessment: (all the items listed are required as part of the assessment process. Including them in this format will provide required information applicable to each individual program and will save time as you go through the entire process. The approach to doing the self-assessment is to keep all elements for each program with that particular program evaluation. This is the format used to do the individual self-assessment program partial summaries provided in this package.

1. **Program Name:**
2. **Goal:** (this is the desired objective of the program)
3. **Reviewing Documents:** (list those documents you used to help to conduct the self-assessment for the each individual program. In the samples provided, the listed documents may not be applicable to your activity or may not list all those you use, so add/delete as applicable)
4. **The Individual Program Self-assessment:** (This is an explanation of the program, whether or not elements are developed and implemented, performance measures/metrics with **targets** used to help evaluate the program and to set parameters for determining improvement needs, related reports as applicable, and a conclusion as to the overall status of the program. The summary must be of sufficient detail to determine if the program is in compliance, and if not, why not. Rate each of your programs as: Satisfactory, Needs Minor Improvement, or Needs Major Improvement. "Minor" improvement is administrative/paper work is deficient; non-implementation of a requirement does not result in increasing mishap potential (i.e. supervisors do not return /12s within required time frame); the program does not have numerous serious deficiencies; the T's aren't crossed and the I's not dotted type of problems. Anything other than this is considered "Major.")
5. **Measures and Metrics and Target:** Each metric must have a determined target to assist in evaluating implementation of the individual program. (Samples are provided to give you some ideas. You may use them or develop your own.)
6. **Status of Program:** (state: Satisfactory OR Needs Minor Improvement OR Needs Major Improvement, select only ONE status. Based on the results/conclusions of the self-assessment, determine and state the program improvement goal. Goals for program improvement are not required if the program is in full compliance, however, you may want to consider setting goals for these programs, too.)
7. **Improvement/Implementation Strategies:** (based on the goal, determine and state your implementation strategy to obtain your goal.)
8. **Date for Implementation of the Strategies.**

9. **Date for Evaluating Effectiveness of Implementation Strategies.**

(Explain how, by customer surveys, observations, focus groups, etc., you will evaluate the effectiveness of your strategies.). Did implementation of strategies correct the problem (after evaluating the effectiveness of your strategies, and it is determined they did not work as desired or within the time frame, you must decide what additional action you will take to achieve the goal and explain what you will do.)

10. **Non-labor dollars** spent to implement this program and evaluation of needs: (state the non-labor dollars; state if sufficient and if not, explain why not; state what amount is needed and why.)

SELF-ASSESSMENT PROGRAM

SUMMARIES

COMMAND SUPPORT FOR THE NAVOSH PROGRAM

Target Goal: Integrate OSH within the chain of command with end result of all levels of support for the program.

Reviewing documents:

- OPNAVINST 5100.23E
- NAVOSH Programs Checklist
- Safety budget for current year
- Safety budget for past year
- Activity safety instruction
- OSH Policy Statement
- Documentation of CO periodic program reviews
- Documentation of evaluations of military and civilian safety support performance
- Activity goals and objectives/strategic plan/business plan
- OSH training plan
- OSH training records
- Training lesson plans

Summary:

(Refer to the Supervision Process Model guidance to complete this evaluation)

Possible metrics: Use focus groups, employee/supervisor surveys.
(You need to determine targets for specific types of responses (i.e. favorable, etc.) for each type of information for which you gather info.)

OSH OFFICE STAFFING AND FUNCTIONS

Target Goal: Identify OSH responsibilities and staffing to support them.

Reviewing documents:

- OPNAVINST 5100.23E
- NAVOSH Programs Checklist
- Activity Safety Instruction
- Position Description-if civilian
- Activity NAVOSH Programs List
- Host-tenant agreement/ISSA/Contract-as applicable

Summary:

Note: (This assessment should be done after all the programs have been evaluated and the models reviewed)

Possible Metrics:

1. Staffing determine the number of man-days or man-hours **required** implementing each program for the FY.

Determine the number of man-days or man-hours you had available during the FY to implement program.

$$\frac{\# \text{ Man-days or hours available to implement programs}}{\# \text{ Man-days or hours required to implement programs}} \times 100 =$$

Percent of man-days or hours available to implement

TARGET:

If you do not have 100% staff, your assessment must include an explanation of program priorities and what you are going to do to try to accomplish the remaining program requirements.

2. Budget: Determine the dollar amount required to fully accomplish your mission for the FY. Determine the dollar amount you actually were provided during the FY.

$$\frac{\text{Dollars actually provided}}{\text{Dollars required}} \times 100 = \text{Percent of funds provided}$$

TARGET:

If you did not have 100% funding, explain what you are going to do to try to get additional funding.

(Note: we expect to have a safety line item in budgets in the next year or two.)

OSH MANAGEMENT EVALUATION

Target goal: Immediate Superior In Charge (ISIC), responsibility, therefore is not an activity goal.

Reviewing documents:

Copy of last ISIC OSH management evaluation
NAVOSH Programs Checklist

Summary:

(This is the responsibility of the next level in your chain of command. Provide the summary information. Nothing else is required for this. Metric is not required.)

OSH INSPECTION PROGRAM

Target goal: To identify and correct workplace deficiencies to provide safe/healthful work environment and potentially help in reducing on-duty mishaps.

Reviewing documents:

- OPNAVINST 5100.23E
- Activity instruction
- NAVOSH Programs Checklist
- Inspection schedule for year assessing
- Copy of an inspection letter and deficiency write-up
- Industrial Hygiene Survey
- Copy of any outside activity inspections (i.e. RFR survey, ISIC, NOIU, OSHA)
- Facilities property list

Summary:

(Some sample checklists are provided in Program Tools that may be used to implement this program)

Possible metrics:

$$1. \text{ Overall inspection} = \frac{\# \text{ Inspections completed for the FY}}{\# \text{ Inspections scheduled for the FY}} \times 100 =$$

The percent of inspections completed

TARGET:

$$2. \text{ High risk inspections} = \frac{\# \text{ High risk inspections completed for the FY}}{\# \text{ High risk inspections scheduled for the FY}} \times 100 =$$

The percent of high-risk inspections completed

TARGET:

NAVOSH DEFICIENCY ABATEMENT

Target goal: To correct workplace hazards to provide safe and healthful work environment and help to reduce on-duty mishaps

Reviewing documents:

- OPNAVINST 5100.23E
- NAVOSH Programs Checklist
- Hazard Abatement Log
- Copy of an inspection report and deficiency write-up
- Copy of hazard abatement projects
- Copy of safety budget for year assessing
- Copy of safety budget for previous year
- Copy of an unfunded safety project submissions
- Copy of funded safety projects

Summary:

Possible metrics:

1. Abated deficiencies = $\frac{\# \text{ Of abated deficiencies}}{\# \text{ Of deficiencies written}} \times 100 =$

Percent of deficiencies abated

TARGET:

2. RAC 1,2,3 = $\frac{\# \text{ RACs 1, 2, 3 abated}}{\# \text{ RACs 1, 2, 3 identified}} \times 100 =$

Percent of RACs 1, 2, 3 abated

TARGET:

3. Year correction ratio = $\frac{\# \text{ Deficiencies on previous FY abatement log}}{\# \text{ Deficiencies on current FY abatement log}}$

= Ratio of correcting deficiencies

(If use this, must have at least two years data to show if abatement of deficiencies is improving)

TARGET:

OSH TRAINING

Target goal: To sufficiently train all levels of personnel for them to safely perform their duties and responsibilities.

Reviewing documents:

- OPNAVINST 5100.23E
- NAVOSH Programs Checklist
- Activity Instruction
- Training program requirements (may use the Training Requirements by OSHA General Industry Standards and Navy Instructions Matrix)
- Safety Staff IDPs
- Training budget for year assessing
- Training budget for previous year
- Training records (review records of training conducted by supervisors)
- Training Lesson Plans
- Training attendance roster

Summary:

For metrics:

1. Refer to the Training Requirements Matrix (provides % target, % complete man-years, dollars for individual course metrics)
2. Refer to the Training Process Model guidance.

EMPLOYEE REPORTS OF UNSAFE/UNHEALTHFUL WORKING CONDITIONS

Target goal: To provide effective method for personnel to report unsafe/unhealthful-working conditions and afford them anonymity if desired.

Reviewing documents:

- OPNAVINST 5100.23E
- NAVOSH Programs Checklist
- Activity instruction
- Sample report forms
- Complaint log-if maintain one
- Reports file
- OSH training plan
- OSH training records
- Training lesson plan

Summary:

Possible metrics:

1. $\frac{\# \text{ Formal employee reports corrective action complete}}{\# \text{ Formal employee reports filed}}$ = Formal reports filed to those corrected

TARGET:

2. $\frac{\# \text{ Informal employee reports corrected}}{\# \text{ Informal employee reports filed}}$ = Informal reports filed to those corrected

TARGET:

3. $\frac{\# \text{ Informal employee reports}}{\# \text{ Formal employee reports}}$ = Ratio of formal to informal reports

TARGET:

MISHAP INVESTIGATION REPORTING AND RECORDKEEPING

Target goal: To investigate, record and analyze on-duty mishap information to determine improvements in work processes and environments in effort to reduce hazards, and ultimately reduce on-duty mishaps and/or mishap impact of potential hazards.

Reviewing documents:

- OPNAVINST 5100.23E
- NAVOSH Programs Checklist
- Activity instruction
- Mishap log
- Sample supervisor reports
- Sample SIR
- Mishap trends and analysis for year assessing
- Mishap trends and analysis for previous 5 years
- FECA data-if have civilians
- OSH training plan
- OSH training records
- OSH training lesson plan

Summary:

Required metric is the IIR

Metrics: see Mishap Prevention Model guidance

Other metrics:

- Mishap trend charts, graphs, etc.
- Mishap analysis info (i.e. dept, type, cause, etc)

PROJECT, OPERATING, PURCHASE, CONTRACTS REVIEW

Target goal: Provide processes to review purchases, projects, and contracts to identify potential safety and health hazards in order to decrease mishap potential.

Reviewing documents:

- OPNAVINST 5100.23E
- Activity instructions
- NAVOSH Programs Checklist
- Sample approval authority procedures for purchase of PPE, HAZMAT
- Safety related SOPs, JHAs

Summary:

(Pre-Con safety checklist is provided in Program Tools for possible use)

Possible metrics:

1. State the number of projects/plans reviewed by safety and IH.
2. State the number of safety related SOPs reviewed/revised/prepared
3. State the number of JHAs reviewed/revised/prepared

$$\frac{\text{\# Of projects/plans reviewed}}{\text{Total \# requested to be reviewed}} \times 100 = \% \text{ reviewed}$$

TARGET:

FEDERAL EMPLOYEES COMPENSATION ACT (FECA)(if have civilians)

Target goal: Management of the FECA program is a Human Resources Program, not Safety. However, safety's goal in support of the program is to ensure mishaps reported to the Injury Compensation Program Administrator (ICPA) are investigated, logged, tracked, etc. to aid in activity mishap reduction.

Reviewing documents:

- FECA reports of claims/charge back lists
- Mishap log
- Activity instructions relating to FECA

Summary: If program is applicable to the activity, state the name, department, phone number of the ICPA. Explain what office is responsible for the program. Safety's responsibility is to ensure compensation filed claims are received, investigated as applicable, recorded on the log, copies maintained and mishaps included in mishap trends and analysis.

Possible metrics: refer to the Mishap Prevention Model guidance for the HRO Report Factor metric

PERSONAL PROTECTIVE EQUIPMENT

Target goal: To identify protective equipment needs to reduce potential exposures and hazards to personnel, provide the required equipment, train users how to wear, maintain and store.

Reviewing documents:

- OPNAVINST 5100.23E
- NAVOSH Programs Checklist
- Activity instructions
- PPE Hazard Analysis
- Industrial Hygiene Survey
- OSH Training Plan
- OSH training records
- Training lesson plans

Summary:

(Sample Workplace Hazard Assessment provided in Program Tools for possible use)

Possible metrics:

1.
$$\frac{\# \text{ Of PPE evaluations completed this FY}}{\# \text{ Of PPE evaluations scheduled this FY}} \times 100 = \text{percent completed}$$

TARGET:

2.
$$\frac{\# \text{ Of PPE evaluations scheduled this FY}}{\# \text{ Of PPE evaluations required to be conducted}} \times 100 = \text{percent}$$

TARGET:

3. Refer to the individual program analysis, i.e. Hearing, Sight, Respiratory, etc. for additional information.

HAZARDOUS MATERIAL CONTROL AND MANAGEMENT

Target goal: Identify and control hazardous material use to reduce potential exposure and adverse effects on users.

Reviewing documents:

- OPNAVINST 5100.23E
- NAVOSH Programs Checklist
- Activity instructions
- HM Inventory
- HM AUL
- OSH Training Plan
- Training records
- Industrial Hygiene Survey
- Training lesson plan

Summary:

Possible metrics:

1.
$$\frac{\# \text{ AULs completed and current for the FY}}{\# \text{ AULs required for the FY}} \times 100 = \% \text{ Of total AULs complete and current for the FY}$$

TARGET:

2. Spot-check:

$$\frac{\# \text{ Of HM ON AUL}}{\# \text{ Of HM Checked}} = \text{Ratio}$$

MEDICAL SURVEILLANCE

Target goal: Monitor physical condition of personnel with potential or real exposure to harmful work environments to ensure they are not being adversely affected by the harmful environment.

Reviewing documents:

- OPNAVINST 5100.23E
- NAVOSH Programs Checklist
- Activity instruction
- Industrial Hygiene Survey
- Medical Surveillance
- Medical records verification information
- Medical no-show lists for physical exams
- Respiratory Protection Program Annual evaluation-if applicable
- Confined Space Program Annual evaluation-if applicable
- PPE Hazard Analysis

Summary:

Possible metrics:

1. Percent complete of identifying personnel required to be included in medical surveillance.

TARGET:

2. Percent of personnel who report for annual physical exams.

TARGET:

INDUSTRIAL HYGIENE SURVEY/WORKPLACE MONITORING PROGRAM

Target goal: Evaluate and monitor work operations, and provide recommendations to eliminate or control potential exposures to personnel.

Reviewing documents:

OPNAVINST 5100.23E
NAVOSH Programs Checklist
Activity safety instruction
Industrial Hygiene Survey
Medical Surveillance Requirements List
Medical records verification information

Summary:

Possible metrics:

1. State the percent of high priority workplaces that have been surveyed:

TARGET:

2. State the percent of medium priority:

TARGET:

3. State the percent of low priority:

TARGET:

Formula to obtain percentages:

$$\frac{\# \text{ Of completed}}{\# \text{ Scheduled}} \times 100 = \text{Percent}$$

HEARING CONSERVATION

Target goal: Reduce real or potential exposure to harmful noise.

Reviewing documents:

- OPNAVINST 5100.23E
- NAVOSH Programs Checklist
- Activity instructions
- Hearing conservation requirements list
- PPE Analysis
- Industrial Hygiene Surveys
- Medical Surveillance requirements lists
- Mishap log
- Medical/Occupational Health Nurse reports/notifications
- OSH training plan
- Training records
- Training lesson plans

Summary:

Possible metrics:

1. $\frac{\# \text{ Personnel tested}}{\# \text{ Personnel enrolled in program}} \times 100 = \text{percent tested}$

Compute formula for this FY and for previous FY to determine increase or decrease-if increase for current FY, explain

TARGET:

2. $\frac{\# \text{ Significant threshold shifts previous FY}}{\# \text{ Significant threshold shifts this FY}} = \text{Ratio}$

Increase/decrease, if increase, explain, target is to decrease

TARGET:

SIGHT CONSERVATION

Target goal: Identify eye hazardous work environments and implement procedures to reduce exposure potential.

Reviewing documents:

- OPNAVINST 5100.23E
- NAVOSH Programs Checklist
- Activity instructions
- PPE Analysis
- Industrial Hygiene Survey
- Training lesson plan
- OSH training plan
- Training records
- Medical Surveillance requirements list
- Mishap data

Summary:

Possible metrics:

1. $\frac{\# \text{ People in program this FY}}{\# \text{ People in program previous FY}}$ = Ratio increase/decrease this FY over previous FY

If increase explain, target is to decrease

TARGET:

BLOODBORNE PATHOGEN CONTROL

Target goal: Develop and implement an exposure control program to prevent personnel exposure to bloodborne pathogens.

Reviewing documents:

- OPNAVINST 5100.23E
- 29 CFR 1910.1030
- NAVOSH Programs Checklist
- Activity instruction
- Industrial Hygiene Survey
- Medical Surveillance requirements list
- Annual program evaluation

Summary:

Metrics:

Refer to the Training Matrix

Possible metrics:

1. State the number of people identified as first responders.
2.
$$\frac{\text{\# Of first responders who waiver Hepatitis B}}{\text{Total \# first responders in the program}} \times 100 = \text{Who waived the shot}$$

TARGET:

OCCUPATIONAL REPRODUCTIVE HAZARDS

Target goal: Reduce or eliminate personnel exposure to potential occupational reproductive hazards.

Reviewing documents:

- OPNAVINST 5100.23E
- NAVOSH Programs Checklist
- Activity Instruction
- Industrial Hygiene Survey
- Medical Surveillance requirements list
- OSH Training Plan
- Training records

Summary:

Metrics:

Refer to the Training Matrix

INDOOR AIR QUALITY

Target goal: Provide contamination free work air quality.

Reviewing documents:

OPNAVINST 5100.23E
NAVOSH Programs Checklist
Activity instructions
Facilities reports
Industrial Hygiene Surveys-is applicable.

Summary:

Possible metrics:

1. $\frac{\# \text{ Of complaints followed-up}}{\# \text{ Of total complaints received}} \times 100 = \% \text{ followed up}$

TARGET:

Refer to the Training Matrix

ERGONOMICS

Target goal: Develop and implement effective program to reduce workplace muscular skeletal disorders.

Reviewing documents:

- OPNAVINST 5100.23E
- NAVOSH Programs Checklist
- Activity instruction
- Industrial Hygiene Surveys
- Workplace hazard analysis
- OSH training plan
- OSH training records
- OSH training lesson plan
- Mishap data

Summary:

Possible metrics:

1. Refer to Mishap Data to determine ergonomic related injuries/illnesses

Ergonomic injuries recorded this FY
Personnel at the activity this FY

TARGET:

Ergonomic injuries recorded previous FY
Personnel at the activity previous FY

TARGET:

Was there an increase or decrease this FY? If increase, explain

2. If determined an ergonomic program is required based on mishap analysis

Workplace surveys completed this FY X 100 = % Target completed
Workplace surveys targeted to be completed this FY

If didn't meet target number, explain

TARGET:

MATERIALS HANDLING EQUIPMENT (WHE)

Target goal: Provide sufficient training to MHE operators to obtain licenses and operator MHE safely.

Reviewing documents:

29 CFR 1910.178
OSH training plan
OSH training records
Activity instruction

Summary:

(State what departments, activities have operators as part of your summary)

Refer to the Training Matrix.

WEIGHT HANDLING EQUIPMENT (WHE)

Target goal: To oversight various aspects of the WHE program.

Reviewing documents:

OPNAVINST 5100.23E

NAVFAC P-307

29 CFR 1910, 1915, 1917, 1918, 1926 as applicable

Summary:

(State what departments and activities have operators as part of your summary)

Refer to the Training Matrix

ENERGY CONTROL/ELECTRICAL/LOCKOUT-TAGOUT

Target goal: To establish controls to prevent injury as a result of mechanical or electrical restart of equipment, machines, etc.

Reviewing documents:

OPNAVINST 5100.23E
29 CFR 1910.147
NAVOSH Programs Checklist
OSH Training Plan
OSH training records
OSH training lesson plan
Activity instruction
Annual program review

Summary:

Possible metrics:

1. $\frac{\# \text{ Required SOPs completed}}{\# \text{ Required SOPs} \% \text{ Target completed}} \times 100 = \% \text{ SOPs completed}$

TARGET:

For training, refer to the Training Matrix

(SAMPLE ANNUAL PROGRAM EVALUATION) (Use not required, but the evaluation must state what was reviewed and how the review was conducted)

From:

To:

Subj: ENERGY CONTROL/LOCKOUT-TAGOUT ANNUALL PROGRAM EVALUATION

Ref: (references would be the activity program instruction, OPNAVINST 5100.23E, OSHA, etc)

1. The annual Energy Control Program evaluation was conducted on
by . All aspects of the program were reviewed:

The program at involves Lockout/Tagout of
(List electrical/mechanical and the departments activities that are required to have the program and what they need it for, types of equipment, etc.)

Training: (explain training, or refer to the Training Matrix if used)

SOP Review: (state what SOPs were reviewed, if up-to-date or need to be updated; if need updated, state when they will be updated)

Roster of trained and qualified employees:

State if approved use of tags vs lockout and what operation:

State if any program related accidents:

2. The evaluation was conducted by reviewing various documents (SOPs, training records, etc.) and by doing field spot checks.

3. The program is (satisfactory/needs minor improvement/needs major improvement—if needs improvement, state what needs done, what you will do to make the improvements and the date for implementation, and when you will evaluate if your actions were effective).

4. Other info as applicable.

(Signature of evaluator)

EXPLOSIVE POWDER ACTUATED TOOLS

Target goal: Provide sufficient training for safe operation/certification to operate and for program compliance.

Reviewing documents:

29 CFR 1910.243

Summary:

(State what departments and activities use the tools in your summary)

Metrics:

Refer to the Training Matrix.

OSH POLICY COUNCIL

Target Goal: Maintain effective Council to identify and assess OSH issues, support the OSH Program.

Reviewing documents:

OPNAVINST 5100.23E
29 CFR 1960 (as applicable)
NAVOSH Programs Checklist
Activity safety instruction

Summary:

CONFINED SPACE PROGRAM:

Target Goal: Implement effective program to provide safe working atmosphere for personnel who enter confined spaces/perform specific work operations involving confined/hazardous spaces.

Reviewing documents:

- OPNAVINST 5100.23E
- NAVOSH Programs Checklist
- Activity safety instruction
- Annual Confined Space Program Evaluation
- Confined Space Program SOP
- Confined Space Entry Permits
- Mishap data
- Training Matrix

Summary:

(Attach the annual program evaluation. If the evaluation is in sufficient detail, it should be used as a major part of the assessment)

Possible metrics: If the information is contained in the annual program evaluation, just refer to the evaluation; if not then

$$1. \frac{\# \text{ Permit required spaces labeled}}{\# \text{ Permit required to be labeled spaces}} = \% \text{ of spaces labeled}$$

TARGET:

Refer to the Training Matrix

(SAMPLE ANNUAL PROGRAM EVALUATION) (Use not required, but the evaluation must state what was reviewed and how the review was conducted)

From:

To:

Subj: CONFINED SPACE ANNUAL PROGRAM EVALUATION

Ref: (references would be the activity Confined Space Program instruction, OPNAVINST 5100.23, possibly OSHA, etc)

1. The annual program evaluation of the Confined Space Program was conducted on _____ by the Confined Space Program Manager (CSPM)
. All aspects of the program were reviewed:

The Program at _____ consists of entry into (permitted/non-permitted and provide types of spaces, i.e. lift stations, electrical pits, etc) (don't list each space, just the types of spaces)

Program instruction/SOPs were reviewed and (are up-to-date/need to be updated)

Training: (in this section state all personnel (state the department, code, work center, etc) required to be trained, CSPM, assistants, entrants, entrant supervisor, etc).

Testing: (state the instruments that are used, that calibration is done, the log is maintained, that required info is maintained on the log, the permits meet requirements, that required information is recorded on the permit, that records are maintained for _____, list of spaces is available, that required spaces are labeled, respiratory protection requirements, etc. Summary needs to include brief statement to cover all elements.)

State accidents related to the program:

2. The evaluation was conducted by reviewing various documents (training documents, calibration logs, permits) and by doing field spot checks, verifying against the Industrial Hygiene evaluation).

3. The program is (satisfactory/needs minor improvement/needs major improvement---if needs improvement, state what needs done, what you will do to make the improvements and the date for implementation, and when you will evaluate if your actions were effective).

4. Other information as applicable.

(Signature of CSPM)

ASBESTOS/MAN-MADE VITREOUS FIBERS CONTROL PROGRAM

Target Goal: Prevent/reduce personnel exposure to asbestos/man-made vitreous fibers.

Reviewing documents:

- OPNAVINST 5100.23E
- NAVOSH Programs Checklist
- Activity safety instruction
- Industrial Hygiene Survey Report
- Mishap data
- Written SOPs
- Asbestos surveys
- Medical Surveillance Requirements List
- Training Matrix
- Mishap data

Summary:

Metrics:

Refer to the Training Matrix

(If the activity has an asbestos program, determine applicable metrics)

RESPIRATORY PROTECTION PROGRAM

Target Goal: To prevent/reduce personnel exposures to harmful working conditions.

Reviewing documents:

- OPNAVINST 5100.23E
- NAVOSH Programs Checklist
- Activity safety instruction
- Industrial Hygiene Survey Report
- Medical Surveillance Requirements List
- Annual Program Summary
- Mishap data
- Training Matrix
- Program SOPs

Summary:

(Attach the annual program evaluation. If the evaluation is in sufficient detail, it should be used as a major part of the assessment)

Possible metrics: If the information is stated in the annual program summary, refer to it, if not, then

1.
$$\frac{\# \text{ Personnel in respirator program this FY}}{\# \text{ Total number people at activity this FY}} \times 100 = \text{Percent of people in the program}$$

Did percent increase/decrease? If increase, explain.

$$\frac{\# \text{ Personnel in respirator program previous FY}}{\# \text{ Personnel at activity previous FY}} \times 100 = \text{Percent of people in the program}$$

Did percent increase/decrease? If increase, explain.

Refer to the Training Matrix

(SAMPLE ANNUAL PROGRAM EVALUATION) (Use not required, but the evaluation must state what was reviewed and how the review was conducted)

From:

To:

Subj: ANNUAL RESPIRATORY PROTECTION PROGRAM EVALUATION

Ref: (references would be the activity program instruction/SOPs, OPNAVINST 5100.23E, possibly OSHA, etc)

1. The annual program evaluation of the Respiratory Protection Program was conducted on _____ by the Respiratory Protection Program Manager (RPPM) _____ . All aspects of the program were reviewed:

The Program at _____ consists of the use of (list the types of respirators for use in (list types of jobs, i.e. corrosion control, painting, use of chemicals, etc.)) State the departments/activities that use respirators and that the evaluation serves as all of their annual program review.

Training: (the RPPM, users, issuers, etc)

Program instruction and related SOPs were reviewed and (are up-to-date/need to be updated)

Do a summary on the program, training, issue, fit-testing, storage, certification cards, etc. as applicable to individual activity.

2. The evaluation was conducted by reviewing various documents (training, certifications, SOPs, etc) and by doing field spot checks, verifying against the Industrial Hygiene evaluation.

3. The program is (satisfactory/needs minor improvement/needs major improvement—if needs improvement, state what needs done, what you will do to make the improvements and the date for implementation, and when you will evaluate if your action were effective).

4. Other information as applicable.

(Signature of RPPM)

RADIOFREQUENCY RADIATION (RFR) CONTROL PROGRAM:

Target Goal: Implement RFR program to prevent personnel exposure to RFR.

Reviewing documents:

- OPNAVINST 5100.23E
- NAVOSH Programs Checklist
- Activity safety instruction
- Industrial Hygiene Survey Report
- Medical Surveillance Requirements List (as applicable)
- Last SPAWAR/NAVELEX survey
- Program SOP
- Training Matrix

Summary:

(State what departments and activities have RFR as part of your summary)

Metric:

Refer to the Training Matrix

LASER SAFETY PROGRAM

Target Goal: To implement program requirements and prevent personnel exposure.

Reviewing documents:

- OPNAVINST 5100.23E
- NAVOSH Programs Checklist
- Activity safety instruction
- SPAWARINST 5100.12B
- E0410-BA-GYD-010 (Technical Manual-Laser Safety)
- Program SOPs
- Industrial Hygiene Survey Report
- Medical Surveillance Requirements List
- Mishap data
- Training Matrix

Summary:

(State what departments and activities have Lasers as part of your summary)

Metric:

Refer to the Training Matrix

PEST CONTROL PROGRAM

Target Goal: To implement program requirements and prevent personnel exposure.

Reviewing documents:

- NAVOSH Programs Checklist
- Activity safety instruction
- Industrial Hygiene Survey Report
- Medical Surveillance Requirements List
- Mishap data
- Training Matrix

Summary:

(State what departments and activities do pest control as part of your summary)

Metrics:

Refer to the Training Matrix

(Develop metric specific to individual program)

IONIZING RADIATION

Target Goal: Establish program to prevent personnel exposure

Reviewing documents:

- NAVOSH Programs Checklist
- Activity safety instruction
- Program SOPs
- Industrial Hygiene Survey Report
- Medical Surveillance Requirements List
- Training Matrix

Summary:

(State what departments and activities have Ionizing Radiation as part of your summary)

Metrics:

Refer to the Training Matrix

SAFETY AWARDS PROGRAM

Target Goal: To implement a safety awards program to recognize safety program support throughout the activity.

Reviewing documents:

OPNAVINST 5100.23E
SECNAVINST 5100.15A
NAVOSH Programs Checklist
Activity safety instruction
Program records

Summary:

FALL PROTECTION

Target Goal: Establish program to provide protective devices and prevent personnel injury.

Reviewing documents:

- 29 CFR 1910
- 29 CFR 1926
- NAVOSH Programs Checklist
- Activity safety instruction
- Program SOP
- Program documentation for competent person
- Training Matrix

Summary:

(State departments and activities and the specific jobs where fall protection is required as part of your summary)

Metric:

Refer to the Training Matrix.

TRENCHING/SHORING PROGRAM

Target Goal: Establish program to prevent personnel injury

Reviewing documents:

- 29 CFR 1926
- NAVOSH Programs Checklist
- Activity safety instruction
- Program SOPs
- Documentation of competent person

Summary:

(State departments and activities where this program is required as part of your summary)

Metric:

Refer to the Training Matrix.

LEAD CONTROL PROGRAM:

Target Goal: To implement program to prevent personnel exposure.

Reviewing documents:

- OPNAVINST 5100.23E
- NAVOSH Programs Checklist
- Activity safety instruction
- Industrial Hygiene Survey Report
- Medical Surveillance Requirements List
- Training Matrix
- Lead sampling results
- Mishap data
- Employee notification records

Summary:

(State locations where lead is used as part of your summary of refer to the IH survey IF the IH survey includes a summary stating the locations)

Metrics:

Refer to the Training Matrix.

TRAFFIC SAFETY

Target goal: Develop and implement provide to provide program awareness in attempt to reduce traffic safety mishaps.

Reviewing documents:

OPNAVINST 5100.12F

OPNAVINST 5102.1C

Mishap data

Summary:

Refer to the Training Matrix

(Develop a metric and target using government motor vehicle mishaps
off-duty motor vehicle mishap)

RECREATION, ATHLETICS, HOME SAFETY (RAHS)

Target goal: To develop and implement general awareness program in attempt to reduce off-duty mishaps.

Reviewing documents:

OPNAVINST 5100.25A

Mishap Data

Summary:

Refer to the Training Matrix

(Develop a metric and target using off-duty mishap data)

PROGRAM TOOLS

These tools are provided for your use, revision, etc. as desired. They are just ideas, some starting points, to help with conducting your activity self-assessment. If you have similar tools you think others may be able to use, send them to one of us here on the CINCLANTFLT safety staff and we'll send them to our other activities.

Some explanations:

1. SAMPLE SELF-ASSESSMENT COVER SHEET is one way to state general information required as part of the PR&MS process. If you do not use a cover sheet, the information stated on the sample must be documented some place, i.e. the activity instructions, a PR&MS SOP, etc.

2. ACTIVITY NAVOSH PROGRAM LIST is one way to easily identify individual programs (a requirement of the process) applicable to your activity, the status after you complete the self-assessment, and the priority for implementing improvements. A sample and blank form are provided.

3. CUSTOMER IDENTIFICATION MATRIX is one way to list all your customers, including Host departments, and record the number of hours by program you expend in man-hours to support the program. Identifying your customers is a requirement of the PR&MS Process. You will also use the information in assessing your staff needs and other programs.

4. TRAINING REQUIREMENTS BY OSHA GENERAL INDUSTRY STANDARDS AND NAVY INSTRUCTIONS MATRIX is one method to use to develop the required OSH Training Plan. All the requirements for training can be recorded on the matrix, i.e. title of training, standard/instruction requiring the training, personnel required to attend the training, the department, the frequency, location, and man-hours. In addition, it can be used to determine metrics for training by computing the % complete. A sample and blank form are provided.

5. TRAINING/LESSON PLAN INTRODUCTION INFORMATION, PREPARING LESSON PLANS and STANDARD NAVY LESSON PLAN FORMAT provide guidance on minimum requirements for lesson plan content and required information. The Standard Navy Lesson Plan Format is the NAVY format and is provided for possible use. Lesson plan format should be standardized.

6. FOCUS GROUP QUESTIONS, EMPLOYEE SURVEY, PR&MS SUPERVISOR FEEDBACK SURVEY are sample surveys/questions collected from other echelons and activities for possible use in evaluating your program.

7. SAFETY DEPARTMENT BUILDING INSPECTION CHECKLIST, SOH OFFICE INSPECTION CHECKLIST, and THE PRE-CON SAFETY CHECKLIST (developed by activities) are some sample checklists collected from other activities for possible use.

8. FIRST LINE SUPERVISOR OSH TRACKING and FIRST LINE SUPERVISOR OSH TRAINING LOG are two tools that supervisors could use to help them in tracking their safety responsibilities and becoming more involved and supportive of the PR&MS process. If these are not useable at your activity, consider developing similar matrices that will be of use.

9. FLOW CHARTS, six flow charts for use in implementing and assessing those programs.

10. JOB HAZARD ANALYSIS.

11. WORKPLACE HAZARD ASSESSMENT.

NOTE: A NAVOSH PROGRAMS CHECKLIST has not been updated IAW OPNAVINST 5100.23E and the PR&MS process. However, Navy Region South East is working on the revision. Suggestions, ideas and assistance will be appreciated.

SAMPLE SELF-ASSESSMENT COVER SHEET

(Note: not required to be used, however, the information listed here must be provided by some other means, i.e. included in activity instruction, a separate SOP, etc.)

A Self-assessment of the NAVOSH Program is conducted annually for the period 1 October (put in the year) to 31 September (put in the year). The self-assessment is conducted (state how you will do it, examples are: by completing a program checklist, reviewing various program-related documents as stated in the individual self-assessment program summaries, and reviewing each program. Supporting information is obtained through (state what you used, examples are: the use of various management/employee surveys, random feedback from personnel upon completion of training, visiting the workspaces and talking to personnel and conducting work site spot checks to determine if personnel are implementing program requirements.) The annual confined space program evaluation is conducted in (put in the month) each year. The annual respiratory protection program evaluation is conducted in (put in the month) each year. The annual lockout/tagout program evaluation is conducted in (put in the month) each year. If you do any other annual evaluations list them here stating the program and the month). The measures/metrics used in conducting the self-assessment are included in each program summary and each model evaluation.

This is (activity name) annual self-assessment for FY (put in year). This assessment meets the annual requirement for (state the host activity name) and for all customers and supported programs identified in the Customer Identification List included in the self-assessment, section (state the section of your package where you put it).

Waivers implemented at (activity name) are:

(List the title and number of each waiver you have implemented if any.)

	ACTIVITY NAVOSH PROGRAMS LIST (sample)		
1	Command Support for the NAVOSH Program		
2	OSH Office Staffing and Functions		
3	OSH Management Evaluation		
4	OSH Inspection Program		
5	NAVOSH Deficiency Abatement Program		
6	OSH Training Program		
7	Employee Reports of Unsafe/Unhealthful Working Conditions		
8	Mishap Investigation and Reporting Practices		
9	OSH Policy Council		
10	Project, Operating, Purchasing and Contracting Procedures Review Program		
11	Federal Employees' Compensation Act Program		
12	Ergonomics Program		
13	Confined Space Entry Program		
14	Personal Protective Equipment Program SAT		
15	Hazardous Material Control and Management Program		
16	Industrial Hygiene Survey Program		
17	Workplace Monitoring Program		
18	Medical Surveillance Program		
19	Asbestos/Man-Made Vitreous Fibers Control Program		
20	Hearing Conservation Program		
21	Respiratory Protection Program		
22	Radiofrequency Radiation Control Program		
23	Lead Control Program		
24	Bloodborne Pathogens Control Program		
25	Pest Control Program		
26	Laser Safety		

	ACTIVITY NAVOSH PROGRAMS LIST (sample)		
1	Command Support for the NAVOSH Program		
27	Ionizing Radiation		
28	Reproductive Hazards Program		
29	Indoor Air Quality		

TRAINING REQUIREMENTS BY OSHA GENERAL INDUSTRY STANDARDS AND NAVY INSTRUCTIONS MATRIX

<u>Standard/Reference</u>	<u>Course Title/Audience Training Costs (Man-Years And Dollars)</u>	<u>Scheduled</u>	<u>Frequency</u>	<u># Personnel Identified</u>	<u>Target %</u>	<u>% Complete</u>	<u>Comments</u>
	At the end of your customer training list, do a section for Safety Staff training. In this section you need to put the person's name, the course title, the dates, location of training, the cost (tuition if any and travel and per diem)						
	Include a section to record special convenings of training (these are ones conducted that were not originally scheduled on the annual training plan. You need to record all the same info for these types of sessions as you would for regularly scheduled session.)						

LOCATION OF TRAINING MAY CHANGE DEPENDING ON AVAILABILITY OF TRAINING FACILITY

**TRAINING REQUIREMENTS BY OSHA GENERAL INDUSTRY STANDARDS AND
NAVY INSTRUCTIONS MATRIX (sample)**

<u>Standard/Reference</u>	<u>COURSE TITLE/AUDIENCE</u>	<u>Frequency</u>	<u># Personnel Identified</u>	<u>% Complete</u>	<u>Lesson Plan</u>
5100.23E 0602.b(3)	NAVOSH FOR NEW PERSONNEL – INDOCTRINATION MILITARY PERSONNEL ALL DEPARTMENTS	UPON ASSIGNMENT			
5100.23E 2221	RF RADIATION PROTECTION TRAINING-ALL PERSONNEL WHO WORK WITH RFR OR WHOR ENVIRONMENT CONTAINS RF EQUIP EMITTING RF (AIR OPS CODE XXX, AIMD CODE 63, 65, 66)	BEFORE ASSIGNMENT			
	(NOTE: WHEN COMPLETING THIS SECTION, STATE THE TITLE OF THE TRAINING AND WHO IS TO GET THE TRAINING BY DEPARTMENT AND CODE				

LOCATION OF TRAINING MAY CHANGE DEPENDING ON AVAILABILITY OF TRAINING FACILITIES

PREPARING LESSON PLANS

There is **NO** required standardized lesson plan/guide format. However, NAVEDTRA 130A provides Navy guidance on the preparation of lesson plans. A sample lesson plan prepared IAW with NAVEDTRA guidance is attached and may be used.

For each Lesson Plan/Guide the following information **MUST** be provided:

1. Name of training
2. Purpose of training
3. Objective of training
4. Length of training
5. Target audience
6. How the training will be delivered (i.e. lecture, handouts, videos, workshops, etc.)
7. Who will conduct the training
8. How the effectiveness of the training will be evaluated
9. How training will be modified based upon results of evaluating the effectiveness of the training
10. Date prepared/date revised/updated

Recommend this information be provided on the first page of the lesson plan/guide. Sample attached.

TRAINING/LESSON PLAN INTRODUCTION INFORMATION

NAME OF TRAINING:

PURPOSE:

OBJECTIVE:

LENGTH OF TIME:

AUDIENCE:

METHOD OF DELIVERY:

TO BE CONDUCTED BY:

MAKE UP SESSION PLANS:

EFFECTIVENESS WILL BE
EVALUATED BY:

LESSON PLAN MODIFICATION:

DATE PREPARED:

BY:

DATE REVISED:

BY:

STANDARD NAVY LESSON PLAN FORMAT

ENABLING OBJECTIVE: Upon completion of this lesson, the student should be able to:

(State what the student should be able to do)

TRAINEE PREPARATION MATERIAL:

(List the materials, i.e. videos, handouts, references)

INSTRUCTION PREPARATION:

(State what the instructor must do to prepare to conduct training, i.e. review trainee materials, references, test, questionnaires, etc)

TRAINING MATERIAL REQUIRED:

(State what is to be used, i.e. copy of OPNAVINST 5100.23E, sample of protective equipment, sample MSDS, sample inspection report, etc)

DISCUSSION POINTS:

Introduction:

Background:

Responsibilities:

Program training presentation/discussion:

Summary:

**EMPLOYEE
FOCUS GROUP QUESTIONS**

1. Did you receive safety and health training?
When you came to work here?
2. Do you know who the people are?
3. Do you know if the command has a Safety
Policy? Do you know what it is?
4. Are you aware of any safety and health
issues here?
5. Do you know about Employee Reports of
Unsafe and Unhealthful Working Conditions?
6. Do you know what to do if you have an
on-the-job injury?
7. Do you know what your responsibilities
are in relation to the safety program?
8. Have you received any safety training
other than when you came to work here?
9. Do your supervisors and upper management
support the safety program?
10. Can employees communicate with supervisors
and management about safety issues?
11. Do you know the purpose of the safety
program?
12. Have you heard of PR&MS?
13. What is your opinion of the safety
program?
14. How does the safety program here
compare to other places you have worked?

**SUPERVISOR
FOCUS GROUP QUESTIONS**

1. Do you know whom the safety people are?
2. Have you had safety and health training?
3. Do you know what the safety policy is for your activity?
4. Have you had mishap investigation and reporting training?
5. What is your responsibility in relation to on-the-job accidents?
6. Do you know what your safety and responsibilities are?
7. Do you know what safety councils committees are conducted:
8. Do you provide safety and health training to your employees?
9. What do you do when you find a hazard in your workspaces?
10. Is there a disciplinary process established for personnel who do not follow safety rules and procedures? Have you ever used it?
11. Does top management support the safety program?
12. Is safety and health an element in your performance appraisals/ratings?
13. Do you know what an IH report is? Do you ever see it? What do you do with it?
14. What is your opinion of the safety and health program here at your activity?
15. Have you heard of PR&MS?/know what it is?
16. What would help improve the safety and health program at your activity?

The rating for focus group answers:

Scale of 1 to 5, 1 is the weakest and 5 is the strongest

1. Not knowledgeable, very negative
2. Not very knowledgeable, somewhat negative
3. Not sure, neutral, not important
4. Somewhat knowledgeable, somewhat positive
5. Very knowledgeable, strongly positive

EMPLOYEE SURVEY

BASED ON YOUR WORK AT THIS ACTIVITY, CHECK THE FOLLOWING TO RATE YOUR SATISFACTION WITH THE ACTIVITY SAFETY AND HEALTH PROGRAM:

	Very Satisfied	Satisfied	Very Dissatisfied	Dissatisfied	Not Applicable
1. Quality of workplace safety and health conditions.	0	0	0	0	0
2. Ease of reporting safety hazards.	0	0	0	0	0
3. Notification of action taken.	0	0	0	0	0
4. Satisfaction with action taken.	0	0	0	0	0
5. Issue of Personal Protective Equipment (PPE).	0	0	0	0	0
6. Quality of workplace safety & health conditions.	0	0	0	0	0
7. Amount of safety and health training you received adequate to perform your job safely.	0	0	0	0	0
8. The Command's concern for workplace health and safety.	0	0	0	0	0
9. Supervisor' concern for workplace health and safety.	0	0	0	0	0
10. Efforts taken by the Command to protect your Safety and Health.	0	0	0	0	0
11. Quality of supervisor's knowledge of the Command's Safety and Health Program.	0	0	0	0	0
12. Quality of supervisor's support of the Command's Safety and Health Program.	0	0	0	0	0

13. Supervisor's response to safety and health concerns.	0	0	0	0	0
14. Appropriate hazardous material training.	0	0	0	0	0
15. Management's emphasis on safety and health.	0	0	0	0	0
16. Accessibility to CO in safety and health matters.	0	0	0	0	0
17. Command culture conducive to safety and health.	0	0	0	0	0
18. Willingness of Command to stop work due to safety and health concerns.	0	0	0	0	0
19. Your direct supervisor's concern for your safety and health.	0	0	0	0	0
20. Safety and health communications from top management to you and your co-workers.	0	0	0	0	0
21. Management communication regarding potentially dangerous chemicals, substances, or harmful physical agents such as noise.	0	0	0	0	0
22. Quality and availability of PPE.	0	0	0	0	0
23. Quality and availability of safety and health training.	0	0	0	0	0
24. Prompt correction of workplace hazards.	0	0	0	0	0
25. Safety staff's attitude and responsiveness to questions.	0	0	0	0	0

PR&MS Supervisor Feedback Survey

Command: _____

Division / Work Center: _____

- | | Yes | No |
|---|------------|-----------|
| 1. Do you have new personnel who have reported (90 days) | _____ | or _____ |
| a. How many new arrivals within the last year? | _____ | |
| b. How many have received initial Safety Training? | _____ | |
| 2. Do you have employees in the hearing protection? | _____ | or _____ |
| a. How many are enrolled in the hearing conservation program? | _____ | |
| b. How many have received Hearing conservation training? | _____ | |
| 3. Do you have employees that work with chemicals? | _____ | or _____ |
| a. How many? | _____ | |
| b. How many have received Hazardous Material Training on specific chemicals used in their workcenter? | _____ | |
| 4. Do you have employees required by position to be trained in CPR? | _____ | or _____ |
| a. How many? | _____ | |
| b. How many have received CPR Training? | _____ | |
| 5. Do you have employees that use respirators? | _____ | or _____ |
| a. How many? | _____ | |
| b. How many have received Respiratory Protection Training? | _____ | |
| 6. Is there Asbestos in your workplace? | _____ | or _____ |
| a. How many have received Asbestos Awareness Training? | _____ | |
| b. How many people are assigned to your workcenter? | _____ | |
| 7. Is there lead in your workplace? | _____ | or _____ |
| a. How many have received _____ not received _____ Lead Awareness Training. | | |
| b. How many people are assigned to your work center? | _____ | |

SAFETY DEPARTMENT - BUILDING INSPECTION CHECKLIST
INDUSTRIAL WORK AREA

COMMENT

ENTRANCE, WALKWAYS, EXITS

CLEAR FOR EMERGENCY EXIT/MARKING/LOCKS/ILLUMINATION

WORK SPACES

HOUSEKEEPING

LIGHTING/COFFEE MESS/SPACE HEATERS
ELECTRIC SERVICE/MAIN/POWER PANELS/SWITCH/CONTROLS/GFI
PROCESS EQUIPMENT/OPERATING CONDITION/MAINTENANCE
SPECIAL PROCESS/SPRAY PAINT/WELDING/FLAME CUT/PRESSURE CLEANING
MATERIAL STORAGE
LADDERS, LIFTS, RAILINGS
MACHINE GUARDS
MEDICAL/FIRST AID/EYE WASH/WATER DELUGE SHOWERS
SLINGS/LIFTING EQUIPMENT
COMPRESSED AIR/GAS CYLINDER STORAGE

STORAGE AREAS

STORAGE SHELVES/RACKS/STORAGE CONDITIONS
APPROVED BOXES/CONTAINERS/PACKAGING
CHEMICALS/FLAMMABLE STORAGE/AUL/MSDSs

EMPLOYEE VIOLATIONS

PROTECTIVE EQUIPMENT
UNSAFE WORK PRACTICES
MHE OPERATIONS/TESTING DATES/LICENSES

FIRE PROTECTION

PORTABLE AND FIXED FIRE EXTINGUISHERS AND SYSTEMS
SPRINKLERS/ALARMS
COMBUSTIBLE HAZARDS
SMOKING HAZARDS/NO SMOKING SIGNS

HOUSEKEEPING

EXCESS PAPER PACKING/TRASH/METAL/MATERIAL, ETC.
POOR STORAGE/CLEANLINESS IN WORK SPACE/SANITARY CONDITIONS

SAFETY DEPARTMENT - BUILDING INSPECTION CHECKLIST
ADMINISTRATIVE WORK AREA

COMMENT

ENTRANCE/HALLWAYS/EXIT

CLEAR FOR EMERGENCY EXIT/MARKING/LOCKS/ILLUMINATION

OFFICE SPACES

ELECTRIC SERVICE/COFFEE MESS/SPACE HEATERS

OFFICE EQUIPMENT/OPERATING CONDITION/MAINTENANCE

MATERIAL STORAGE

CHEMICAL/FLAMMABLE MATERIAL STORAGE/AUL/MSDSs

STORAGE AREAS

STORAGE SHELVES/RACKS/STORAGE CONDITIONS

APPROVED BOXES/CONTAINERS/PACKAGING

CHEMICALS/FLAMMABLE STORAGE/AUL/MSDSs

FIRE PROTECTION

FIRE EXTINGUISHERS

SPRINKLERS AND ALARMS

COMBUSTIBLE HAZARDS

SMOKING HAZARDS/APPROVED AREAS/RECEPTICLES

HOUSEKEEPING

EXCESS PAPER/TRASH, ETC.

POOR STORAGE AND CLEANLINESS IN WORK SPACE

**SAFETY AND OCCUPATIONAL HEALTH (SOH)
OFFICE FACILITY INSPECTION CHECK SHEET**

Building # _____ Inspection date _____ Insp. Type ANN QTRLY SPEC

Dept _____ Div _____ Date of previous inspection _____

Of open deficiencies from previous inspection _____

Command Support

- 1. Is the CO SOH policy statement posted as necessary?-----Y N N/A
- 2. Is the DOD OSH poster (DD2272) posted as necessary?-----Y N N/A
- 3. Do position civilian descriptions contain provisions for recognizing OSH performance?-----Y N N/A
- 4. Are employees aware of their SOH responsibilities?-----Y N N/A
- 5. is a copy of the Safety Manual readily available?-----Y N N/A

NAVOSH Deficiency Abatement

- 1. Are copies of open RAC 1, 2, or 3 deficiencies properly posted? -----Y N N/A
- 2. Are previously identified interim controls still in place?-----Y N N/A
- 3. Are open deficiencies identified in the command abatement plan?-----Y N N/A

General SOH Training

- 1. Have management personnel attended SOH training?-----Y N N/A
- 2. Have all supervisors attended initial/annual SOH training?-----Y N N/A
- 3. Are all non-supervisory SOH training records current?-----Y N N/A
- 4. Have all employees attended Safety NEI?-----Y N N/A
- 5. Is First-Aid/CPR training current if required?-----Y N N/A
- 6. Are supervisors aware of these general training requirements?-----Y N N/A

Unsafe/Unhealthful Employee Reports

- 1. Are unsafe/unhealthful employee report blanks posted along with submission instructions?-----Y N N/A
- Are any open reports applicable to this work site?-----Y N N/A
- If yes, identify status. _____

Mishap Investigation and Reporting

- 1. Does the medical record reflect any mishaps involving this Department/Division that have not been reported to the SOH Office?-----Y N N/A
- 2. Is the annual mishap summary posted properly?-----Y N N/A
- 3. Do any employees have obvious injuries that might indicate they were involved in a mishap?-----Y N N/A
(If yes, inquire into circumstances and direct reporting as required)

Safety Council/Committee

- Identify designated Safety Petty Officer (SPO)_____
- 1. Has the designated SPO attended Committee meetings?-----Y N N/A
 - 2. Are employees aware of who the designated SPO is?-----Y N N/A
 - 3. Are Safety Council/Committee meeting minutes posted?-----Y N N/A

Project, Operating, Purchasing and Contracting Procedures

- 1. Do any SOPs apply to this department/division?-----Y N N/A
If yes, identify it/them _____
Are they current?-----Y N N/A
- 2. Are contracts issued by this department/division?-----Y N N/A
If yes, have they been reviewed by SOH?-----Y N N/A
- 3. Has any equipment/material been purchased which should
have been reviewed by SOH?-----Y N N/A
If yes, was the purchase reviewed? -----Y N N/A

Ergonomics Program

- 1. Have workstations been ergonomically evaluated?-----Y N N/A
- 2. Are ergonomic modifications necessary?-----Y N N/A
- 3. Has back injury prevention training been conducted?-----Y N N/A
- 4. Have managers and supervisors received ergonomic training?Y N N/A
- 5. Have employees received ergonomic training?-----Y N N/A

Confined Space Program

- 1. Are all area confined spaces identified properly?-----Y N N/A
- 2. Have all workers been properly trained and participated in
an annual drill if required?-----Y N N/A

Personal Protective Equipment

- 1. Does the command PPE workplace hazard assessment accurately
reflect the work site and employee operations?-----Y N N/A
- 2. Are PPE checklists posted in worksites?-----Y N N/A
- 3. Is employee PPE training and certification current for the
PPE in use?-----Y N N/A
- 4. Are employees aware of PPE criteria?-----Y N N/A
- 5. Is PPE being used and cared for properly?-----Y N N/A
- 6. Are hazards properly identified?-----Y N N/A

Hazardous Materials Control

- 1. Is the AUL readily available?-----Y N N/A
- 2. Does the AUL match materials located in the worksite-----Y N N/A
- 3. Are MSDSs readily available, and do they match materials?Y N N/A
- 4. Are the MSDS in a logical and usable order for quick
location?-----Y N N/A
- 5. Was an updated AUL provided to the Safety Office annually?Y N N/A
- 6. Are employees knowledgeable in HAZCOMM criteria, including
spill and leak procedures?-----Y N N/A
- 7. Are hazardous materials being stored and used properly?---Y N N/A

Industrial Hygiene

- 1. Does the worksite and operations match those in the latest
IH survey?-----Y N N/A
- 2. Have all IH recommendations been implemented, including
required surveillance actions?-----Y N N/A

Medical Surveillance

- 1. Do any employees require medical surveillance?-----Y N N/A
- 2. Have all required medical surveillance actions been taken?Y N N/A

ASBESTOS CONTROL

- 1. Are operations involving asbestos conducted?-----Y N N/A
- 2. Are asbestos operations conducted properly?-----Y N N/A
- 3. Are all asbestos containing materials properly labeled?---Y N N/A
- 4. Are employees and supervisors who may be exposed trained?Y N N/A
- 5. Are housekeeping employees trained?-----Y N N/A

HEARING CONSERVATION PROGRAM

- 1. Are high noise areas/equipment labeled properly?-----Y N N/A
- 2. Have all workers received hearing conservation training?--Y N N/A
- 3. If required, have all workers received audiograms?-----Y N N/A
- 4. Have any workers suffered threshold shifts?-----Y N N/A
If yes, have these workers been retested as required? ----Y N N/A
- 5. Are all hearing protective devices approved and being-----Y N N/A
used properly?

Respiratory Protection

- 1. Are respirators required or used for humanitarian
purposes?-----Y N N/A
- 2. Is an SOP completed and accurate?-----Y N N/A
- 3. Are physical examination and training requirements met?---Y N N/A
- 4. Are respirators being used, stored and maintained
properly?-----Y N N/A
- 5. Is breathing air in compliance?-----Y N N/A
- 6. Are fit tests up to date?-----Y N N/A

Radiofrequency Radiation

- 1. Has an RFR survey been conducted at the worksite?-----Y N N/A
- 2. Are all RFR hazards properly identified?-----Y N N/A
- 3. Have all employees been trained in RFR awareness?-----Y N N/A

LASER HAZARDS

- 1. Are lasers in use?-----Y N N/A
If yes, what class: _____
- 2. Is a list of all lasers and their locations maintained?---Y N N/A
- 3. Are laser safety practices promulgated?-----Y N N/A
- 4. Have workers been trained in laser safety/hazard
awareness?-----Y N N/A
- 5. Are all lasers properly labeled?-----Y N N/A

Lead Control

- 1. Are lead operations conducted?-----Y N N/A
- 2. Have workers been trained annually in lead safety awareness
and have they been provided with appendices A and B?-----Y N N/A

Bloodborne Pathogens

- 1. Is BBP exposure a concern in this worksite/operations?----Y N N/A
- 2. Does the Command Exposure Control Plan accurately reflect
this work site/operations?-----Y N N/A
- 3. Have all required workers completed their HBV series?----Y N N/A
- 4. Is the local BBP SOP updated and accurate?-----Y N N/A
- 5. Is initial/annual BBP training current?-----Y N N/A

6. Are employees aware of BBP hazards and program criteria?--Y N N/A

Energy Control

- 1. Does energy control apply to this worksite/operation?-----Y N N/A
- 2. Is a local SOP applicable, accurate and updated?-----Y N N/A
- 3. Have workers been trained properly?-----Y N N/A
- 4. Are energy controls being properly applied and documented?Y N N/A

Miscellaneous

- 1. Have forklift operators been trained and issued licenses?-Y N N/A
- 2. Has reproductive hazards training been conducted?-----Y N N/A
- 3. Have eyewash/deluge showers been flushed/tested?-----Y N N/A
(Is an appropriate flush test kit available?-----Y N N/A)
- 4. Are electrical gloves tested?-----Y N N/A

PRE-CON SAFETY CHECKLIST

GENERAL SAFETY INFORMATION			
	TITLE	NAME	PHONE
CONTRACTOR			
CONTRACTOR REP			
SUB-CONTRACTOR			
CON REP/INSPECTOR			
CME			
CONTRACT INFORMATION			
TITLE:			
NUMBER: N62742/N62755-	DO#	LOCATION:	
START:	END:	CONTRACT PRICE:	
SAFETY BRIEFING CHECKLIST			
ACCEPTANCE OF VARIOUS PLANS DOES NOT RESTRICT THE CONTRACTING OFFICER FROM REQUIRING ADDITIONAL CONTROLS DUE TO ON SITE CONDITIONS.			
SAFETY PROGRAM:	PERSONAL PROTECTIVE EQUIPMENT		
Implement safety program conforming to requirements of Federal, State & local laws including US Army Corps of Engrs (USACE) EM-385-1-1, OSHA 29 CFR 1926 (Construction), 29 CFR 1910 (General Ind) & Hawaii Revised Statutes, Chapter 396, HIOSH Standards.	Shall be worn as required by OSHA, HIOSH or USACE standards. As a minimum, long pants, short sleeved shirt, steel-toe safety shoes and glasses shall be worn.		
Contractor shall submit written program which must be accepted prior to start of work; i.e., Accident Prevention Program & Activity Hazard Analysis containing elements of pgs 3-5 (and Appendix A - 96) of EM-385-1-1. Provide emergency on/off-base fire, police, ambulance & medical facility phone numbers. Copy on site!	When applicable, hearing protection shall be worn.		
	Hard hats shall be worn and signs will be posted at construction sites.		
	POSITIVE FALL PROTECTION: Guardrail, net, catch platform or harness and lanyard with adequate anchor when working above 6 feet or within 6 feet from edge.		
SAFETY INSPECTIONS	LOCK-OUT/TAG-OUT		
Periodic inspection of work site shall be conducted/documented by Contractor, Competent Person, Quality Control during progress of work.	If any equipment is required to be locked/tagged out (per 29CFR1910.147/1926.417), contractors shall coordinate w/activity and apply their own locks/tags as appropriate.		
WEEKLY SAFETY MEETINGS	FIRE EXTINGUISHERS		
"Tool Box" safety meetings shall be conducted, with documentation (date, attendance, subject, instructor) which may be reviewed by QA / Inspector.	At least two 10lb ABC extinguishers shall be at job site.		
	If tar kettle is to be used, then two 20-lb ABC type extinguishers shall be present.		
EMPLOYEE TRAINING	DAILY DEBRIS REMOVAL		
Prior to start of work, contractor shall ensure employees are properly trained; i.e., HazComm, HAZWOPER, lead, respirator, asbestos, etc. (NOTE: List is NOT all-inclusive.)	Debris shall be removed daily by Contractor, unless otherwise arranged with Contracting Office (e.g., a designated area or dumpster on site).		

DESIGNATED CERTIFIED OPERATORS		HOUSEKEEPING	
	Shall be licensed or certified; i.e., CDL licenses, AHERA cert., herbicide/pesticide applicator license, A/Cmech, etc.		Aisles and exits shall be kept clear at all times.
CONTR/GOVT EMPLOYEE REPORT OF UNSAFE OR UNHEALTHFUL WORKING CONDITION(S)		HAZARD COMMUNICATION/MATERIAL SAFETY DATA SHEETS (MSDS)	
	If unsafe/unhealthful condition cannot be mutually resolved verbally, OPNAV 5100/11 form may be used / submitted to activity for action. Written response must be provided within ten working days.		Prior to bringing material on base, provide MSDSs to Contracting Officer for approval. Copy of MSDSs shall be on work site where hazardous materials are used. Copy to activity safety office. Also, give quantity used.
EMERGENCY FIRST AID, CPR, FIRST AID KITS		PAINTS/FLAMMABLE LIQUIDS	
	At least two persons shall be first aid and CPR trained/qualified at site/each shift.		Storage of flammable material shall be in UL or FM approved flammable lockers or self-closing safety cans.
	A 16-unit First Aid Kit shall be available at the site.		All paints shall contain <0.06% lead. No mercury or mercury compounds, chromates or asbestos.
	Station dispensary is available for serious injuries.		NO fueling shall be done inside buildings.

MISHAP REPORTING		CONFINED SPACES	
	Mishaps, other than first aid, shall be logged onto OSHA 200 Form or equivalent.		Follow applicable requirements for entry into or hot work in/on confined spaces and toxic operations.
	Copy of Contractor Significant Incident Report shall be forwarded to Contracting Officer.		Testing shall be conducted by NFPA Certified Marine Chemist, Certified Industrial Hygienist or Competent Person.
	Notify Contracting Officer & HIOSH by phone w/in 8 hrs (in writing on CSIR in 24 hours) of death, hospitalization of 3 or more persons or damage of \$25K or more.	HOT WORK PERMIT	
	Fire Alarm / Sprinkler Coordinate w/ Federal Fire Dept. 471-3916 and PWC Code 567 Leo Lorsen 474-0478.→		A burning and welding permit shall be obtained from the Federal Fire Department prior to starting hot work.
MACHINERY/MECHANIZED EQUIPMENT INSPECTIONS		BARRICADES, WARNING SIGNS, FENCING FOR PUBLIC SAFETY	
	Machine guards shall be in place as required by HIOSH, OSHA & USACE EM-385-1-1.		Provide barricades, fencing, banner tape. NO YELLOW IN SHIPYARD CIA AREA.
	Prior to bringing larger machinery or mechanized equipment on base, it shall be tested/certified to be in safe operating condition. (Sect 16, EM-385-1-1) (Backhoe, roller, manlift, etc)		Post appropriate or required warning signs when work is being accomplished. (e.g. Danger Asbestos..., Danger Lead..., Powder Actuated Tool In Use, Men Working Above, Hard Hat Area, Hearing Protection..., etc.)

GFCI/ASSURED GROUNDING PROGRAM		EXCAVATIONS, TRENCHING/SHORING	
	All portable electric equipment shall be protected by GFCIs at construction sites, unless directly connected to receptacles of 5KW or smaller ungrounded generators.		Shoring shall be used for unstable soil or depths of >4 feet unless benching, lay-back or other acceptable plan is implemented by the contractor.
TRAFFIC SAFETY PLAN			Work Shall be supervised under direction of a Competent Person.
	If project involves/affects flow of traffic, Traffic Safety Plan using recommendations of Section VI, Manual of Uniform Traffic Control Devices (MUTCD) shall be followed.		Excavations shall be covered with trench covers if left unfilled overnight and/or near housing areas. If near roadways or walkways, ILLUMINATE barricades of trenches left unfilled overnight.
SCAFFOLDS		ASBESTOS REMOVAL	
	Are to be erected, dismantled, moved or modified under the direct guidance of an OSHA competent person.		Ten working day notification for demolition or certain asbestos removal operations is required.
LEAD REMOVAL			Have existing materials been tested?
	Has the material been tested?		Has asbestos removal plan been submitted/approved?
	Has a removal plan been submitted?		Dispose of asbestos material per EPA requirements.
UNDERGROUND STORAGE TANKS			Has AHERA training been completed?
	Has a Site Specific Safety Plan been submitted?		
	Has HazWoper training been completed?		
	Monitoring?		
	Spill Contingency Plan?		
MERCURY		PCB	
	Disposal? (Fluorescent lamps, thermostats, monometers)		Disposal? (Ballasts, Capacitors, Transformers)
	Shipyard and SUBASE/IMF have exclusion areas.		
INFORMATION RE OSH MATTERS: CONTACT CONTRACT ADMINISTRATOR WHO WILL COORDINATE WITH PACDIV			
BRIEFED BY:		DATE:	
CONTRACTOR:		DATE:	
SUBCONTRACTOR(S):		DATE:	
SUBCONTRACTOR(S);		DATE:	
SUBCONTRACTOR(S):		DATE:	

steps to discussing potential hazards and recommended solutions. You also should talk to other workers who have performed the job.

CONDUCTING THE JOB HAZARD ANALYSIS

Before actually beginning the job hazard analysis, take a look at the general conditions under which the job is performed and develop a checklist.

Below are some sample questions you might ask:

- Are there materials on the floor that could trip a worker?
- Is lighting adequate?
- Are there any live electrical hazards at the job site?
- Are there any explosive hazards associated with the job or likely to develop?
- Are tools, including hand tools, machines, and equipment in need of repair?
- Is there excessive noise in the work area hindering worker communication and increasing risk of hearing loss?
- Is fire protection equipment readily accessible, and have employees been trained to use it?
- Are emergency exits clearly marked?
- Are trucks or motorized vehicles properly equipped with brakes, overhead guards, backup signals, horns, steering gear, and identification, as necessary?
- Are all employees operating vehicles and equipment properly trained and authorized?
- Are employees wearing proper personal protective equipment (PPE) for the jobs they are performing?
- Have any employees complained of headaches, breathing problems, dizziness or strong odors?
- Is ventilation adequate?

- Does the job involve entry into a confined space?
- Have tests been made for oxygen deficiency and toxic fumes?

Naturally, this list is by no means complete because each worksite has its own requirements and environmental conditions. You should add your own questions to the list. You also might take photographs of the workplace, if appropriate, for use in making a more-detailed analysis of the work environment.

BREAKING DOWN THE JOB

Nearly every job can be broken down into steps. In the first part of the job hazard analysis, list each step of the job in order of occurrence as you watch the employee performing the job. Be sure to record enough information to describe each job action, but do not make the breakdown too detailed. Later, go over the job steps with the employee.

Figure 1 shows a worker performing the basic job steps for grinding iron castings.



Figure 1 Grinding Castings Job Steps

- | | |
|--|---|
| <ol style="list-style-type: none"> 1. Reach into metal box 3. Place finished casting to right of machine in box to left of machine | <ol style="list-style-type: none"> 2. Push casting against wheel to grind off burr |
|--|---|
- grasp casting and carry to wheel

IDENTIFYING HAZARDS

After you have recorded the job steps, next examine each step to determine the hazards that exist or that might occur. Ask yourself these kinds of questions:

- Is the worker wearing clothing or jewelry that could get caught in the machinery?
- Are there fixed objects that may cause injury, such as sharp machine edges?
- Can the worker get caught in or between machine parts?
- Can the worker be injured by reaching over moving machinery parts or materials?
- Is the worker at any time in an off balance position?
- Is the worker positioned to the machine in a way that is potentially dangerous?
- Is the worker required to make movements that could cause hand or foot injuries, repetitive motion injuries, or strain from lifting?
- Can the worker be struck by an object, lean against or strike a machine part or object?
- Do suspended loads or potential energy (such as compressed springs, hydraulics or jacks) pose hazards?
- Can the worker fall from one level to another?
- Can the worker be injured from lifting objects, or from carrying heavy objects?
- Do environmental hazards; dust, chemicals, radiation, welding rays, heat or excessive noise result from the performance of the job?

Repeat the job observation as often as necessary until all hazards have been identified.

Figure 2 shows the basic job steps for grinding iron castings and any existing or potential hazards.



Figure 2 Grinding Castings Hazards

- | | | |
|--|---|-----------|
| <p>1. Strike hand on edge of metal box or casting cut his hand on burr. Drop casting on toes</p> | <p>2. Strike hand against wheel. Flying sparks, dust or chips. Wheel breakage. Not enough of wheel guarded. No dust removal system. Sleeves could get Caught in machinery</p> | <p>3.</p> |
|--|---|-----------|

EVALUATING THE HAZARDS

The next step is to look into what would cause these hazards. You need to think about what events could lead to an injury or illness for each hazard you identified. Typical questions are:

- Is the worker wearing protective clothing and equipment, including safety belts or harnesses that are appropriate for the job? Does it fit and propel properly?
- Has the worker been trained to use appropriate PPE?
- Are work positions, machinery, pits or holes, and hazardous operations adequately guarded?
- Are lockout procedures used for machinery deactivation during maintenance procedures?

- Is the flow of work improperly organized (e.g. is the worker required to make movements that are too rapid)?
- How are dusts and chemicals dispersed in the air?
- What are the sources of noise, radiation and heat?
- What causes a worker to contact sharp surfaces?
- Why would a worker be tempted to reach into moving machine parts?

Recommendations should be based on the reliability of the solution in general, the most reliable protection is to eliminate the source or cause of the hazard. Hazards might be eliminated by redesigning equipment, changing tools, installing ventilation, or adding machine guards.

If the hazard cannot be eliminated, the danger should be reduced as much as possible. Improving the procedure or using personal protective equipment are some of the primary ways to reduce the danger. These changes should be accompanied by training programs that re aimed at covering the procedures and equipment in detail. (Some OSHA standards require formal training for employees.)

RECOMMENDING SAFE PROCEDURES AND PROTECTION

After you have listed each hazard or potential hazard and have reviewed them with the employee performing the job, determine whether the job could be performed in another way to eliminate the hazards, such as combining steps or changing the sequence, whether safety equipment and precautions are needed to reduce the hazards, or whether training is needed to recognize hazards.

If safer and better job steps can be used, list each new step, such as describing a new method for disposing of material. List exactly what the worker needs to know to perform the job using a new method. Do not make general statements about the procedure, such as "Be careful." Be as specific as you can in your recommendations.

If hazards are still present, try to reduce the necessity for performing the job or the frequency of performing it.

Go over the recommendations with all employees performing the job and ask for their suggest suggestions. Their ideas about the hazards and proposed recommendations may be valuable. Be sure that they understand what they are required to do and the reasons for the changes in the job procedure.

Figure 3 identifies the basic job steps for grinding iron castings and recommendations for new steps and protective measures.

JOB HAZARD ANALYSIS WORKSHEET

Job Operation Title: Pedestal Grinder
Code OOE Date 22 August 2000

No. 4

Building 537

Position Title of Person Conducting Job Operation: Toolmaker Supervisor

Employee(s) Observed Theodore Zgola, Michael Smith, John Martin, Jack Jones

Analysis Performed By Max Hearst, Charles Rentz, Gilbert Beynon, Darin Hoover

Analysis Approved By Earl Lee

Sequence of Basic Job Steps	Potential Accidents or Hazards	Recommended Safe Job Procedure
Check guards and clearance between the grinding wheel and rest	Work-piece can be pulled into the wheel	Check grinding wheel for damage and adjust the rest properly
Check the wheel to make sure it is the proper wheel for the material to be ground	The wrong wheel can load up and explode	Use proper wheel or utilize alternate method such as a belt sander
Prepare the work to be ground	Injury from sharp edges, burns and getting hands too close to the grinding wheel	Insure that the work-piece is held securely
Check all PPE and loose clothing	Eye injuries and danger of getting hands too close to the grinding wheel	Remove loose clothing and keep hands clear of the grinding wheel
Start the Grinding wheel	Possible electric shock or danger of flying fragments if the grinding wheel explodes	Insure area is dry, the grinder is in good condition and stand to the side of the wheel
Proceed with the grinding operation	Possible eye and hand injuries	Insure the wheel is properly dressed and utilize proper grinding techniques
Turn the grinder off	Possible injuries from the wheel coasting before completely stopping	Insure the wheel is turned off and completely stopped rotating
Clean up the work area	Possible cuts and eye injuries	Clean grinding dust with a brush or vacuum and not high pressure air

Figure 3

FLOW CHARTS:



ACTIVITY.GIF



HAZARD-1.GIF



HEADQTRS.GIF



HEARING.GIF



RESPIR-1.GIF



SIGHTC-1.GIF

FIRST LINE SUPERVISOR OSH TRAINING LOG

Supervisor Name: _____

Shop/WC: _____

FY: _____

Training Type/Topics	PPE	Hearing	Sight	Respirator	HMC&M	Confined Space	Ergonomics	Asbestos	Lead	CPR	Lockout/Tagout	Bloodborn Pathogens	Repro Hazards	Mishap Reporting	Safety Orientation	MSDS	Traffic	Recreation/Off-duty	WHE	Specific job hazards	Annual refresher	Monthly	
A Estimated number of workers requiring training this cycle																							
B Number of workers trained this cycle																							
C Actual number of workers requiring training this cycle																							
Completion percentage																							

FORMULA TO CALCULATE COMPLETION PERCENTAGE:

Section B (# of workers trained) divided by Section C (Actual # of workers requiring training).

NOTE: Completion fraction target is 100%.

FIRST LINE SUPERVISOR OSH TRACKING

Supervisor Name: _____

Copy of the Annual/most current documents	Provide dates for each service requested and completed		
---	--	--	--

Requested Service Provided Report Received

Workplace Inspections (Facility & Operations)			
---	--	--	--

Requested Service Provided Report Received

Industrial Hygiene Survey Reports & Info			
--	--	--	--

Medical Surveillance	Hearing Conservation	Sight Conservation	Respirator User	Annual Physical	Firefighter	Vehicle Operator
Number in Program						
A Number required within this cycle						
B Number completed within this cycle						
Completion percentage						

Formula to calculate completion percentage:
Section A (# required within the cycle) divided by Section B (# completed within the cycle)
Note: Completion percentage target is 100%

MODEL EVALUATION SAMPLES

MISHAP PREVENTION MODEL EVALUATION

1. **Program:** This model evaluates (activity name) actions to identify and control unacceptable risks. The first and key measure for this model is the Injury/Illness Incidence Rate. The second measure is a quality assessment of the collection and analysis of mishap and hazard data, and corrective actions taken.

2. **Goal:** The primary goal of this model is to ensure a comprehensive mishap prevention program is in place. This broad goal is accomplished by ensuring accurate mishap data is being recorded; mishaps are thoroughly investigated as necessary to find the under-lying causes and ways to prevent recurrence; all mishaps are analyzed so trends can be identified; that mishaps are reported no matter if the individual obtained medical treatment or not; that mishaps are reported to the supervisor, the safety office, and HRO as applicable.

Formal established goal: (State your own goal. A possible one is "To reduce and maintain on-the-job injuries and hazards to the lowest possible level.")

3. Mishap Prevention:

a. Injury/illness incidence rate (IIR) (put in the info and calculate your IIR for three years:

$$\text{Formula: } \frac{\text{Total \# injuries/illnesses on log X 200,000}}{\text{Total \# personnel on board X 2,000 hours}}$$

4. Collection and Analysis of Mishap Data:

a. Medical reports (review your process and state what you do to verify, track and validate you receive medical reports)

b. HRO/Compensation reports (review your process and state what you do to verify, track, validate and record civilian mishaps)
compute formula:

$$\text{HRO Factor } \frac{\text{\# injuries \& illnesses reported to HRO}}{\text{\# Of these that were reported to safety}}$$

Target: (determine your own target)

Did you meet the target? If not, explain (if you did not meet the target, this area must be included in your improvement strategies for this model).

c. Supervisor reports (review your process, state what you do to verify, track, and validate you receive reports for all mishaps)

5. Mishap Trend Analysis:

a. (Determine how you will do trend analysis, you need to do analysis by departments, codes, types of jobs, etc, and for those activities you state you will do trend analysis for. Possible analysis is provided in the Mishap Model Guidance section). Put your trend analysis info here or do it on separate sheet and just refer to it here as an attachment.

b. Factor Analysis (must do your analysis by lost workday, no lost time, first aid, frequency rates and provide the result)

Lost time Case Rate

$$\frac{\# \text{ Of all on-duty lost time/deaths X } 2,000}{\# \text{ Total hours worked}}$$

Frequency Rate

$$\frac{\# \text{ Fatalities + LTC +NLTC X } 200,000}{\# \text{ Total hours worked}}$$

Determine a target for reduction, i.e. 2% reduction from previous year rates.

Did you meet the target? If not, explain (if you did not meet the target, this area must be included in your improvement strategy for this model).

6. **Hazard Identification:** State other programs you reviewed to identify other mishap potentials, i.e. look at workplace inspection reports, outside inspection reports (Crane Center, OSHME, OSHA) state what you reviewed, what if anything you identified as mishap potential and why it is potential. (Note: refer to the Mishap Prevention Model GUIDANCE for details on this)

7. **Performance Measures/Metrics:**

a. See metrics above.

b. See the Mishap Investigation and Reporting Self-assessment Program Summary.

(Note: a and b are sufficient, you do not need to do any more metrics if you use the ones in this model evaluation)

8. **Improvement Strategy:**

a. (after your analysis is complete, determine what action needs to be taken to reduce mishaps and other mishap potential (identified above), state who will be involved in determining the corrective action.)

b. (Explain how you will track correction of identified hazards (through deficiency abatement plan), explain what you will do to try to get funds for projects (Hazard Abatement, MILCON).

c. (Describe any obstacles to implementing your proposed strategies (i.e. activity FTEs, activity budget limits).

d. Improvements identified for this Model (state what areas need improvement and the strategies to improve them).

9. **Method to Evaluate Effectiveness of Improvement Strategy; the date for implementation, and a review of the effectiveness of the strategy:** (Explain each one of these areas)

10. **Strategy Revision:** (explain what you will do to revise strategies if not effective)

11. **Personnel Notification of Strategies:**

a. (State how you will notify personnel of what needs improvement, what will be done to implement the improvement, etc.)

b. Safety Office Communication: (explain how information is shared within the office, so that everyone is aware of program status, how to follow-up on programs, and what they each need to do to support the improvement strategies)

c. Process Owner Notification: In addition to distributing mishap analysis, the SOH staff also informs managers and supervisors of the results of the analyses, the command goal, improvements/changes, etc. required to effectively implement the changes by (state how you will do this, i.e. training, meetings, committees, POD, emails, etc.)

12. **Final Determination:** the formal established goal was/was not met (State which one if not met, explain why)

REGULATORY PREVENTION MODEL EVALUATION

1. **Program:** This model establishes a guide for ensuring conformance with NAVOSH and federal requirements and standards. This process involves determining regulatory requirements, developing compliance strategies, and identifying and providing resources in addition to the other steps of the process.

2. **Goal:** The primary goal of this model is to determine and implement regulatory requirements. Compliance includes the review of required programs, facilities and equipment, work practices (job hazard analyses) workplace stressors (workplace monitoring), and administrative requirements. A secondary goal is to integrate SOH within the chain of command.

Formal established goal: (State your own goal. A possible one is "To achieve and sustain the highest degree of regulatory compliance for workplaces for which (activity name) provides safety support.")

3. Regulatory Model Self-Assessment:

a. NAVOSH programs applicable to (activity name) are identified in the Activity NAVOSH Program List FY(state), see (state page number/attachment number) (attach the list as part of the package)

b. Waivers in use are listed in the Self-Assessment Cover Sheet (if no waivers, omit this statement)

c. Self-assessment of identified NAVOSH Programs: see the Self-Assessment Program Summaries for individual program evaluations. (if you use the summary approach.) Put the summaries in the package with this evaluation). Each program was evaluated by (state how you did the evaluation (i.e. reviewing the documents listed in the "Reviewing Documents" section of each summary.)

(Note: upon completion of each program, go back to the Activity NAVOSH Program List and check the appropriate block for the status of each program (SAT, Needs Minor Improvement, Needs Major Improvement)

d. Personnel involved in completing the summaries included Safety Staff, IH, Medical, work center supervisors, facility personnel, employees (state who you got information from, these are just some examples)

e. Resources, staff and dollars required to implement each regulatory program are identified in the Customer Identification Matrix and each self-assessment program summary. Man-years are identified in the Customer Identification List, see attachment (state the number). Dollars are identified at the end of each self-assessment program summary.

(1) Based on compilation of all man-hours required, and what is needed, explain if sufficient staff; if not sufficient, explain.

(2) Based on compilation of all dollars needed, is budget sufficient; if not, explain.

4. Performance Measures/Metrics:

- a. $\frac{\text{\# of regulatory programs SAT}}{\text{total \# of regulatory programs}} =$
- b. $\frac{\text{\# of regulatory programs that Need Minor Improvement}}{\text{total \# of regulatory programs}} =$
- c. $\frac{\text{\# of regulatory programs that Need Major Improvement}}{\text{total \# of regulatory programs}} =$

These equations show the percent of programs that are SAT, Need Minor Improvement, Need Major Improvement in comparison to the total number of programs.

TARGET: (determine a target percent for completion in the SAT category as a minimum)

Was Target met? If not, explain (if you did not meet the target, this area must be included in your improvement strategy for this model).

5. **Improvement Strategy:** refer to the individual Self-Assessment Program Summaries. Improvement requirements are stated, if applicable, in each model evaluation.

6. **Method to Evaluate Effectiveness of Improvement Strategy; the date for implementation, and a review of the effectiveness of the strategy:** refer to the individual Self-Assessment Program Summaries

7. **Strategy Revision:** (explain what you will do to revise strategies if not effective)

8. **Final Determination:** the formal established goal was/was not met (if more than one, state which were not met and why)

SUPERVISION PROCESS MODEL EVALUATION

1. **Program:** This model consists of action to evaluate personnel, military and civilian, supervisors' and workers' understanding and support of the OSH Program; and assesses OSH integration, initiatives and improvements throughout the command.

2. **Goal:** The goal of this model is to ensure understanding and support of the OSH Program by all levels of personnel; to assess personnel performance; and to improve understanding and integration of program requirements to ensure a safe and healthful work environment is provided.

Formal established goal: (State your activity goal. A possible one is "To fully integrate OSH requirements throughout the command.")

3. Supervision:

a. Jobs and tasks have/have not been analyzed, assessed, evaluated by (explain what you have done, JHAs, SOPs, and for what jobs, explain your process to do this)

b. Supervisors support the OSH Program by (explain how, such as surveys, observations, etc. (Refer to the Supervision Process Model GUIDANCE for details on how you can evaluate military performance, and for guidance on contents of civilian performance appraisals.)

(1) (Address supervisor (military and civilian) performance appraisals, work, etc.. Explain how you do it and the conclusions.)

c. Personnel (workers-both military and civilian) support the OSH Program by (explain how, such as surveys, observations, etc.). Refer to the Self-Assessment Program Summary for Command Support.

(1) (Address workers (military and civilian) performance appraisals, work, etc.. Explain how you do it and the conclusions.)

4. OSH Program Integration:

a. OSH Policy Statement (attach)

b. Include section of your activity mission, vision statement, strategic plan, business plan or whatever your activity uses, that addresses safety.

c. Refer to the Self-Assessment Program Summaries for OSH Policy Council, OSH Training, Mishap Reporting, Safety Awards, Employee Reports, the Mishap Prevention Model Evaluation (and any others where you show the program has been integrated into the command. Explain about surveys you conducted, spot checks, etc.).

5. Performance Measures/Metrics:

a. Measure: Performance OSH rating. Take a random sample of names from the civilian command roster.

Performance OSH Fraction for Civilians =

$$\frac{\text{\# of workers and first line supervisors w/OSH support statement}}{\text{total \# of workers and 1st line supervisors}}$$

Target: (determine your own target)

b. For military, after you determine how you will evaluate military support of the OSH Program, and then do the evaluation, the Performance OSH rating for military should be similar to the civilian, i.e.

$$\frac{\text{\# of military workers \& 1st line supervisors you checked \& found to support}}{\text{total \# of workers \& 1st line supervisors you checked}}$$

c. Refer to the Self-Assessment Program Summaries for OSH Training, PPE, (state any other programs where you used a metric to evaluate worker and supervisor support).

6. **Improvement Strategies:** (State your evaluation result of the process, i.e. An evaluation of the Supervision Process has determined the program is satisfactory and no improvement is required (probably will NOT be your determination) or The evaluation has determined the program needs minor improvement in the areas of (list the areas) or The evaluation has determined the program needs major improvement in the areas of (list the areas). Then state your improvement strategies as applicable to your evaluation.)

7. **Method to Evaluate Effectiveness of Improvement Strategies; the date for implementation, and a review of the effectiveness of the strategy:** (Explain each one of these areas)

8. **Strategy Revision:** (explain what you will do to revise the strategy if not effective)

9. **Final Determination:** the formal established goal was/was not met (state which one, if not met, explain)

TRAINING PROCESS MODEL EVALUATION

1. **Program:** This model evaluates the command OSH Training Program and how it is implemented at all levels. Training is provided at all levels with emphasis placed on expectations and requirements at each level.

2. **Goal:** The goal of this model is to determine all training requirements applicable to this command; to determine personnel requiring training and the type; to determine resources required to support the program; and the effectiveness of the program.

Formal established goal: (State your activity goal. A possible one is "To develop and implement a complete and effective OSH Training Program.")

3. **Training:**

a. (If you use the Training Matrix, use it as your annual training plan, and include ALL requirements stated in this guidance.) Refer to the Training Matrix for training requirements and all related factors, i.e. location, costs, man-hours, reference, etc..

b. Lesson plans have been developed for each training and include all the required elements. See each lesson plan to verify. Lesson plans are updated based on (state here what method/process you use to determine if lesson plans need updated, i.e. training tests, surveys). Revisions are documented by recording the date (explain where you document). Lesson plans will be reviewed annually to determine if revisions are required.

c. Monitoring/Tracking: training is documented by (state how you do it). Records are maintained by (list who maintains training, i.e. Safety Office, the supervisor for whatever they are required to maintain, etc. Refer to the OSH Training Self-Assessment Program Summary for verification of maintaining training records.

d. OSH Staff Training: refer to the Training Matrix for details (this is the answer if you use the Matrix, if not, explain where you have the info). OSH Staff training and needed funds will be reviewed annually.

4. **Performance Measures/Metrics:**

a. Refer to the Training Matrix (if you use it, if not, you must determine your own metrics) for training metrics.

b. OSH Staff funding metric:

$$\frac{\text{Dollars provided for annual staff training}}{\text{Dollars required for annual staff training}} =$$

Percent of dollars for training

c. Lesson Plan metric:

$$\frac{\text{\# of lesson plans updated and completed}}{\text{\# of lesson plans required to be updated}} =$$

percent of lesson plans with update completed

5. Improvement Strategies:

a. (after you have reviewed your program and metrics, state the status of the Training Process, SAT, needs minor improvement, needs major improvement, state your strategies for improvement as applicable.)

6. Method to Evaluate Effectiveness of Improvement Strategy; the date for implementation, and a review of the effectiveness of the strategy: (explain each one of these areas)

7. Strategy Revision: (explain what you will do to revise the strategies if not effective)

8. Final Determination: (state if the formal established goal was/was not met. If not met, explain)

SELF-ASSESSMENT PROCESS MODEL EVALUATION

1. **Program:** This model comprehensively evaluates how the OSH Program meets command customer internal and external needs. The evaluation is conducted by assessing each program and evaluating the overall program through the PR&MS approach. Performance measures and metrics are used to determine program implementation. Self-Assessment is a continuous and changing process.

2. **Goal:** The goal of this model is to evaluate the status of each program, determine improvement requirements as applicable, and review implementation and effectiveness of improvement initiatives.

Formal established goal: (State your activity goal. A possible one is "To honestly evaluate all aspects of the OSH Program to determine regulatory compliance and command support.")

3. Self-Assessment:

a. A self-assessment of each program applicable to this activity was conducted. Refer to the Self-Assessment Program Summaries section.

b. An assessment of each PR&MS Process Model was conducted. The results of each are provided in this package as Model Evaluations.

c. The completed Self-Assessment was reviewed and endorsed by (state if the CO, the Policy Council, etc)

d. Program summaries and process model evaluations contain performance measures/metrics; program goals were identified; targets were identified; method of conducting assessments; evaluation of effectiveness, etc. Refer to each program and evaluation.

e. Surveys were used for (explain what surveys you used and for what purposes). The results were evaluated, changes determined and then incorporated into applicable programs (you will need to decide how you will do this and explain the process if you do not provide documentation).

f. External information used to complete the self-assessments is identified in each self-assessment program summary in the "Reviewing Documents" section.

g. The self-assessment is to be forwarded to the (state what region safety manager, for regions, state to "CINCLANTFLT") (state the date).

4. Command Policy for OSH:

a. Performance standards-refer to the Supervisor Process Model and the Self-Assessment Program Summary for Command Support for details.

b. Customer Support-for details of OSH Office customers, refer to the Customer Identification Matrix.

c. Services provided-for explanation of services provided to each Customer, refer to the Customer Identification Matrix. Special inspections/certifications are included in the applicable program summary.

d. Service Evaluations

(1) Surveys (you can use the surveys you used for your host, as long they contain appropriate questions, and you explain they are used for all your customers, not just your host.

(2) Spot checks, talk to personnel, workplace hazard assessments (state exactly how you evaluate appropriateness and effectiveness of your services).

(3) Resources for customers: man-hours are identified on the Customer Identification Matrix. Dollars for specific services are not separate per customer, but determined as a part of the whole OSH program.

5. **Performance Measures/Metrics:**

$$\frac{\# \text{ surveys with average rating}}{\# \text{ surveys conducted}} = \text{TARGET:}$$

$$\frac{\# \text{ surveys with above average rating}}{\# \text{ surveys conducted}} = \text{TARGET:}$$

$$\frac{\# \text{ surveys with less that average rating}}{\# \text{ surveys conducted}} - \text{TARGET:}$$

6. **Improvement Strategies:** (based on your evaluation of the process, determine if SAT, Needs Minor Improvement, Needs Major Improvement. Then determine applicable improvement strategies.) Improvement strategies are identified in the self-assessment program summary for each program.

7. **Method to Evaluate Effectiveness of Improvement Strategy; the date for implementation, and a review of the effectiveness of the strategy:** (explain each one of these areas)

8. **Strategy Revision:** (explain what you will do to revise strategies if not effective)

9. **Final Determination:** (state if the established goal was/was not met. If not met, explain)

