

OCCUPATIONAL SAFETY & HEALTH FORMS, CHARTS, AND TABLES

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1. General Mishap Investigation Report	3-7
<p>This report is to be completed by the Supervisor of the injured employee with input from the Mishap Investigation Team for injuries that result in one or more lost workdays. Employees that experience mishaps resulting in no lost workdays have the option of completing this same report. The Mishap Investigation Report is due to the OSH Office within 6 working days of the mishap.</p>	
2. General Mishap Investigation Report References	3-10
<p>These reference pages provide a variety of mishap terminology that may be used to more appropriately describe mishaps and their causal factors on the General Mishap Investigation Report.</p>	
3. Safetygram	3-14
<p>This form shall be completed by any individual that experiences a “near-miss” mishap (avoidance of a fatality or catastrophic loss merely by chance; i.e., if someone says, “We’re lucky we didn’t kill somebody,”) and submitted to the OSH Office ASAP.</p>	
4. Mishap Investigation Promise of Confidentiality	3-15
<p>Military and Federal Courts recognize information given under promises of confidentiality and the findings, conclusions and recommendations of mishap investigations and endorsers are protected under Executive Privilege. Although witnesses’ names maybe released, witness statements and the deliberative analyses of the mishap investigation are privileged. Promises of confidentiality may be given by members of the Mishap Investigation Team. Members must judge whether confidentiality is necessary to ensure that witness’ full cooperation. When granted, the protected witness must sign the Promise of Confidentiality.</p>	
5. Department of Defense OSH Protection Program	3-16
<p>The DOD OSH Protection Program document that highlights the responsibilities and rights of employees working at DOD facilities shall be posted on all official bulletin boards.</p>	

6.	Navy Employee Report of Unsafe or Unhealthful Working Conditions and Appeals Procedures	3-17
	<p>All employees shall orally report unsafe or unhealthful working conditions to their immediate supervisor who shall promptly investigate the situation and take appropriate corrective actions. In the event a supervisor fails to take corrective action, this form shall be completed and submitted to the OSH Office. Forms are available on all official bulletin boards as well as on the OSH web site.</p>	
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	<p>Occupational Safety and Health professionals utilize this form to document all workplace hazards identified during workplace safety inspections. NDN's are required to be posted at the site of all workplace hazards with a Risk Assessment Code of 1,2, or 3. Upon abatement of an identified hazard, the individual having responsibility for abatement action shall annotate a description of the abatement action on the NDN, sign and date it, and return it to the OSH Office, as soon as possible.</p>	
8.	Risk Assessment Code Matrix	3-20
	<p>A risk assessment code (RAC) represents the degree of risk associated with identified hazards and combines the element of hazard severity and mishap probability. The RAC assigned to each hazard identified on a NAVOSH Deficiency Notice is developed using the matrix and is a method for prioritizing abatement actions.</p>	
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	<p>Federal required training requirements for conducting asbestos work are dependent upon type of operation and are somewhat complex. The table provided simplifies the training requirements.</p>	
10.	Hearing Protective Devices With Positive & Negative Features	3-24
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11.	Radio Frequency Permissible Exposure Limits (PEL's) For Uncontrolled & Controlled Environments	3-26
	<p>Limited information on RF PEL's is provided in these tables. Those persons conducting RF hazard analysis and evaluations, should consult the more extensive technical guidance identified in ANSI/IEEE C95.1-1992. Controlled environments are areas where exposure may be incurred by personnel who are aware of the potential for RF exposure as a result of employment or duties, by individuals who knowingly enter areas where higher RF levels can reasonably be anticipated to exist and by exposure incidental to transient passage through such uncontrolled environments generally include public areas, living quarters and workplaces where there is no expectation that higher RF levels should be encountered.</p>	
12.	Laser Classifications & Warning Labels	3-28
	<p>The Navy has adopted a system for categorizing the hazards of lasers which provides a practical means for determining safety requirements appropriate for different types of lasers. Information is provided on laser classification, types of laser warning signs and labels.</p>	
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	<p>An example employee discomfort survey has been provided. The employee comfort survey shall be used to determine the need for and to assist with the development of a more detailed ergonomics survey for employees experiencing discomfort in their work environment.</p>	
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	<p>The checklist for evaluation of ergonomic stress in industrial shops shall be used to identify ergonomic risk factors that can be reduced or eliminated.</p>	
15.	Ergonomic Checklist For Video Display Terminal Workstations	3-34
	<p>The checklist for evaluation of ergonomic stress at workstations equipped with video display terminals shall be used to identify ergonomic risk factors that can be reduced or eliminated.</p>	
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	<p>Specific information regarding pregnancy employment policies has been reprinted from OPMINST 335 as well as Questions & Answers on the Pregnancy Discrimination Act from 29 CFR 1504.</p>	

17.	Navy Occupational Reproductive Chemical Stressors List	3-36
	<p>This list provides the names of common chemicals that may be present in general Navy workplaces. Every effort, on all levels, shall be made to purchase hazardous materials that do not contain these chemicals. A matrix that describes specific NPS reproductive hazardous chemicals, the department, location, and operation in which they are used may be viewed at http://www.nps.navy.mil/safety/</p>	
18.	Workplace Exposures of Reproductive Concern Joint Supervisors & Workers Statement	3-38
	<p>The Navy strongly encourages all female employees who become pregnant to notify their commands immediately. Upon notification, the pregnant employee with help from the cognizant supervisor shall complete the developmental hazard questionnaire.</p>	
19.	Request for Occupational Health Medical Evaluation	3-39
	<p>The request for occupational health medical evaluation form is completed by the supervisor of an employee that will receive an occupational medical surveillance exam for one of the requirements identified in block #9. Upon completion of the form the employee takes this form with him/her to the exam.</p>	
20.	Personal Protective Equipment Training Certification	3-40
	<p>Supervisors that are responsible for employees that are required to wear various types of personal protective equipment shall provide training to those employees that includes: when and what type of PPE is necessary, how to properly wear PPE, the limitations of PPE, and the proper care, storage, and maintenance of PPE. Such training shall be documented utilizing the provided PPE Training Certification form.</p>	
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	<p>This information and table, serves as a guide to the different types of glove materials and the chemicals and physical stressors that they can be used against.</p>	
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	<p>This form is initiated by the ROICC Office and is utilized to notify Public Works Department and the OSH Office of the purpose, date, and location of entry into NPS confined spaces by contracted personnel.</p>	

24.	Confined Space Entry Permit The Confined Space Entry Permit must be completed and signed, to include atmospheric testing of the confined space by the Entry Supervisor, Confined Space Program Manager and/or Confined Space Competent Person prior to entry of any confined space.	3-47
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29.	Hazardous Materials Control & Management Requisition Screening Form This form must be completed for all purchases of hazardous materials which does not include commonly used office products. The form is then submitted to the Departmental HAZMAT Program Manager for review and approval prior to forwarding to the Command HMC&M Coordinator.	3-64

30. Command HMC&M Program Exemptions, Criteria, Disposal
 Instruction & Unique Hazards 3-65
 A listing of commonly used products that may be found in the workplace and that are exempt from some HMC&M Program requirements, such as inventories, hazardous materials requisition screening, and MSDS identifier assignment has been provided. However, despite the provided exemption criteria if these commonly used products are improperly used and/or disposed of, there is a risk of damage to human health and the environment. With that in mind, specific disposal instructions for these products as well as the potential health risks and basic first-aid procedures have been provided. Because it is the right of every employee to know of the hazards and/or potential hazards encountered in the workplace it is imperative that all employees read this material.
31. Individual Safety Recognition Award Nomination 3-70
 All employees will be considered for award presentation based upon significant on-the-job accident prevention initiatives, identification of unsafe work practices and/or suggested/implemented an improvement or corrective action that contributed to a safer work environment. Nomination forms shall be submitted by the Department Head to the OSH Office.
32. Materials Handling & Construction Equipment Safety
 Recognition Award Nomination 3-71
 All employees whose daily assignment includes driving of Navy owned materials handling equipment and/or construction equipment that exhibits exceptional driving records shall be nominated by their Department Head for award presentation by utilizing this form.

GENERAL MISHAP INVESTIGATION REPORT

PERSONNEL

1. Employee Name: _____ 2. Military/Civilian (Circle one)
3. Command: _____ 4. Department _____
5. Job Title: _____ 6. Rank/Rate/Grade: _____
7. SSN: _____ 8. Age: _____ 9. M / F (Circle one)

MISHAP DESCRIPTION

10. Date of Mishap: _____ 11. Time of Mishap: _____ 12. Injured Body Part: _____
13. Describe Mishap Location: _____ 14. Number of Lost Workdays/
Excluding Date of Mishap: _____ 15. If Applicable, Describe First Aid Measures: _____
16. Was Medical Treatment Sought? _____ Describe: _____
17. Which OWCP Forms were Submitted? _____ Date(s): _____
18. Describe the specific job or task and physical activity that the individual was engaged in at the time of the mishap: _____
19. If applicable, describe the Personal Protective Equipment (PPE) that was worn at the time of the mishap: _____
20. Was the PPE required for the job being performed? _____
21. Was the PPE that was used or should have been used available, adequate, and properly used? _____
22. Describe the injury or illness (burn, laceration, sprain, etc.): _____

CAUSAL FACTORS

23. Environmental Causal Factors: (Describe the environmental conditions at the time and location of the mishap (dim lights, rain, etc.): _____
24. Personnel Causal Factors: (Describe the personnel error(s) that contributed to the injury/illness. Who was responsible? What did the involved fail to do? Why was there a failure? Was the worker qualified to perform the task? Did the worker receive adequate training?): _____
25. Procedure Causal Factors: (Describe the procedure or method that contributed to the injury/illness. What was the procedure? What was wrong with the procedure? Why did the procedure fail? Was there an SOP or JSA associated with the task?): _____
26. Equipment Causal Factors: (Describe the piece of equipment/material that failed, that may have contributed to the injury/illness? Why did the equipment malfunction and how did the equipment cause the injury?): _____
27. Describe other factors that may have contributed to the mishap? _____

LOSS DESCRIPTION



28. Loss Potential

- **Estimated # of lost man hours of the injured:**
- **Estimated # of man hours of personnel conducting the mishap investigation:**
- **Describe the jobs or tasks that will either not be accomplished or will have to be delegated to someone else because either the injured individual is not at work or is at work on light duty:**
- **Estimate the cost of the damaged equipment/property/material.**
- **Estimate the cost of replacing the damaged equipment/property/material.**
- **Estimate the man-hours involved with replacing/repairing the damaged equipment/property/ material.**
- **Describe other real or potential losses.**

CORRECTIVE ACTIONS



29. List all the possible corrective actions that may prevent the injury/illness from recurring.

30. List recommended corrective actions, due dates, and responsibilities.

MISCELLANEOUS 

31. Describe the chain of events leading up to, through and subsequent to the mishap.

32. Date of investigation: _____

33. Names, Departments, Phone #'s of Mishap Investigation Team.

NAME

DEPARTMENT

PHONE NUMBER

34. Describe areas requiring further investigation or areas of concern where more facts are needed, the individuals responsible for the further investigation and completion dates.

35. Name, signature, date of the individual submitting the investigation report if different from the supervisor.

NAME _____ **SIGNATURE/DATE** _____

36. Name, signature, date of the supervisor.

NAME _____ SIGNATURE/DATE _____

37. Name, signature, date of the department head.

NAME _____ SIGNATURE/DATE _____

38. Corrective actions approved by DH? YES/NO (Circle One) If NO, provide justification. _____

**GENERAL MISHAP INVESTIGATION REPORT
REFERENCE PAGE**

BODY PART INJURED

Abdomen	Foot (includes toes)	Neck
Arm(s) upper	Heart	Ribs
Buttocks	Knee	Thorax
Elbow	Lungs	Wrist(s)
Ankle(s)	Groin	Nose
Back (lumbar region)	Hip(s)	Shoulder
Chest	Leg(s) Lower	Total Body
Eye(s)	Mouth	Other (specify)_____
Arm(s) Lower	Hand(s) (includes fingers)	Pelvis
Body Systems (specific in region)	Internal Organs	Skull/Head
Ear(s)	Leg(s) Upper	Vertebras (unknown)
Face	Multiple Body Parts	

NATURE OF INJURY OR ILLNESS

Abrasion	Division of Nerves	Laceration
Asphyxia/Strangulation	Electrical Shock	Radiation burn)
Blister	Fracture	Scratch
Burn (chemical)	Gunshot (self-inflicted)	Strain
Burn (thermal)	Hearing Loss/impairment	Tear (muscle/ligament/other part)
Concussion	Hernia	Upper Extremity
Decapitation	Injury (compression w/o fracture)	
Acoustic Trauma	Drowning	Perforation/Puncture
Bite	Exhaustion	Radiation poisoning)
Body Reaction to Temp. (cold)	Fracture (simple)	Shock (Traumatic)
Burn (electrical)	Gunshot (inflicted by others)	Stress (emotional)
Bursitis	Hematoma	Tendentious
Contusion	Hypothermia	Wound (open)
Dermatitis	Injury (internal)	
Amputation	Drug use	Poisoning (systemic)
Blindness (traumatic)	Foreign Body (N.E.C.)	Rupture
Body Reaction to Temp.(Hot)	Fracture with Dislocation	Sprain
Burn (mechanical)	Hav's/White Finger/Raynaud's	Stress (physical)
Carpal Tunnel Syndrome	Hemorrhage	Unconsciousness
Crushing	Inhalation (damaging or noxious material)	Other (specify)_____
Dislocation		

PHYSICAL ACTIVITY AT TIME OF MISHAP

Bending	Carrying	Climbing
Driving	Jumping	Kneeling
Lifting	Lying Down	Pulling
Pushing	Reaching	Riding
Running	Sitting	Standing
Stretching	Using Stairs	Using Tool/Equipment
Walking	Other (specify)_____	

**GENERAL MISHAP INVESTIGATION REPORT
REFERENCE PAGE**

MISHAP TYPE

Absorption	Contact with Radiation	Rubbed/Abraded
Bite/Sting/Scratch	Drowning	Struck Against
Contact Electrical Current	Impact with Water or Submerged Object or Bottom	Struck By
Airplane Crash (etc...)	Cut/Laceration	Slip/Trip/Fall/Jump (from elevation)
Bodily Reaction	Exposure to Blast	Other (specify) _____
Contact Extreme Temperature	Ingestion	
Asphyxia	Over-Exertion	Slip/Trip/Fall/Jump (from same elevation)
Caught in (under or between)	Noxious Substance	
Contact with Caustic/Toxic or	Exposure to Noise/Sound	
	Inhalation	
	Repeated Motion/pressure	

ENVIRONMENTAL CAUSE FACTORS

Air Quality	Contaminated Atmosphere	Current
Humidity	Hurricane	Lighting
Lightning	Noise Level	Precipitation
Radiation	Seas	Swell
Temperature	Tides	Ventilation
Vibration	Visibility	Wind
Other (specify)		

PERSONNEL CAUSE FACTORS

(Note any person may have more than one failure and more than one reason.)

**PERSONNEL ERROR
(WHO WAS RESPONSIBLE?)**

Independently Assigned Operator	Maintenance Worker	Off-Duty Military'
Quality Assurance/Control Watch stander	Other Non-DOD Person	Public Visitor
	Inspector	Supervisor/Foreman
	Other (specify) _____	

**PERSONNEL ERROR
(WHAT DID INVOLVED FAIL TO DO?)**

Coordinates Tasks	Match Task to Person's Ability	Supervise Progress of Work Use/properly Use Tool/Equipment for Job
Follow Other Standard Operating Procedure	Properly Lockout/Tagout During PMS	
Correctly Operate Controls/Monitor Displays/Equipment Interfered With	ACTMTY Perform PMS/Maintenance Properly/Completed Provide Work/ Rest Cycle	Take Corrective Action Use Protective Equipment Other (specify) _____
Be Present When Should Have Been	Inspect Completed Work Lockout/Tagout System During PMS	Plan Adequately Provide Training Recognize Hazardous Situation

Use Proper Caution for Known

Risk (time available)

**GENERAL MISHAP INVESTIGATION REPORT
REFERENCE PAGE**

PERSONNEL ERROR

(WHY WAS THERE A FAILURE?)

Alcohol Use/Abuse/Hangover
Drug Abuse
Excessive Motivation
Habit

Inadequate Communication
Standards

Personnel/Equipment Interference
Poor Design/Location of
Controls/Displays

Disrupted Communications
Drug Use
Failure to Detect Waning
Haste

Inadequate Work Space
Lack of Ability Apart from
Training/Experience

Physical Condition
Restricted Vision
Other (specify) _____

Distracted
Emotionally Aroused
(Angry/Worried)
Fatigue

Inadequate Knowledge of
Method/Equipment
Inattentive
Lack of Concern/interest
Not Convenient/Comfortable
Illness
Inadequate/Unavailable Tools/
Equipment
Insufficient
Experience/Skill/Training

Misunderstanding
Overconfidence
Physical Handicap/Impairment
Task Fixation

PROCEDURE CAUSE FACTORS

PROCEDURE FACTOR

(FAULTY PROCEDURE/METHOD)

Installation Procedure
Safety Precaution
Maintenance Procedure
Operating Procedure

Test Procedure
Other (specify) _____

PROCEDURE FACTOR

(WHAT WAS WRONG WITH PROCEDURE/METHOD?)

Inadequate
Non-Existent

Incomplete
Not Posted

Incorrect
Other (specify)

PROCEDURE FACTOR

(WHY DID PROCEDURE/METHOD FAIL?)

Caused Confusion
Follow-up Procedures Missing
Not In Proper Sequence
Required Material/Safety
Equipment Not Available

Critical Steps Omitted
Impracticable
Not Logical
Safety Precaution Not Listed
Too Generalized

Details Missing
Not Applicable
Procedures Wrong
Too Detailed
Other (specify)

**GENERAL MISHAP INVESTIGATION REPORT
REFERENCE PAGE**

EQUIPMENT CAUSE FACTORS

EQUIPMENT FACTOR (WHY DID EQUIPMENT MALFUNCTION?)

Adjustment Improper	Age	Cannibalized
Clearance Improper	Contaminated	Corrosion
Design Problem	Deteriorated	Excessive Vibration
Foreign Object	Fuse Too Large	Fuse Too Small
Humidity	Improper Fit	Improper Use
Inaccessible	Inadequate Maintenance	Inadequate Mnfact of Equip.
Insufficient PMS	Insulation Inadequate	Installation Faulty
Interference	Jury-rigged	Limits Exceeded
Location Faulty	Lubrication Lost	Manufacturer 5 Defect
Missing Part	Normal Wear	Not Balanced
Not Connected	Not Current	Not Grounded
Not IAW MILSPEC	Not IAW SYSCOM Directives	Not Marked
Not Shielded	Not Tested	Oil Saturated
Packing Faulty	Part Defective	Pressure Too High
Pressure Too Low	Size Too Large	Size Too Small
Stowage Inadequate	Water (Saturated)	Other (specify)_____

EQUIPMENT FACTOR (HOW DID EQUIPMENT MALFUCTION TO CAUSE INJURY OR DAMAGE?)

Arced	Bent	Binding
Buckled	Burned	Chafed
Charred	Clogged	Closed
Contacts - Improperly Open/Close/Reverse	Corroded	Cracked
Elongated	Disconnected	Dropped
Exploded	Encrusted	Eroded
Flooded	Failed to Operate	Flattened
Fused	Frayed	Frozen
Hydraulic Leak	Glazed	Grounded
Kinked	Intermittent Operation	Jammed
Melted	Leaking	Loose
Other Not Elsewhere Coded	Misaligned	Oil Saturated
Oversped	Overheated	Overload
Pierced	Overstressed	Parted/Separated
Released	Pitted	Radiated
Rusted	Requires Rewinding	Ruptured
Siezed	Scaled	Scored
Slipped	Sheared	Shorted
Stopped	Split	Sprung
Struck	Stressed	Stripped
Tripped	Stuck	Torn
Opened	Warped	Worn

**SAFETY INVESTIGATION REPORT (SIR) ENCLOSURE
ADVICE TO WITNESS
(PROMISE OF CONFIDENTIALITY)**

**THIS IS PART OF A LIMITED USE NAVY SHORE MISHAP INVESTIGATION REPORT
LIMITED DISTRIBUTION AND SPECIAL HANDLING REQUIRED BY OPNAVINST 5100.23E
THIS STATEMENT IS PRIVILEGED AND IS EXEMPT FROM DISCLOSURE**

**PLEASE READ THIS STATEMENT CAREFULLY
CERTIFY THAT YOU UNDERSTAND IT BY YOUR SIGNATURE AT THE BOTTOM**

I understand that:

- a. I have been requested to voluntarily provide information to a SIR Board conducting an investigation of a defined Navy shore mishap.
- b. I AM NOT being requested to provide statement under oath or affirmation.
- c. Disclosure of personal information by me is voluntary, and that failure to provide such information will have no direct effect on me.
- d. The purpose of the information provided by me is to determine the cause of a mishap and/or the damage and/or injury occurring in connection with that mishap.
- e. All information provided by me to the Mishap Board will be used ONLY for safety purposes.
- f. The information provided by me shall NOT be used:
 - (1) In any determination affecting my interests.
 - (2) As evidence to obtain evidence in determining misconduct or line of duty status of killed or injured personnel.
 - (3) As evidence to determine my responsibility or that of other personnel from the standpoint of discipline.
 - (4) As evidence to assert affirmative claims on behalf of the government.
 - (5) As evidence to determine the liability of the government for property damage caused by the mishap.
 - (6) As evidence before administrative bodies, such as Officer/Enlisted Separation Boards, Judge Advocate General Manual investigations/inquiries, Naval Aviator/Naval Flight Officer Evaluation Boards (FNAEB) or Marine Corps Field Flight Performance Boards (FFPB).
 - (7) In any other punitive or administrative action taken by the Department of the Navy.
 - (8) In any other investigation or report of the mishap about which I have been asked to provide information.
- g. My signature acknowledges that I do not need a full Promise of Confidentiality as a condition on my willingness to provide testimony to the Board and I understand that statements given without a Promise of Confidentiality may be released. (If the witness has any reservations about their statement being released to anyone outside the board itself, entitled persons in the safety endorsement process, or the public under FOIA, a Promise of Confidentiality should be offered to ensure forthright, candid testimony).

1. STATEMENT (Continue on reverse and/or attach separate sheet(s) as necessary)

2. PRINTED NAME (First, Middle, Last)

3. SIGNATURE

4. DATE

5. RANK/RATE

6. SERVICE

7. TELEPHONE NUMBER

8. ADDRESS WHERE YOU MAY BE LOCATED

DEPARTMENT OF DEFENSE SAFETY AND OCCUPATIONAL HEALTH PROTECTION PROGRAM

THE OCCUPATIONAL SAFETY AND HEALTH ACT OF 1970, EXECUTIVE ORDER 12196 AND 29 CFR 1960 REQUIRE THE HEADS OF FEDERAL AGENCIES TO ESTABLISH PROGRAMS TO PROTECT THEIR PERSONNEL FROM JOB SAFETY AND OCCUPATIONAL HEALTH HAZARDS.

1. THE DEPARTMENT OF DEFENSE (DOD) DESIGNATED AGENCY SAFETY AND OCCUPATIONAL HEALTH OFFICIAL IS THE ASSISTANT SECRETARY OF DEFENSE (FORCE MANAGEMENT AND PERSONNEL).

2. THE _____
DOD COMPONENT
DESIGNATED SAFETY AND OCCUPATIONAL HEALTH OFFICIAL IS

TITLE ADDRESS

3. THE _____
NAME OF INSTALLATION/FACILITY
SAFETY AND OCCUPATIONAL HEALTH DESIGNEE IS

NAME/TITLE

4. THE _____
NAME OF INSTALLATION/FACILITY
SAFETY POINT OF CONTACT IS

NAME TELEPHONE NUMBER

5. THE _____
NAME OF INSTALLATION/FACILITY
OCCUPATIONAL HEALTH POINT OF CONTACT IS

NAME TELEPHONE NUMBER

NAME OF INSTALLATION/FACILITY

HAS THE RESPONSIBILITY TO:

1. COMPLY WITH THE APPLICABLE OCCUPATIONAL SAFETY AND HEALTH ADMINISTRATION (OSHA)/DOD/DOD COMPONENT SAFETY AND OCCUPATIONAL HEALTH STANDARDS.
2. SET UP PROCEDURES FOR SUBMITTING AND RESPONDING TO EMPLOYEE REPORTS of unsafe and unhealthful working conditions.
3. ACQUIRE, MAINTAIN, AND REQUIRE the use of approved personal protective equipment and safety equipment.
4. INSPECT ALL WORKPLACES with participation by civilian employee representatives to identify potential hazards.
5. ESTABLISH PROCEDURES TO ASSURE that no worker is subject to restraint, interference, coercion, discrimination, or reprisal for exercising his/her rights under the DOD safety and occupational health program.
6. POST NOTICES of unsafe or unhealthful working conditions found during inspections.
7. ASSURE PROMPT ABATEMENT of hazardous conditions. Workers exposed to the conditions shall be informed of the abatement plan. Imminent danger corrections must be made immediately.
8. SET UP A MANAGEMENT INFORMATION SYSTEM to keep records of occupational accidents, injuries, illnesses and their causes; and to post annual summaries of injuries and illnesses for a minimum of 30 days at each installation/facility.

9. CONDUCT SAFETY AND OCCUPATIONAL HEALTH TRAINING for management, supervisors, workers and worker representatives.

DOD PERSONNEL HAVE THE RESPONSIBILITY TO:

1. COMPLY with all applicable OSHA/DOD/DOD component safety and occupational health standards.
2. COMPLY with _____
NAME OF INSTALLATION/FACILITY
policies and directives relative to the safety and occupational health program.
3. USE personal protective equipment and safety equipment provided by your installation/ facility.
4. REPORT hazardous conditions, injuries, illnesses, or other mishaps promptly to your supervisor or to the safety or occupational health point of contact for your installation/ facility.

DOD PERSONNEL AND CIVILIAN EMPLOYEE REPRESENTATIVES HAVE THE RIGHT TO:

1. HAVE ACCESS to applicable OSHA/DOD/DOD component standards, installation/facility injury and illness statistics, and safety and occupational health program procedures.
2. COMMENT on alternate standards proposed by DOD/DOD component.
3. REPORT AND REQUEST INSPECTIONS OF UNSAFE AND UNHEALTHFUL WORKING CONDITIONS to appropriate officials who include, in order of preference: the immediate supervisor, the safety or occupational health point of contact, the safety and occupational health designee for your installation/facility, the installation/facility commander, the safety and occupational health designee for your DOD component, the safety and occupational health designee for DOD, and the Secretary of Labor. However, the Secretary of Labor encourages personnel to use DOD procedures for reporting hazardous conditions as the most expeditious means to achieve abatement. The hazard report form provided by your installation/facility should be used for this purpose. Anonymity, when requested, is assured.
4. PARTICIPATE in the installation/facility safety and occupational health program. Civilian workers shall be authorized official time to participate in the activities provided by the DOD safety and occupational health program.

OTHER INFORMATION:

1. When the safety or occupational health point of contact for your installation/facility is notified by a worker of a hazardous worksite condition, he/she will insure an inspection of the worksite and he/she will report the results of the inspection in writing to the worker making the report.
2. Inspector General channels may be used to investigate complaints from either DOD civilian or military personnel concerning alleged acts of discrimination or reprisal due to participation in safety and occupational health activities. For DOD civilian personnel, allegations of reprisal may also be initiated by them in accordance with applicable appeal procedures, or administrative or negotiated grievance procedures.
3. For further information about the installation/facility safety and occupational health program, procedures, standards, committees, Federal laws, or other related matters, contact the safety or occupational health point of contact for your installation/facility as noted on this poster.
4. How well you carry out your safety and occupational health responsibilities will be an important factor in the success of the program.

NAVY EMPLOYEE REPORT OF UNSAFE OR UNHEALTHFUL WORKING CONDITION

**THIS FORM IS PROVIDED FOR THE ASSISTANCE OF AN EMPLOYEE
AND IS NOT INTENDED TO CONSTITUTE THE ONLY METHOD BY WHICH A REPORT MAY BE SUBMITTED**

1. THE UNDERSIGNED (check one) EMPLOYEE REPRESENTATIVE OF EMPLOYEES

BELIEVES THAT A VIOLATION OF AN OCCUPATIONAL SAFETY OR HEALTH STANDARD WHICH IS A JOB SAFETY OR HEALTH HAZARD HAS OCCURRED AT

a. Navy installation/activity and mailing address

b. Building or worksite where alleged violation is located, including address

2. NAME AND PHONE NUMBER OF GOVERNMENT SUPERVISOR AT SITE OF VIOLATION

3. DOES THIS HAZARD IMMEDIATELY THREATEN DEATH OR SERIOUS PHYSICAL HARM? NO YES

4. BRIEFLY DESCRIBE THE HAZARD WHICH EXISTS INCLUDING THE APPROXIMATE NUMBER OF EMPLOYEES EXPOSED TO OR THREATENED BY SUCH HAZARD

5. IF KNOWN, LIST BY NUMBER AND/OR NAME, THE PARTICULAR STANDARD (OR STANDARDS) ISSUED BY THE AGENCY WHICH YOU CLAIM HAS BEEN VIOLATED

6. TO YOUR KNOWLEDGE, HAS THIS VIOLATION BEEN THE SUBJECT OF ANY UNION/MANAGEMENT GRIEVANCE OR HAVE YOU (OR ANYONE YOU KNOW) OTHERWISE CALLED IT TO THE ATTENTION OF, OR DISCUSSED IT WITH, THE GOVERNMENT SUPERVISOR

NO YES (List results, including any efforts by management to correct violation)

7. EMPLOYEE NAME (PLEASE PRINT OR TYPE CLEARLY)

8. EMPLOYEE SIGNATURE

9. EMPLOYEE ADDRESS

10. EMPLOYEE PHONE NUMBER

11. MAY YOUR NAME BE REVEALED?
 NO YES

12. ARE YOU A REPRESENTATIVE OF EMPLOYEES?
 NO YES (List organization name)

13. DATE FILED:

APPEAL PROCEDURES

1. If the originator of a report is dissatisfied with the assessment of the alleged hazard made by the activity Safety Office or with the actions taken to abate a confirmed hazard, he/she shall be encouraged to confer with the activity Safety Office to discuss the matter further. If after this discussion the originator remains dissatisfied, an appeal to the activity Commanding Officer may be made. The appeal (or report) shall be in writing and contain at least, the following information:
 - A description of the alleged hazard including its location and standards violated, if known (a copy of the original hazard report shall suffice)
 - How, when, and to whom the original report of the alleged hazard was submitted
 - What actions were taken as a result of the original report.
2. The activity Commander or his representative, shall respond to the originator of the appeal within 10 working days. An interim response will suffice if the Commander's investigation is incomplete at that time. The final response shall contain the office and address of the next higher level of appeal.
3. If the employee is still dissatisfied or has not received a response within 20 working days, he/she may appeal to the next higher level of command. Subsequent appeals may be submitted if the originator is still not satisfied with the action taken as a result of the previous appeal.. The sequence of appeals shall be through Field Support Activity, the Chief of Naval Operations, the Assistant Secretary of the Navy, and the Assistant Secretary of Defense. Each appeal shall include the information prescribed above with emphasis on the actions taken by the reviewing authority on the previous appeal and reasons why the originator is still not satisfied. Each response by the reviewing authority shall be as prescribed above.
4. The final appeal authority for military personnel is the Assistant Secretary of Defense. In the event that a civilian employee is not satisfied with the response from the ASD, he/she may contact, in writing the Office of Federal Agency Safety Programs, U.S. Department of Labor, Washington, D.C. 20210. This final appeal must describe in detail the entire previous processing of the appeal and objections thereto.
5. Appeal Chain of Command. The following list is the Chain of Command for the Naval Postgraduate School and Naval Support Activity Monterey Bay:
 - 1) Superintendent
Naval Postgraduate School
Monterey, CA 93943
 - 2) Director, Field Support Activity
Field Support (Code OIP)
Washington, D.C. 20314
 - 3) Chief of Naval Operations
Navy Department
Washington, D.C. 20350
 - 4) Secretary of the Navy
Navy Department
Washington, D.C. 20350
 - 5) Assistant Secretary of Defense
(Manpower, Reserve Affairs and Logistics)
Navy Department
Washington D.C. 20350

NAVOSH DEFICIENCY NOTICE		
SECTION A - DEFICIENCY INFORMATION	I.D. NO.:	
Organization:	Location:	
Description of Hazard:		
Standard Violated:	RAC:	
OSH Official:	Date:	
SECTION B - ABATEMENT STATUS (COMPLETE ALL APPLICABLE PARTS)		
• INTERIM CONTROLS		
• ABATEMENT PROJECT INITIATED		
Project Description:	Action Taken (Included Work Orders/Purchase Request numbers and date as appropriate):	
	<table border="1" style="width: 100%;"> <tr> <td>Cost Estimate:</td> <td>Completion Date (Est):</td> </tr> </table>	Cost Estimate:
Cost Estimate:	Completion Date (Est):	
• DEFICIENCY CORRECTED		
Corrections Made:	Date:	
	Cost	
	Labor:	Material:
Signature:		
SECTION C - COMMENTS		

Risk Assessment Code Matrix

Hazard Severity	Mishap Probability			
	A	B	C	D
I	1	1	2	4
II	1	2	3	4
III	2	3	4	5
IV	4	4	5	5

a. Risk Assessment. The activity OSH office shall assign each identified/validated hazard, that cannot be corrected immediately, a Risk Assessment Code (RAC). The RAC represents the degree of risk associated with the hazard and combines the elements of hazard severity and mishap probability, taking into account potential health effects from the hazard.

(1) Hazard Severity. The hazard severity is an assessment of the worst reasonably expected consequence, defined by degree of injury or occupational illness which is likely to occur as a result of a hazard. Activities shall assign hazard severity categories by Roman numeral according to the following criteria:

(a) Category I - Catastrophic: The hazard may cause death.

(b) Category II - Critical: May cause severe injury or severe occupational illness.

(c) Category III - Marginal: May cause minor injury or minor occupational illness.

(d) Category IV - Neqliqible: Probably would not affect personnel safety or health, but is, nevertheless, in violation of a Navy Occupational Safety and Health (NAVOSH) standard.

(2) Mishap Probability. The mishap probability is the probability that a hazard will result in a mishap, based on an assessment of such factors as location, exposure in terms of cycles or hours of operation and affected population. Activities shall assign a letter to mishap probability according to the following criteria:

(a) Subcategory A - Likely to occur immediately

(b) Subcategory B - Probably will occur in time

(c) Subcategory C - Possible to occur in time

(d) Subcategory D - Unlikely to occur.

**ASBESTOS TRAINING AND CERTIFICATION REQUIREMENTS
LISTED BY TYPE OF OPERATION**

TYPE OPERATION	TYPE PERSONNEL	TYPE ACCREDITATION REQUIRED	INITIAL TRAINING REQUIREMENT	ANNUAL RECERT OR REFRESHER & LENGTH	REGULATORY CITATION
DESIGN OF PROJECTS WHICH INVOLVE REMOVAL OF ACM OR WORK IN PROXIMITY OF ACM/PACM	ARCHITECTS, ENGINEERS, PLANNERS, ESTIMATORS (P&Es) & APMs	ABATEMENT PROJECT DESIGNER	3-DAY ABATEMENT PROJECT DESIGNER COURSE	YES 1 DAY	** 40 CFR 763.92
REVIEW OF PROJECTS TO DETERMINE ADEQUACY OF CONTROL	ENGINEERS, INDUSTRIAL HYGIENISTS, SAFETY PERSONNEL & APMs	ABATEMENT PROJECT DESIGNER	3-DAY ABATEMENT PROJECT DESIGNER COURSE	YES 1 DAY	** 40 CFR 763.92
PERSON RESPONSIBLE FOR ASBESTOS REMOVAL, ENCAPSULATION, ENCLOSURE AND/OR REPAIR (CLASS I AND II ASBESTOS WORK)	ASBESTOS ABATEMENT SUPERVISOR OR COMPETENT PERSON, QUALIFIED PERSON, ROICC PERSONNEL	ASBESTOS ABATEMENT CONTRACTOR/SUPERVISOR	5-DAY ASBESTOS ABATEMENT CONTRACTOR/SUPERVISOR TRAINING COURSE	YES 1 DAY	29 CFR 1915.1001(o)(4)(i) 29 CFR 1926.1101(o)(4)(i) ** 40 CFR 763.92 40 CFR 61 Subpart M
PERSON RESPONSIBLE FOR MAINTENANCE AND HOUSEKEEPING (CLASS III AND IV ASBESTOS WORK)	MAINTENANCE AND HOUSEKEEPING SUPERVISORS, COMPETENT, QUALIFIED PERSON	NONE	2-DAY OPERATIONS AND MAINTENANCE TRAINING	YES NOT SPECIFIED	29 CFR 1915.1001(o)(4)(ii) 29 CFR 1926.1101(o)(4)(ii)
PHYSICAL GATHERING OF SUSPECTED ACM/PACM SAMPLES FOR LAB I.D.	SAFETY PERSONNEL INDUSTRIAL HYGIENIST, P&Es, & FACILITY INSPECTORS	ASBESTOS INSPECTOR	3-DAY ASBESTOS INSPECTOR COURSE	YES 1 DAY	29 CFR 1915.1001(k)(6) 29 CFR 1926.1101(k)(6) ** 40 CFR 763.92
DEVELOPMENT OF ASBESTOS MANAGEMENT PLANS & ASBESTOS O&M PLANS	FACILITY INSPECTORS, SAFETY PERSONNEL & IHS	ASBESTOS MANAGEMENT PLANNER	2-DAY ASBESTOS MANAGEMENT PLANNER COURSE (INSPECTOR ACCREDITATION REQUIRED AS PREREQUISITE)	YES 1 DAY	** 40 CFR 763.92
LABORATORY ANALYSIS OF	INDUSTRIAL HYGIENE,	PROFICIENCY ANALYTICAL	5-DAY NIOSH 582 COURSE OR	ES	29 CFR 1910.1001 APP. A 29 CFR 1915.1001 APP. A

* A LIST OF ACCREDITED TRAINING SOURCES MAY BE OBTAINED FROM EPA-AHERA-NDAAC, C/O VISTA COMPUTER SERVICES SUITE 304, 6430 ROCKLEDGE DRIVE, BETHESDA, MD 20817. 1-800-462-6706
** APPLIES TO PUBLIC AND COMMERCIAL BUILDINGS

TYPE OPERATION		TYPE PERSONNEL		TYPE ACCREDITATION REQUIRED*		INITIAL TRAINING REQUIREMENT		ANNUAL REGERT OR REFRESHE R & LENGTH		REGULATORY CITATION	
AIRBORNE SAMPLE		SAFETY PERSONNEL		TESTING (PAT) ROUNDS		EQUIVALENT		(PAT)		29 CFR 1926.1101 APP. A	
PERSONNEL WHO ENGAGE IN CLASS I WORK	ABATEMENT WORKERS	ASBESTOS ABATEMENT WORKERS	ASBESTOS ABATEMENT WORKERS	ASBESTOS ABATEMENT WORKERS	4-DAY ASBESTOS ABATEMENT WORKER COURSE; OR 5 DAY ASBESTOS ABATEMENT CONTRACTOR/ SUPERVISOR TRAINING COURSE.	YES 1 DAY	29 CFR 1915.1001(k)(9) 29 CFR 1926.1101(k)(9) ** 40 CFR 783.92				
PERSONNEL WHO ENGAGE IN CLASS II WORK ONLY	ABATEMENT WORKERS	NONE	8-HOUR ASBESTOS TRAINING. REQUIREMENTS ARE RELAXED WHEN ONLY ONE GENERIC CATEGORY OF BUILDING MATERIAL IN CLASS II WORK IS DONE.	YES NOT SPECIFIED	29 CFR 1915.1001(k)(9) 29 CFR 1926.1101(k)(9)						
PERSONNEL WHO ENGAGE IN CLASS III OPERATIONS ONLY	MAINTENANCE WORKERS	NONE	16-HOUR OPERATIONS & MAINTENANCE. REQUIREMENTS ARE RELAXED WHEN ONLY ONE GENERIC CATEGORY OF BUILDING MATERIAL IN CLASS III WORK IS DONE.	YES NOT SPECIFIED	29 CFR 1915.1001(k)(9) 29 CFR 1926.1101(k)(9)						
PERSONNEL WHO ENGAGE IN CLASS IV OPERATIONS ONLY AND HOUSEKEEPING WHERE ACM OR PACM IS PRESENT	MAINTENANCE & CUSTODIAL WORKERS	NONE	2-HOUR ASBESTOS AWARENESS TRAINING	YES 2 HOURS	29 CFR 1910.1001 (l)(7) 29 CFR 1915.1001(k)(9) 29 CFR 1926.1101(k)(9)						
RESPONSIBLE FOR OVERALL ASBESTOS PROGRAM	ACTIVITY ASBESTOS PROGRAM MANAGERS	LETTER OF APPOINTMENT FROM COMMANDING OFFICER	3-DAY ABATEMENT PROJECT DESIGNER COURSE AND 2 DAY ASBESTOS INSPECTOR/ MANAGEMENT PLANNER COURSE, NFESC ASBESTOS PROGRAM MANAGER COURSE (INSPECTOR ACCREDITATION REQUIRED AS PREREQUISITE)	YES 1 DAY	RECOMMENDED TRAINING						
AIR SAMPLING	ASBESTOS	NONE	2 DAYS AND ON THE	NONE	RECOMMENDED TRAINING						

* A LIST OF ACCREDITED TRAINING SOURCES MAY BE OBTAINED FROM EPA-AHERA-NDAAC, C/O VISTA COMPUTER SERVICES SUITE 304, 6430 ROCKLEDGE DRIVE, BETHESDA, MD 20817. 1-800-462-6706

** APPLIES TO PUBLIC AND COMMERCIAL BUILDINGS

TYPE OPERATION	TYPE PERSONNEL	TYPE ACCREDITATION REQUIRED *	INITIAL TRAINING REQUIREMENT	ANNUAL REGERT OR REFRESHE R & LENGTH	REGULATORY CITATION
	WORKPLACE MONITORS AND CLEARANCE SAMPLERS		JOB TRAINING		
AUTOMOTIVE BRAKE AND CLUTCH	AUTO MECHANICS	NONE	2-HOUR AWARENESS PLUS HANDS-ON TRAINING	NONE	29 CFR 1910.1001(O)(7) 29 CFR 1915.1001 APP. L
GENERAL INDUSTRIES OPERATIONS ABOVE PEL (NOT OTHERWISE CLASSIFIED)	VARIOUS	NONE	2-HOUR AWARENESS AND OPERATION SPECIFIC	YES NOT SPECIFIED	29 CFR 1910.1001(O)(7)

* A LIST OF ACCREDITED TRAINING SOURCES MAY BE OBTAINED FROM EPA-AHERA-NDAAC, C/O VISTA COMPUTER SERVICES SUITE 304, 6430 ROCKLEDGE DRIVE, BETHESDA, MD 20817. 1-800-462-6706
 ** APPLIES TO PUBLIC AND COMMERCIAL BUILDINGS

Hearing Protective Devices

Manufacturer's Nomenclature/NSN	Type of Protector	Federal Nomenclature
Ear Defender V-51R 6515-00-442-4765 6515-00467-0085 6515-00-467-0089 6515-00-442-4807 6515-00-442-4813	Insert Earplug (sized) 24's (sized) 24's (sized) 24's (sized) 24's (sized) 24's	Plug, Ear, Noise Protection (X-Small) (White) (Small) (Green) (Medium) (Int'l Orange) (Large) (Blue) (X-Large) (Red)
Comfit, Triple Flange 6515-00-467-0092 6515-00-442-481 8 6515-00-442-4821	Insert Earplug (sized) 24's (sized) 24's (sized) 24's	Plug, Ear, Noise Protection (Large) (Blue) (Regular) (Orange) (Small) (Green)
Silaflex (Blister Pack) 6515-00-1 33-5416	Non-Hardening Silicone	Plug, Ear, Noise Protection Cylindrical, Disposable 200's
EAR or Deci-Damp 6515-00-1 37-6345	Foam Plastic Insert	Plug, Ear, Noise Protection Universal Size, Yellow 200 pr
Straightaway Muffs 4240-00-759-3290 4240-00-674-5379 4240-00-979-4040	High Performance Circumaural Muffs For 9 AN/2 For 9 ANI2	Aural Protector Sound 372-9 AN/w Replacement Filter, Dome Replacement Seal, Dome
Ear Plug Cases 6515-01-212-9452 6515-01-100-1674	Non-reflective	Case, Earplug 12's Case, Earplug 20's
Sound-Ban 6515-00-392-0726	Headband, Earcaps	Plug, Ear, Hearing Protection, Universal Size
Circumaural Muff 4240-99-691-5617	Type I Overhead Headband	Aural Protector, Sound
Circumaural Muff 4240-00-022-2946	Type II Napeband (for use with hard hat)	Aural Protector, Sound

POSITIVE AND NEGATIVE FEATURES OF HEARING PROTECTION DEVICES

<u>Type</u>	<u>Positive</u>	<u>Negative</u>	<u>Duration</u>
<u>Insert</u> V-1R Triple Flange	After adaptation can be used for long periods. Relatively inexpensive.	Individual fittings by medical personnel required. Frequent fitting causes irritation.	Long-term (3 - 4 hours)
<u>Disposable</u> Silafiex, EAR or Deci Damp	Comfortable. Individual fitting not required. Relatively inexpensive	Molded by hand. Easily Soiled. Difficult to clean.	Infrequent use. Transitory noise exposure.
<u>Circumaural</u> <u>Muffs</u> Type I and II 372-9 and ANI2	May be worn over plugs. Most efficient universal device.	Expensive. Heavy. Difficult to carry. Hair or eyeglasses may reduce effective ness.	Long or short term

One single type of hearing protective device will not meet the needs of all personnel in a hearing conservation program. Activities shall select the appropriate type of hearing protection device based upon a consideration of the factors listed above in addition to the degree of attenuation required in a particular situation. The most convenient method of making this determination is the Noise Reduction Rating (NRR) developed by the Environmental Protection Agency (EPA). The NRR is usually shown on the hearing protector package. The NRR is then related to an individual workers noise environment in order to assess the adequacy of the attenuation of a given hearing protector.

Since there are a wide variety of noise measuring instruments in use, personnel conducting sound level measurements shall use one of the following methods. In each case, they should take a sufficient number of measurements to achieve a representative noise sample.

- a. When using a dosimeter that is capable of C-weighted measurements:
 - (1) Obtain the C-weighted dose for the entire workshift, and convert to TWA sound level (see dosimeter instruction manual for conversion table).
 - (2) Subtract the NRR from the C-weighted TWA to obtain the estimated A-weighted TWA under the ear protector.
- b. When using a dosimeter that is not capable of C-weighted measurements, the following method may be used:
 - (1) Convert the A-weighted dose to TWA (see dosimeter instruction manual)
 - (2) Subtract 7 dB from the NRR value.
 - (3) Subtract the remainder from the A-weighted TWA to obtain the estimated A-weighted ~'A under the ear protector.
- c. When using a sound level meter set to the A-weighting network:
 - (1) Obtain the A-weighted TWA.
 - (2) Subtract 7 dB from the NRR and subtract the remainder from the A-weighted TWA to obtain the estimated A-weighted TWA under the ear protector.
- d. When using a sound level meter set on the C-weighting network:
 - (1) Obtain a representative sample of the C-weighted sound levels in the environment.
 - (2) Subtract the NRR from the C-weighted average sound level to obtain the estimated A-weighted TWA under the ear protector.

This manual considers the effectiveness of any combination of insert plugs with Circumaural muffs (double protection) to be at least 30 dB. If an activity determines the result of subtracting the estimated reduction value of a particular device or combination of devices from the measured workplace sound level is at or below 84 dB(A), the protection is adequate. However, should the value exceed 84 dB(A) or 140 dB peak, activities shall institute administrative controls to reduce personnel exposure to acceptable levels.

RF Permissible Exposure Limits For Uncontrolled Environments

A. Radio Frequency Fields

Frequency Range (f) (MHz)	Electric Field (E) (V/m)	Magnetic Field (H) (A/m)	Power Density (S) (mW/cm ²) (E, H Fields)	Averaging Time (T _{avg}) (minutes) E ² , S or H ²	
.003 - 0.1	614	163	(10 ² , 10 ⁶)	6	6
.1 - 1.34	614	16.3/f	(10 ² , 10 ⁴ /f ²)	6	6
1.34 - 3.0	823.8/f	16.3/f	(180/f ² , 10 ⁴ /f ²)	f ² /0.3	6
3 - 30	823.8/f	16.3/f	(180/f ² , 10 ⁴ /f ²)	30	6
30 - 100	27.5	158.3/f ^{1.668}	(.2, 9.4x10 ⁵ /f ^{2.336})	30	.0636f ^{1.337}
100 - 300	27.5	0.0729	0.2	30	30
300 - 3000			f/1500	30	-
3000 - 15000			f/1500	900000/f	-
15000 - 300000			10	616000/f ^{1.2}	-

B. Induced and Contact Current Restrictions

Frequency Range (f) (MHz)	Maximum Current Through Both Feet (mA)	Maximum Current Through Each Foot (mA)	Contact Current (mA)
0.003 - 0.1	900f	450f	450f
0.1 - 100	90	45	45

C. Pulsed Radio Frequency Fields

Frequency Range (f) (MHz)	Peak Electric Field (E) (kV/m)	Peak Power Density/Pulse for Pulse Duration < 100 msec (mW/cm ²)
0.1-300000	100	(PEL)(T _{avg})/(5)(pulse width)

D. Partial- Body Exposures

Frequency Range (f) (MHz)	Peak Value of Mean Squared Field (V ² /m ² or A ² /m ²)	Equivalent Power Density (mW/cm ²)
0.1 - 300	<20 E ² or 20 H ²	
300 - 6000		4
6000-30000		f/1500
30000 - 300000		20

RF Permissible Exposure Limits For Controlled Environments

A. Radio Frequency Fields

Frequency Range (f) (MHz)	Electric Field (E) (V/m)	Magnetic Field (H) (A/m)	Power Density (S) (mW/cm ²) (E, H Fields)	Averaging Time (T _{avg}) (minutes) (E ² , H ² , S)
.003 - 0.1	614	163	(10 ² , 10 ⁶)	6
.1 - 3.0	614	16.3/f	(10 ² , 10 ⁴ /f ²)	6
3 - 30	1842/f	16.3/f	(900/f ² , 10 ⁴ /f ²)	6
30 - 100	61.4	16.3/f	(1.0, 10 ⁴ /f ²)	6
100 - 300	61.4	0.163	1.0	6
300 - 3000			f/300	6
3000 - 15000			10	6
15000 - 300000			10	616000/f ^{1.2}

B. Induced and Contact Current Restrictions

Frequency Range (f) (MHz)	Maximum Current Through Both Feet (mA)	Maximum Current Through Each Foot (mA)	Contact Current (mA)
0.003 - 0.1	2000f	1000f	1000f
0.1 - 100	200	100	100

C. Pulsed Radio Frequency Fields

Frequency Range (f) (MHz)	Peak Electric Field (E) (kV/m)	Peak Power Density/Pulse for Pulse Duration < 100 msec (mW/cm ²)
0.1-300000	100	(PEL)(T _{avg})/(5)(pulse width)

D. Partial- Body Exposures

Frequency Range (f) (MHz)	Peak Value of Mean Squared Field (V ² /m ² or A ² /m ²)	Equivalent Power Density (mW/cm ²)
0.1 - 300	<20 E ² or 20 H ²	-
300 - 6000	-	<20
6000-96000	-	<20(f/6000) ^{0.25}
96000 - 300000	-	40

Laser Classification, Labeling, Warning Signs, Technical Assistance, and Exposure Incidents

CLASS I LASERS

Lasers which by inherent design normally cannot emit radiation levels in excess of the permissible exposure limits. Not hazardous under almost all operational or viewing condition. No controls required.

CLASS II LASERS

Low-powered lasers and laser systems which emit less than 1mW visible continuous wave (CW) radiation. Not considered hazardous for momentary exposure. These lasers carry a CAUTION label.

CLASS III LASERS

Lasers which do not present a diffuse reflection hazard.

Class IIIa

Low-powered laser systems which emit 1 to 5 mW visible CW radiation. Lasers or laser systems of less than 2.5 mW/cm^2 are not considered to be hazardous for momentary (0.25 seconds) unintentional exposures unless the beam is viewed with magnifying optics. These lasers carry a CAUTION label. Lasers which exceed 2.5 mW/cm^2 carry a DANGER label and should not be directly viewed even momentarily.

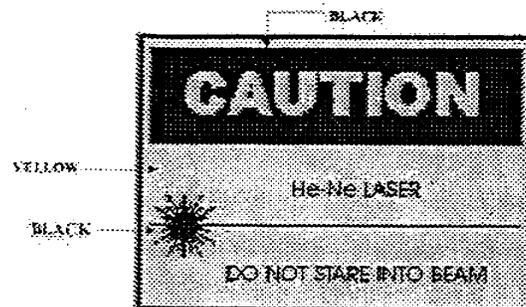
Class IIIb

Medium-powered lasers or laser systems considered to be hazardous when the direct or specularly reflected beam is viewed without protection. Special care is required to prevent intrabeam viewing and to control specular reflections from mirror-like surfaces. These lasers carry a DANGER label and require the use of protective eyewear.

CLASS IV LASERS

High-powered lasers or laser systems which can be hazardous to the eye from intrabeam viewing, specular reflections or diffuse reflections. They may also be hazardous to the skin or ignite flammable materials. These lasers carry a DANGER label. Strict controls are required, including use of protective eyewear and door interlocks.

Example of a Class II Laser Warning Label



Example of a Class IV Laser Warning Label



Laser safety warning signs for posting at laser facilities and at laser ranges are stocked at the Naval Inventory Control Point, Naval Publication and Forms Branch, 700 Robbins Ave., Philadelphia, PA 19111-5098. For Information concerning these forms contact: commercial (215)(697-2626), or DSN (442-2626). Order on MILSTRIP via Defense Automated Addressing Systems. The following signs are available:

Sign Contents: "DANGER, LASER, KNOCK BEFORE ENTERING"
Type: Laminated 10 inches high by 14 inches wide
Form No.: 0118-LF-114-8900

Sign Contents: "DANGER, LASER RANGE IN USE, DO NOT ENTER"
Type: Laminated 18 inches high by 24 inches wide
Form No.: 0118-LF-020-1100

EMPLOYEE COMFORT SURVEY

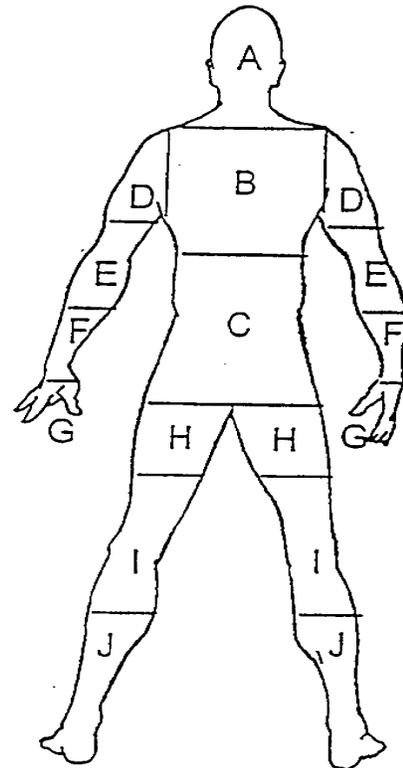
ased on an average day, please inform us about your comfort at work. Fill in all the boxes below. Please respond honestly and thoughtfully.

Name: _____
 Date _____
 Dept _____

Rate your comfort for each region (A - J) by writing a number (0 to 10) in the box provided.
 (Make no distinction right or left)

COMFORT RATING

	Very Comfortable		Very Uncomfortable
A) Head/Neck/Eyes	0...	<input style="width: 30px; height: 20px;" type="text"/>10
B) Upper/mid Back	0...	<input style="width: 30px; height: 20px;" type="text"/>10
C) Lower Back/Pelvis	0...	<input style="width: 30px; height: 20px;" type="text"/>10
D) Shoulder/Upper Arm	0...	<input style="width: 30px; height: 20px;" type="text"/>10
Elbow/Mid Arm	0...	<input style="width: 30px; height: 20px;" type="text"/>10
E) Forearm/Wrist	0...	<input style="width: 30px; height: 20px;" type="text"/>10
G) Hand	0...	<input style="width: 30px; height: 20px;" type="text"/>10
H) Upper Leg/Hip	0...	<input style="width: 30px; height: 20px;" type="text"/>10
I) Mid Leg/Knee	0...	<input style="width: 30px; height: 20px;" type="text"/>10
J) Lower Leg/Foot	0...	<input style="width: 30px; height: 20px;" type="text"/>10



Please respond to each of these questions in the boxes provided.

	Very Little		Very Much
How hard is your work? (physically/mentally)	0...	<input style="width: 30px; height: 20px;" type="text"/>10
How much energy do you have after work?	0...	<input style="width: 30px; height: 20px;" type="text"/>10
How would you rate your job satisfaction?	0...	<input style="width: 30px; height: 20px;" type="text"/>10

Please complete other side

Ergo Questionnaire

JOB TITLE: _____

DESCRIBE YOUR JOB:

- a. Computer Work (keyboarding ____%, mousing ____%, numerical ____%)
- b. Handwriting ____%
- c. Lifting (Boxes, Heavy equipment, Binders, Folders, Computer Runoffs) ____%
- d. Phone ____% (Phone while on the computer? (Y / N) Do you use a headset? (Y / N))
- e. Standing ____%
- f. Bending ____%
- g. Pushing / Pulling ____%

4. How many hours per day do you normally work? _____ Hrs.
5. How many breaks do you take per day? (count lunch) _____ How long are your breaks? _____
6. How long have you done this type of work? (Here and other places) _____
7. GENDER: Male Female Height: _____

AFTER WORK

1. Hobbies (Describe):

2. Another Job (Describe):

a. How long have you had a second job? _____

3. How many times a week do you participate in sports or exercise? _____

Checklist for Evaluation of Stress in Industrial Shops

		Yes	No	N/A
1.	Physical Stress:			
	1.1 Does the job require contact of fingers or wrist with sharp objects?			
	1.2 Do hand tools or process equipment vibrate the worker's hands, arms, or whole body?			
2.	Force:			
	2.1 Does the job require more than 10 pounds of force?			
	2.2 Does the job require using a pinch grip (between the thumb and fingers)?			
	2.3 Are gloves used, increasing the force needed for motion of the fingers?			
	2.4 Does the job require frequent heavy lifting (>18 kg or 40 lbs., 2 hours per day)?			
	2.5 Does the job require occasional very heavy lifting (>23 kg or 50 lbs.)?			
	2.6 Does the job require handling items that are difficult to grasp?			
3.	Posture:			
	3.1 Does the job require flexion or extension (bending up or down) of the wrist?			
	3.2 Does the job require deviating the wrist side to side (ulnar or radial deviation)?			
	3.3 Is the worker seated while performing the job?			
	3.4 Does the job require "clothes wringing" motion?			
	3.5 Does the job require extended reaches, beyond normal arm reach?			
	3.6 Does the job require awkward lifts or carries that are near the floor, above the shoulders, or far in front of the body?			
	3.7 Does the job require exertion of pushing, pulling, lifting, or lowering forces in awkward positions to the side, overhead, or at extended reaches?			
	3.8 Do workers sit on the front edge of their chairs?			
	3.9 Is the worker required to maintain the same posture, either sitting or standing, all the time?			
4.	Workstation hardware:			
	4.1 Is the orientation of the work surface non-adjustable?			
	4.2 Does the work surface appear to be too high or too low for many operators?			
	4.3 Is the location of the tool non-adjustable?			
	4.4 Does the job require handling over sized objects that require two person lifting?			
	4.5 Is there an absence of material handling aids, such as air hoists and scissors table?			

Checklist for Evaluation of Stress in Industrial Shops

	Yes	No	N/A
4.6 Do workers attempt to modify their chairs or work surfaces by adding cushions or pads?			
5. Repetitiveness:			
5.1 Does the job require that one motion pattern be repeated at a high frequency?			
5.2 Is the cycle time for repetitive operations less than 30 seconds?			
5.3 Is the work pace rapid and not under the operator's control?			
6. Tool design:			
6.1 Is the handle too large for the thumb and finger to slightly overlap around a closed grip?			
6.2 Is the span of the tool's handle less than 5 cm (2 inches)?			
6.3 Is the handle of the tool made of metal?			
6.4 Is the weight of the tool greater than 10 lbs.?			
6.5 Are heavy tools lacking devices to suspend some of their weight?			
6.6 Does use of the tool require flexion or extension of the wrist (bending up or down)?			
6.7 Does the tool require ulnar or radial deviation of the wrist (bending to either side)?			
7. Work environment:			
7.1 Are housekeeping practices poor, e.g., aisles cluttered, waste on the floor?			
7.2 Are floors uneven or slippery?			
7.3 Does the job require frequent (daily) stair or ladder climbing?			
7.4 Do the work tasks contain significant visual components, requiring good lighting?			
7.5 Does the worker's eye have to move periodically from dark to light areas?			
7.6 Is the air temperature uncomfortably hot or cold?			

Score (count all "yes" answers) _____

Comments: _____

Prepared by: _____ Date: _____

Shop/Task Identification: _____

Operator's Name: _____

Evaluation: When a group of workstations are evaluated using this checklist by the same individual, the workstations with the higher scores should be the ones most likely to cause ergonomic stress. It is not necessary for each workstation to achieve a "zero", or perfect score, on this checklist. Common sense should be used to determine where modifications are necessary, reasonable, and feasible.

Pertinent Reference Information On Pregnancy Employment Policies

1. Federal Personnel Manual, subchapter 13, Article 13-5, paragraph a.(2)

Agencies should always be aware of working conditions or strenuous requirements in the workplace that could have an adverse effect on an expectant mother. If, after consulting her doctor, an employee asks for a change in duties or assignment, every reasonable effort should be made to accommodate her. Agencies may request medical certification of the nature of the limitations recommended by the employee's doctor. Sick leave may also be used for physical examinations.

2. 29 CFR 1604 Appendix - Questions and Answers on the Pregnancy Discrimination Act

a. **Question:** If, for pregnancy-related reasons, an employee is unable to perform the functions of her job, does the employer have to provide her an alternative job?

Answer: An employer is required to treat an employee temporarily unable to perform the functions of her job because of her pregnancy-related condition in the same manner as it treats other temporarily disabled employees, whether by providing modified tasks, alternative assignments, disability leaves, leave without pay, etc. For example, a woman's primary job function may be the operation of a machine, and, incidental to that function, she may carry materials to and from the machine. If other employees temporarily unable to lift are relieved of these functions, pregnant employees also unable to lift must be temporarily relieved of the function.

b. **Question:** What procedures may an employer use to determine whether to place on leave a pregnant employee who claims she is able to work or deny leave to a pregnant employee who claims that she is disabled from work?

Answer: An employer may not single out pregnancy-related conditions for special procedures for determining an employee's ability to work. For example, if an employer requires its employees to submit a doctor's statement concerning their inability to work before granting leave or paying sick benefits, the employer may require employees affected by pregnancy-related conditions to submit such statement. Similarly, if an employer allows its employees to obtain doctor's statements from the personal physicians for absences due to other disabilities or return dates from other disabilities, it must accept doctor's statements from personal physicians for absences and return dates connected with pregnancy-related disabilities.

c. **Question:** Can an employer have a rule that prohibits an employee from returning to work for a predetermined length of time after childbirth?

Answer: No.

d. **Question:** If an employee has been absent from work as a result of a pregnancy-related condition and recovers, may her employer require her to be on leave until after her baby is born?

Answer: No. An employee must work at all times during she is able to perform her job.

e. **Question:** Must an employer hold open the job of an employee who is absent on leave because she is temporarily disabled by pregnancy-related conditions?

Answer: Unless the employee on leave has informed the employer that she does not intend to return to work, her job must be held open for her return on the same basis as jobs are held open for employees on sick or disability leave for other reasons.

f. **Question:** Must an employer hire a woman who is medically unable, because of pregnancy-related conditions, to perform a necessary function of a job?

Answer: An employer cannot refuse to hire a woman because of her pregnancy-related condition so long as she is able to perform the major functions necessary to the job. Nor can an employer refuse to hire her because of its preferences against pregnant workers or the preferences of coworkers, clients, or customers.

Occupational Reproductive
Chemical Stressors List^A

Chemical	Class	PEL	TLV	Type of Stressor	
Acetohydroxamic acid	*	-	-		D
Aminopterin	Insecticide	-	-	F	D
Arsenic	Pesticide	+	+		D
Benomyl	Fungicide	+	+	M	D
Benzene	*	+	+	M	D
Bromoxynil	Herbicide	-	-		D
Cadmium	Metal	+	+	M	D
Carbon disulfide	Solvent	+	+	M	F D
Carbon Monoxide	*	+	+		D
Chlordecone(Kepone)	Insecticide	-	-		D
Cyanazine	Herbicide	-	-		D
Cycloheximide	Fungicide	-	-		D
Cyhexatin	Insecticide	-	+		D
Decap	Insecticide	-	-		D
Diazinon	Insecticide	-	-	M	D
1,2-Dibromo-3-chloropropane	Nematocide	+ R	-	M	
m-Dinitrobenzene	*	+	+	M	
o-Dinitrobenzene	*	+	+	M	
p-Dinitrobenzene	*	+	+	M	
Epichlorohydrin	Solvent	+	+	M	
Ethylene glycol monoethyl ether	Solvent	+	+	M	D
Ethylene glycol monoethyl ether acetate	Solvent	+	+	M	
Ethylene glycol monomethyl ether	Solvent	+	+	M	D
Ethylene glycol monomethyl ether acetate	Solvent	+	+	M	D
Ethylene oxide	Sterilizing Agent	+ R	+		F
Hexachlorobenzene	*	-	+		D
Hydroxyurea	*	-	-		D

Chemical	Class	PEL	TLV	Type of Stressor		
Lead	Metal	+ R	+	M	F	D
Mercury and mercury compounds	Metal	+	+			D
Methyl bromide	Fumigant	+	+			D
Methyl mercury	Organometal	+	+			D
Nickel carbonyl	*	+	+			D
Polybrominated biphenyls (PBBs)	*	-	-			D
Polychlorinated biphenyls (PCBs)	*	+	+			D
2,3,7,8-Tetrachloro-dibenzo-para-dioxin (TCDD)	*	-	-			D
Toluene	Solvent	+	+			D
Urethane	Polymer	-	-			D
Warfarin	Rodenticide	+	+			D

-
- A = Source for this information is 31 March 1998 Navy Reproductive Hazards Review Board Meeting
- M = Male
- F = Female
- D = Developmental
- * = Unable to classify into a single functional class
- PEL = OSHA's permissible exposure limit (PEL)
- TLV = ACGIH threshold limit value (TLV)
- + = Exists
- = Does not exist
- R = Level considers reproductive effects

Request for Occupational Health Medical Evaluation

To be Completed by Supervisor

1. Employee Name _____	2. Date of Birth _____	3. SSN _____	4. Job Series/Code _____
Duty Station _____	6. Section/Dept/Bldg# _____	7. Phone _____	8. Job Title _____
a. Presidio of Monterey _____ b. Naval Postgraduate School _____ c. POM Annex _____ d. Other _____			

9. Specific Duty Requirements	YES	NO	
a. Motor Vehicle License (Special)	_____	_____	
b. Respiratory Protection	_____	_____	
c. Hearing Conservation	_____	_____	
d. Vision Conservation	_____	_____	
e. Petroleum Products	_____	_____	
f. Solvents/Cleaners	_____	_____	
g. Paints	_____	_____	
h. Video Display Terminal	_____	_____	
i. Hazardous Chemicals	_____	_____	
j. Radiation Protection	_____	_____	
If yes, _____	ionizing _____	Non-ionizing _____	
a. Asbestos	_____	_____	
If yes, _____	Current _____	Past _____	
a. Metals Exposure	_____	_____	
If yes, _____	Lead _____	Cadmium _____	Other _____
a. Other Hazards	_____	_____	
Supervisor's Name & Signature _____	11. Phone = _____	12. Organization _____	

Appointment Part One	Date: _____	Time: _____
Appointment Part Two	Date: _____	Time: _____

To Be Completed by Occupational Health

1. Current Additional Required Appointments:

a. Occ Health _____ b. Hearing _____ c. Vision _____ d. Spirometry _____ e. EKG _____

f. Immunizations _____

1. Medical Evaluation Findings:

a. Within Normal Limits _____ b. Negative _____

Comments _____

1. Duty Restrictions/Modifications:

a. Yes _____ b. No _____

Comments _____

1. Additional Comments/Remarks: _____

Privacy Act Statement

Authority: 29 CFR, Chapter XVII, Occupational Safety and Health Standards; 5 U.S.C., Section 150; and Executive Orders 11612 and 11807.

Purposes: This information is to identify and monitor data relative to each DOD employee who may be exposed to a hazardous workplace or operation.

Routing Uses: This information provides potential exposure histories to the Occupational Health Clinic and to Health Care Providers for any given worker.

Mandatory or Voluntary Disclosure and Effect on Individual not Providing Information: None, however, nondisclosure may result in untimely provision of proper medical monitoring.

TRAINING CERTIFICATION

PERSONAL PROTECTIVE EQUIPMENT

DATE: _____

NAME: _____

SIGNATURE: _____

SSN: _____

JOB TITLE: _____

DEPT: _____

SUPERVISOR: _____

HEARING PROTECTION:

INSERTS _____

MUFFS _____

SIGHT CONSERVATION

SAFETY GLASSES _____

IMPACT GOGGLES _____

CHEMICAL GOGGLES _____

WELDERS HELMET _____

LASER GOGGLES _____

FACE SHIELD _____

EYE WASH _____

HEAD PROTECTION:

HARD HATS _____

HELMET _____

HAND PROTECTION:

GLOVES _____

LIST TYPE _____

FOOT PROTECTION:

STEEL TOE BOOTS _____

HV BOOTS _____

RAIN BOOTS _____

ELECTRICAL PROTECTIVE DEVICES:

RUBBER INSULATING GLOVES _____

RUBBER INSULATING MATTING _____

RUBBER INSULATING BLANKETS _____

RUBBER INSULATING LINE HOSE _____

RUBBER INSULATING SLEEVE _____

OTHER _____

ERGONOMICS:

BACK BELTS _____

LIFTING PROCEDURES _____

SPECIFIC FIREFIGHTING/SECURITY EQUIPMENT:

PLEASE LIST

NOTE: RESPIRATORY PROTECTION: THIS CERTIFICATION IS CONDUCTED BY THE NPS RESPIRATORY PROTECTION MANAGER.

I CERTIFY THAT TRAINING OF THE PROPER USE OF PERSONAL PROTECTIVE EQUIPMENT IDENTIFIED ABOVE HAS BEEN PERFORMED FOR THIS EMPLOYEE AND THIS INDIVIDUAL HAS ADEQUATELY DEMONSTRATED PERSONAL PROTECTIVE EQUIPMENT KNOWLEDGE AND SKILLS.

SUPERVISORS SIGNATURE _____

PERSONAL DATA

THE ATTACHED CONTAINS IDENTIFIABLE PERSONAL DATA WHICH ARE TO BE SAFEGUARDED PURSUANT TO THE PRIVACY ACT. THIS INFORMATION IS TO BE RELEASED ONLY TO AUTHORIZED PERSONNEL HAVE ACCESS TO THIS INFORMATION FOR OFFICIAL USES. WHEN NOT IN USE, THE ATTACHED IS TO BE STORED IN A LOCKED CABINET OR SECURED ROOM. COMPUTER PRINTOUTS SHOULD BE DESTROYED BY BURNING OR SHREDDING WHEN NO LONGER NEEDED

HAND PROTECTION & GLOVE CHART

Hand Protection

Skin contact is a potential source of exposure to toxic materials; it is important that the proper steps be taken to prevent such contact. Most accidents involving hands and arms can be classified under four main hazard categories: chemicals, abrasions, cutting, and heat. There are gloves available that can protect workers from any of these individual hazards or any combination thereof.

Gloves should be replaced periodically, depending on frequency of use and permeability to the substance(s) handled. Gloves overtly contaminated should be rinsed and then carefully removed after use.

Gloves should also be worn whenever it is necessary to handle rough or sharp-edged objects, and very hot or very cold materials. The type of glove materials to be used in these situations include leather, welder's gloves, aluminum-backed gloves, and other types of insulated glove materials.

Careful attention must be given to protecting your hands when working with tools and machinery. Power tools and machinery must have guards installed or incorporated into their design that prevent the hands from contacting the point of operation, power train, or other moving parts. To protect hands from injury due to contact with moving parts, it is important to:

- Ensure that guards are always in place and used.
- Always lock-out machines or tools and disconnect the power before making repairs.
- Treat a machine without a guard as inoperative; and
- Do not wear gloves around moving machinery, such as drill presses, mills, lathes, and grinders.

The following is a guide to the most common types of protective work gloves and the types of hazards they can guard against:

- a. Disposable Gloves. Disposable gloves, usually made of light-weight plastic, can help guard against mild irritants.
- b. Fabric Gloves. Made of cotton or fabric blends are generally used to improve grip when handling slippery objects. They also help insulate hands from mild heat or cold.
- c. Leather Gloves. These gloves are used to guard against injuries from sparks or scraping against rough surfaces. They are also used in combination with an insulated liner when working with electricity.
- d. Metal Mesh Gloves. These gloves are used to protect hands from accidental cuts and scratches. They are used most commonly by persons working with cutting tools or other sharp instruments.
- e. Aluminized Gloves. Gloves made of aluminized fabric are designed to insulate hands from intense heat. These gloves are most commonly used by persons working molten materials.
- f. Chemical Resistance Gloves. These gloves may be made of rubber, neoprene, polyvinyl alcohol or vinyl, etc. The gloves protect hands from corrosives, oils, and solvents. The following table is provided as a guide to the different types of glove materials and the chemicals they can be used against. When selecting chemical resistance gloves, be sure to consult the manufacturers' recommendations, especially if the gloved hand will be immersed in the chemical.

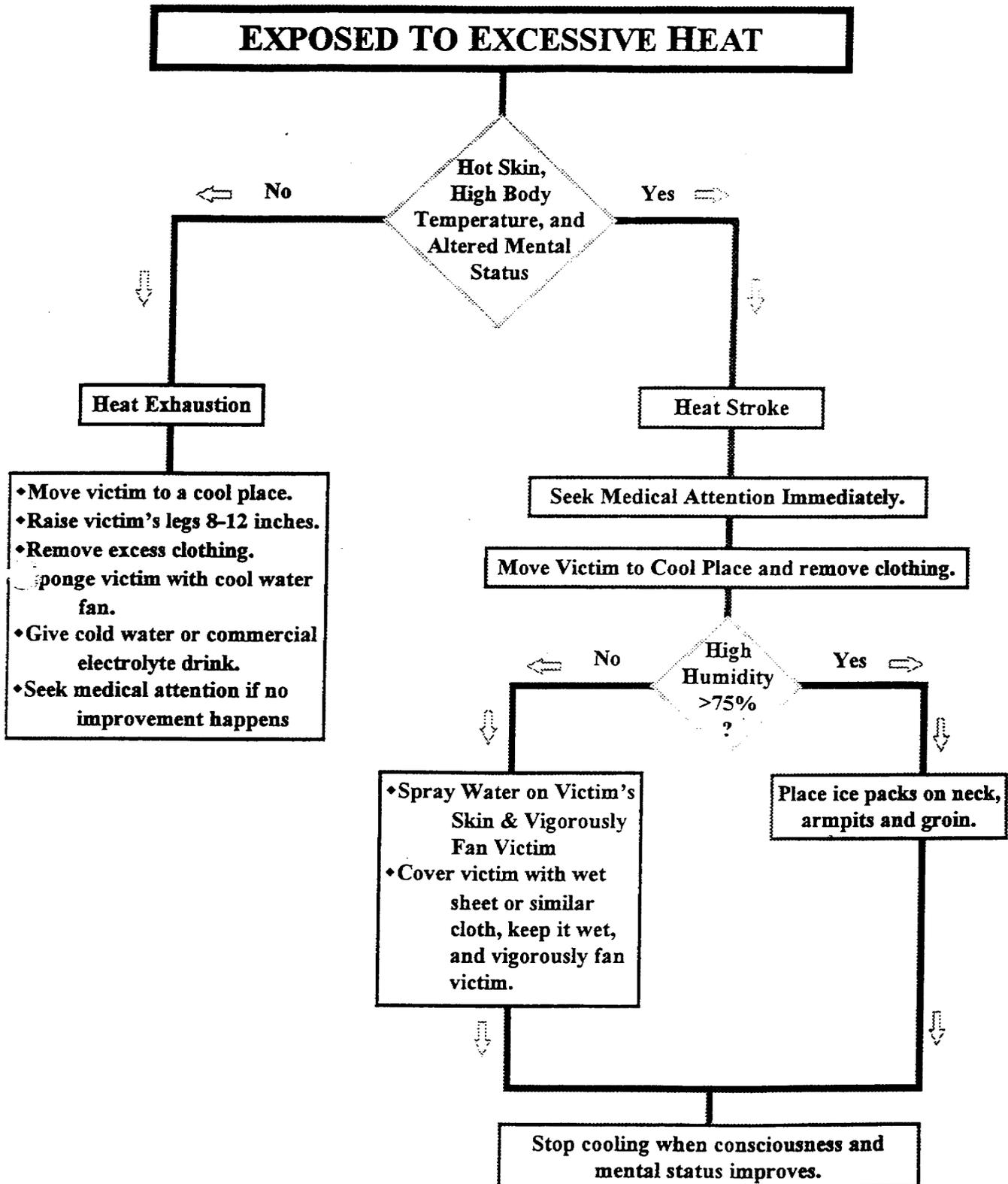
Glove Chart

Type	Advantages	Disadvantages	Use Against
Natural rubber	Low cost, good physical properties, dexterity	Poor vs. oils, greases, organics. Frequently imported; may be poor quality	Bases, alcohols, dilute water solutions; fair vs. aldehydes, ketones.
Natural rubber blends	Low cost, dexterity, better chemical resistance than natural rubber vs. some chemicals	Physical properties frequently inferior to natural rubber	Same as natural rubber
Polyvinyl chloride (PVC)	Low cost, very good physical properties, medium cost, medium chemical resistance	Plasticizers can be stripped; frequently imported may be poor quality	Strong acids and bases, salts, other water solutions, alcohols
Neoprene	Medium cost, medium chemical resistance, medium physical properties	NA	Oxidizing acids, anilines, phenol, glycol ethers
Nitrile	Low cost, excellent physical properties, dexterity	Poor vs. benzene, methylene chloride, trichloroethylene, many ketones	Oils, greases, aliphatic chemicals, xylene, perchloroethylene, trichloroethane; fair vs. toluene
Butyl	Speciality glove, polar organics	Expensive, poor vs. hydrocarbons, chlorinated solvents	Glycol ethers, ketones, esters
Polyvinyl alcohol (PVA)	Specialty glove, resists a very broad range of organics, good physical properties	Very expensive, water sensitive, poor vs. light alcohols	Aliphatics, aromatics, chlorinated solvents, ketones (except acetone), esters, ethers
Fluoro-elastomer (Viton)™ *	Specialty glove, organic solvents	Extremely expensive, poor physical properties, poor vs. some ketones, esters, amines	Aromatics, chlorinated solvents, also aliphatics and alcohols
Norfoil (Silver Shield)	Excellent chemical resistance	Poor fit, easily punctures, poor grip, stiff	Use for Hazmat work

HEAT-RELATED EMERGENCIES

INDICATORS	HEAT SYNCOPE (least serious)	HEAT CRAMPS (more serious)	HEAT EXHAUSTION (Serious)	HEAT STROKE (Most Serious)
MUSCLE CRAMPS	NO	YES	NO	NO
SKIN	Normal, Moist	Normal, Moist-Warm	Cold, Clammy	Hot, Dry
TEMPERATURE	Normal	Normal	Normal or Slightly Elevated	>105°F
LOSS OF CONSCIOUSNESS	YES	Seldom	Sometimes	Usually
PERSPIRATION	Normal to Heavy	Heavy	Heavy	Little or None
FIRST AID	Move to cool place	Move to cool place	Move to cool place	IMMEDIATELY ACTIVATE EMS
	Lie Down	Rest Affected Muscle	Elevate Legs	Move to cool place
	Give Water	Give a lot of cold water	Cool Victim	Immediately cool victim
		DO NOT MASSAGE	ACTIVATE EMS	Elevate head and shoulders
			Monitor ABC's	Monitor ABC's

HEAT-RELATED EMERGENCIES



**NOTIFICATION OF INTENT TO ENTER
A CONFINED SPACE**

Delivery Order # _____ requires _____ a Navy contractor to enter a confined
Contractor

space located at _____ to _____. The contractor is
Specific location Purpose of entry

scheduled to enter space(s) on _____. The contractor is responsible to ensure that all
Date

aspects of his confined space entry program are in accordance with Federal, State and local regulations. The laws and regulations make no provisions for Navy personnel to issue permits for contractor operations nor authorize contractors to use government owned and controlled equipment to evaluate confined spaces. In all cases involving contractor operations, the contracting Officer must ensure that the contractor's confined space entry personnel are adequately qualified. In addition the contractor shall conduct all operations per the statutory and regulatory requirements due to Navy personnel and facilities that may also be at risk.

ROIC AUTHORIZED SIGNATURE

PUBLIC WORKS COMMENTS: _____

PW AUTHORIZED SIGNATURE

CONFINED SPACE PROGRAM MANAGER COMMENTS: _____

CSPM AUTHORIZED SIGNATURE

CONFINED SPACE ENTRY PERMIT

Date of Permit:			Expiration Date/Time:		
Location: (NPS, La Mesa, Golf Course, Annex [FNMOCC/NRL])			Description: (manhole, etc.)		
Authorized Activity: (cleaning, repair, etc.)					
Authorized Entry Personnel: (list all personnel; FULL NAMES)					
ATMOSPHERIC TEST DATA					
Test	Pre-Entry	Follow-up			
Oxygen Content					
Explosive (%LEL)					
Toxins (Specify)					
Tested By: Date & Time:					
Instrument	Model	Serial No.	Field Calibration Date	Calibration Expiration Date	Comments
REQUIRED SAFETY PRECAUTIONS					
Requirement	Yes	No	Specifics		
Attendant (Name)					
Respiratory Protection					
Protective Clothing					
Fire Extinguisher					
Rescue Equipment					
Lockout/Tagout					
Ventilation					
Follow-up Testing					
Other Controls					
Communication Practices					
Emergency Contact: FIRE DEPARTMENT Phone: 2333					
Other Comments:					
Entry Supervisor's Signature:			Confined Space Program Manager's (or qualified assistant signature)		

Original – Entry Supv. White

Copy 1 – Post at Site Yellow

Copy 2 – CSPM (OSH Ofc) Green

CONFINED SPACE ENTRY PROGRAM ATTENDANT DUTIES

The attendant stays at his/her post to observe conditions and to support the entrant:

1. As an attendant, you must know the hazards of the permit space and the Signs of exposure.
2. Keep a current count and be able to identify all entrants.
3. Stay in continuous contact with the entrant.
4. Be sure only authorized people enter the space or the surrounding area.
5. Order all workers out of the space in any of these conditions:
 - You see a condition not allowed by the entry permit.
 - You notice signs of exposure in any entrant.
 - You see something outside the permit space that could cause danger inside.
 - You must focus your attention on the rescue of entrants from another permit space.
6. An attendant must never leave the observation post for any reason.
7. If the entrants need to escape or there is an emergency, call the rescue team at once: NPS personnel contact (the NPS Fire Department at Extension 2333); POM-Annex personnel will radio dispatch to shop to notify (the NPS Fire Station #2), and POM personnel will contact (the Monterey Fire Department at Ext 911), and attempt a non-entry rescue by use of lifeline, body harness, and tri-pod, until Fire Department arrives. Do not enter the permit space.

ENTRANT DUTIES

As an entrant, be sure you know the hazards of the space and the signs of exposure. For example, lack of oxygen can cause:

- Loss of muscle control
- Mental confusion
- Breathing difficulty
- Misguided feeling of well-being
- Ringing in the ears
- Death

- ⇒ Follow your personal protective equipment (PPE) training carefully.
- ⇒ Keep in contact with the attendant, and leave the space at once if you are ordered to evacuate.
- ⇒ Always be ready to evacuate quickly and, if possible, without help.
- ⇒ If you see that you are in danger, leave the space and tell the attendant.

CONFINED SPACE ENTRY PROGRAM ENTRY SUPERVISOR DUTIES

ENTRY SUPERVISOR: The entry supervisor makes sure conditions are safe.

- Before entry, the supervisor verifies that the permit is filled out completely and all safety steps listed on it are taken, then signs the form.
1. During entry, the entry supervisor checks conditions to make sure they stay safe throughout the work.
 2. If conditions become unsafe, the permit is canceled and everyone is ordered out of the space.
 3. The entry supervisor must see that any unauthorized people are removed.
 4. When the work is finished, the entry supervisor cancels permit and concludes operation.

PRE-ENTRY PLAN

- **Preparing for entry:**
 - Check for completion of permit
 - Erect barriers around the space
 - Cap, blind or disconnect all input lines
 - Clear and ventilate the. space of harmful vapors and residue
 - Make sure all participants understand the Emergency Action Plan
- **Verifying air quality:**
 - Person testing/monitoring must use respiratory protection or test from outside
 - Oxygen level must be between 19.5 and 22.0 percent
 - Flammable gasses must not be over 10 percent of (Lower Flammable Limit)LFL Toxic concentrations must not be over (Permissible Exposure Level) PEL
 - Tests for heat stress with Wet Bulb Globe Thermometer.
 - All tests must be complete, accurate and documented before entry

SAFETY MEASURES

Equipment:

- All personal protective equipment and non-entry emergency escape equipment (lifeline, harness, tri-pod) for permit required confined spaces must be available on site.

Emergency Notification:

- Naval Postgraduate School: (NPS Fire Department) must be notified (Ext 2333 or Radio Dispatch to shop)
- POM Annex: (NPS Fire Station #2) must be notified (Radio Dispatch to shop for notification to NPS Fire Station #2)
- POM: must be notified (Extension 911) with exact location, condition of personnel, whether it is a flammable, toxic gas or lack of oxygen situation.
- Attendant may only attempt non-entry rescue with lifeline/body harness and tri-pod, as applicable.

REQUEST FOR FORKLIFT LICENSE

To: Command Licensing Examiner, Code 2311
Via: OSH Office

Department Code: _____

Applications Name: _____

SSN: _____ Date of Birth: _____

Drivers License Number: _____

Applications Signature: _____ Date: _____

Supervisors Signature: _____ Date: _____

OSH OFFICE

Medical Surveillance Required: _____

Medical Surveillance Completed: _____

OSH Signature: _____ Date: _____

Read the PRIVACY ACT STATEMENT on the reverse before completing this application
APPLICATION FOR CONSTRUCTION EQUIPMENT OPERATOR LICENSE
NAVFAC 11260/1 (REV. 6/76)

PART I – APPLICATION

1. NAVAL ACTIVITY	2. APPLICANT'S NAME	3. RANK, RATE OR CIVILIAN STATUS
4. DEPARTMENT, DIVISION AND/OR SHOP ASSIGNED TO		5. APPLICANT'S JOB TITLE
6. DESCRIPTION OF EQUIPMENT LICENSE REQUESTED		
(a) TYPE OF EQUIPMENT	(b) TYPE OF CONTROL	(c) TYPE OF ATTACHMENT
7. STATEMENT OF QUALIFYING EXPERIENCE		

8. DESCRIPTION OF EQUIPMENT APPLICANT IS CURRENTLY LICENSED TO OPERATE

9. SPONSOR'S STATEMENT OF APPLICANT'S READINESS AND/OR PREPARATORY TRAINING FOR TEST. (NOTE: The sponsor can be either a qualified instructor or licensed operator)

Signature _____
Sponsor

PART II – REQUEST FOR ADMINISTERING TESTS AND EXAMINATIONS AND ISSUING LICENSE

FROM: _____ Date _____

TO:

It is requested that the license for equipment described in item 6 above be issued to this applicant upon his/her successful completion of the required examinations and tests.

Signature _____ Title _____
Department, Division or Shop Supervisor

(OVER) Page 1 of 2

PART III – ACTION ON SUBJECT APPLICATION

FROM:

Date

TO:

- Arrangements will be made to proceed with examinations and tests as requested.
- No action will be taken on this application for the following reason:

Signature _____ Title _____

PART IV – LICENSE ACTION

FROM:

Date

TO:

- The subject license has been issued to the applicant as requested.
- The applicant has failed his/her physical examination:
- The applicant has failed to qualify for the subject license.

_____ number of days (*the established waiting period*) must elapse before a new application may be made for this license.

Signature _____ Title _____

PRIVACY ACT STATEMENT

This statement is provided in compliance with the provisions of the Privacy Act of 1974 (PL-93-579) (N00011 CO2) which require federal agencies must inform individuals who are requested to furnish information about themselves as to the following facts concerning the information requested.

1. **AUTHORITY:** 5 U.S.C. 301 Departmental Regulations
2. **PRINCIPAL PURPOSE (S):** To apply for a license to operate government-owned vehicles.
3. **ROUTINE USE (S):** To be used by agency officials to determine the employee's eligibility to operate government-owned vehicles. May be used by safety and security officials to verify individual's qualifying experience.
4. **MANDATORY OR VOLUNTARY DISCLOSURE:** The disclosure of information requested is voluntary. However, failure to complete the form will result in nonissuance of license.

WORKPLACE INSPECTION GUIDE

Code:

Bldg. :

Date:

SAT UNSAT

Yes No

1. HOUSEKEEPING:

A. Overhead storage secured on shelves?

Location/Rm:

Date corrected:

B. No tripping hazards exist?

Location/Rm:

Date corrected:

C. Are trash containers are over filled?

Location/Rm:

Date corrected:

2. ELECTRICAL:

A. Is electrical wiring permitted to run through doorways, walls, windows, ceilings?

Location/Rm:

Date corrected:

B. Only authorized extension cords – are electrical strips with circuit breaker and surge suppressor is used?

Location/Rm:

Date corrected:

Highlighted items on the checklist indicate deficiency-type issues identified during previous NAVOSH IG Inspections

WORKPLACE INSPECTION GUIDE

Code:

Bldg. :

Date:

SAT UNSAT

Yes No

C. Electrical receptacle covers - no evidence of damage.

Location/Rm:

Date corrected:

D. Are electrical cords not strained and in good condition (no exposed conductors)?

Location/Rm:

Date corrected:

E. Circuit breaker panel has a minimum three-foot (36 inch) clearance?

Location/Rm:

Date corrected:

F. Ground Fault Circuit Interrupter (GFCI) electrical receptacles are utilized at all sink locations?

Location/Rm:

Date corrected:

G. Electrical outlets are not wired for reverse polarity.

Location/Rm:

Date corrected:

H. Does any power cord insulation show signs of fraying?

Location/Rm:

Date corrected:

I. Are use of "handi-boxes" and extension cords are prohibited?

Location/Rm:

Date corrected:

J. Do circuit breaker panels have no unprotected spaces on the panel?

Location/Rm:

Date corrected: _____

WORKPLACE INSPECTION GUIDE

Code:

Bldg. :

Date:

SAT UNSAT

Yes No

K. Plugs on electrical equipment (provided with grounding pins) are they in place?

Location/Rm: _____

Date corrected: _____

L. Flexible electrical wiring (cords) are not permitted to run through doorways or through walls?

Location/Rm: _____

Date corrected: _____

8. HAZARD COMMUNICATION PROGRAM:

A. Are containers of hazardous chemicals are properly labeled?

Location/Rm:

Date corrected:

B. Is authorized use list available for hazardous materials/chemicals?

Location/Rm:

Date corrected:

C. Food designated refrigerators are not utilized for chemical storage (film, batteries, etc.)?

Location/Rm:

Date corrected: _____

4. FIRE PREVENTION:

A. No excessive storage, boxes, trash.

Location/Rm:

Date corrected:

B. Coffee pot located on a non-combustible surface.

Location/Rm:

Date corrected:

WORKPLACE INSPECTION GUIDE

Code:

Bldg. :

Date:

SAT UNSAT

Yes No

C. Fire extinguisher secured to wall.

Location/Rm:

Date corrected:

D. Overhead storage maintains the minimum 18" clearance of
sprinkler head.

Location/Rm:

Date corrected:

5. OFFICE-TYPE DEFICIENCIES:

A. File drawers are maintained in closed position (when not in use).

Location/Rm:

Date corrected: _____

B. Floors/carpeting free from tripping hazards, i.e., cords,
frayed carpeting, packages left in aisles, etc.

Location/Rm:

Date corrected:

C. File cabinets are not top heavy - store lower drawers with heavier items.

Location/Rm:

Date corrected:

D. File cabinets - not more than one drawer opened at one time
- tipping hazard?

Location/Rm:

Date corrected:

E. Overhead stored materials are not stacked and are not heavy in nature -
could injure someone if it fell.

Location/Rm:

Date corrected:

WORKPLACE INSPECTION GUIDE

Code:

Bldg. :

Date:

SAT UNSAT

Yes No

F. Coffee makers, space heaters or hot plates are maintained 18" from combustible material (wood, paper, plastics, etc.)

Location/Rm:

Date corrected:

G. Computer keyboard users utilize wrist rests.

Location/Rm:

Date corrected:

H. Computer monitors are positioned directly in front of user at eye level.

Location/Rm:

Date corrected:

I. Fire EXITs are illuminated?

Location/Rm:

Date corrected:

J. All aisles are maintained free of obstructions from tripping Hazards?

Location/Rm:

Date corrected:

K. Storage Room - maintain 18" clearance below sprinklers?

Location/Rm:

Date corrected:

L. Are material safety data sheets (MSDS) at work site for items, i.e. toner for copy machine, glass cleaner, etc.?

Location/Rm:

Date corrected:

M. General housekeeping maintained?

Location/Rm:

Date corrected:

WORKPLACE INSPECTION GUIDE

Code:

Bldg. :

Date:

SAT UNSAT

Yes No

N. Tall shelf cabinets shall be secured to wall (over 6').

Location/Rm:

Date corrected:

6. PERSONAL PROTECTIVE EQUIPMENT:

A. Appropriate eye protection signs are posted where required?

Location/Rm:

Date corrected:

B. Is proper eye protection provided where required?

Location/Rm:

Date corrected:

C. Are appropriate hearing protection signs posted where required?

Location/Rm:

Date corrected:

D. Provided foot protection is utilized by employees?

Location/Rm:

Date corrected:

7. EMERGENCY WASHING FACILITIES:

A. Eye/face wash station - flushed weekly and documented?

Location/Rm:

Date corrected:

B. Shower station - flushed weekly and documented?

Location/Rm:

Date corrected:

8. COMPRESSED AIR EQUIPMENT/COMPRESSED GAS:

A. Acetylene - Welding/Burning:

(1) Gages - annual inspection date posted?

Location/Rm:

Date corrected:

WORKPLACE INSPECTION GUIDE

Code:

Bldg. :
Date:

SAT UNSAT

Yes No

B. Oxygen Cylinders:

(1) Storage A No Smoking sign posted?

Location/Rm:

Date corrected:

(2) Store tanks upright?

Location/Rm:

Date corrected:

(3) Store away from fuel gases, oil, and highly combustible material?

Location/Rm:

Date corrected:

9. MACHINERY/MACHINERY GUARDING:

A. Are machines designed for a fixed location securely anchored to prevent walking or moving?

Location/Rm:

Date corrected: _____

B. Does the point of operation of machines (where possible injury could occur) provided with guards?

Location/Rm:

Date corrected:

C. Are belts and pulleys guarded?

Location/Rm:

Date corrected:

D. Fans less than seven feet from floor - does protective cover guard over blades have openings less than 1/2 "?

Location/Rm:

Date corrected:

WORKPLACE INSPECTION GUIDE

Code:

Bldg. :
Date:

SAT UNSAT

Yes No

E. Where injury to the operator might result after power failures, provision shall be made to prevent machinery from automatically restarting upon restoration of power?

Location/Rm:

Date corrected:

F. Abrasive Bench Grinders – are the grinding wheels free of embedded metal in the wheel?

Location/Rm: _____

Date corrected: _____

G. Radial Saws – do saws return to starting position after the operator releases the saw (worn return spring)?

Location/Rm: _____

Date corrected: _____

H. All weight handling equipment hooks are they uniquely identified?

Location/Rm:

Date corrected:

H. Forklift Operation - does operator verify a daily inspection Check on NAVFAC 9-11240/13 Operator’s Inspection Guide And Trouble Report – and maintain a file copy?

Location/Rm: _____

Date corrected: _____

10. FLAMMABLE/COMBUSTIBLE LIQUID STORAGE:

A. Are flammable, combustibles, and acids not stored together?

Location/Rm _____

Date corrected: _____

WORKPLACE INSPECTION GUIDE

Code:

Bldg. :

Date:

SAT UNSAT

Yes No

- B. No more than 120 gallons of Class I, II and III A liquids in a storage cabinet and of this 120 gallons, not more than 60 gallons are of Class I and II.**

Location/Rm:

Date corrected:

<u>Class I</u>	<u>Class II</u>	<u>Class III</u>
Gasoline	Acetic Acid	Phenol
Formic Acid	Mineral Spirits	JP-5
Ethyl Ether	Fuel Oil #4 or #5	Fuel Oil #6
Petroleum Ether	Ethyl Alcohol (10%)	Ethyl Alcohol (5%)

Max Container Size: One pint

Example of Max Container Size: One Gallon

Toluene	Turpentine
Hexane	Xylene
Methyl Ethyl Ketone	Butyl Alcohol

Example of Max Container Size: One Quart

Acetone

Location/Rm:

Date corrected:

- C. Are there no more than three flammable lockers next to each other except in an industrial environment? If more than three lockers are required, they need to be separated by 100 feet.**

- D. Do flammable storage cabinets have the metal bungs installed?**

Location/Rm:

Date corrected:

- E. Does every hazardous material in the work place, have a material safety data sheet in the workplace?**

Location/Rm:

Date corrected:

WORKPLACE INSPECTION GUIDE

Code:

Bldg. :

Date:

SAT UNSAT

Yes No

11. TOOLS:

A. Do powder actuated fastening tools have method of control, inspection records, and training records?

Location/Rm:

Date corrected:

B. Do abrasive blasting glove boxes have no leaks.

Location/Rm:

Date corrected:

12. NOISE HAZARDS:

A. Employees operating equipment labeled as "noise hazardous" wearing hearing protection?

Location/Rm:

Date corrected: _____

B. Are all personnel that work in designated "hazardous noise" environments entered into the Hearing Conservation Program and receive annual hearing tests?

Location/Rm:

Date corrected:

13. FALL PROTECTION:

A. Does any floor opening measuring twelve inches or more guarded by a standard railing and toeboards?

Location/Rm:

Date corrected:

B. Does any floor opening less than twelve inches but greater than one inch, covered by a floor hole cover?

Location/Rm:

Date corrected:

WORKPLACE INSPECTION GUIDE

Code:

Bldg. :

Date:

SAT UNSAT

Yes No

C. Are personnel protected from falling distances of six feet or greater from one surface to another by means of guardrail systems, safety net systems, or personal fall arrest systems?

Location/Rm:

Date corrected:

D. **Step Ladders – are ladders stable and foot grips in place and in good condition?**

Location/Rm: _____

Date corrected: _____

HAZARDOUS MATERIAL CONTROL & MANAGEMENT REQUISITION SCREENING FORM

PRODUCT NAME: _____ MANUFACTURER: _____

DEPT CODE: _____ FAX #: _____

REQUESTED QTY: _____ CONTAINER TYPE: _____ UNIT SIZE: _____ (e.g. oz, gl, etc.)

Part A - Department Process Upgrades/Changes Requiring New HM Product Purchase

1. Product User Info: Name _____ Sex _____
Job Title: _____
2. Number of Employees Exposed: Male _____ Female _____
3. Safe(r) Substitute: _____
4. Average Time Spent on Operation: _____
5. Amount Used Per Operation: _____
6. Frequency & Application Method: _____
7. Type of PPE required to be used: _____
8. Location of Product Use: Bldg# _____, Room# _____, Type of Ventilation _____

Part B - HM Purchase Awareness/Verification

1. MSDS# _____ Quantity Left On Hand _____
2. This Request: For Replenishment of Stock Requires Increase to DAUL One Time Use Only New Item
Product Storage Location : Bldg No: _____, Room No: _____, Amt. Authorized: _____
4. DAUL Product Replacement: MSDS# _____ replaces MSDS#: _____ (both on Dept. DAUL)
5. Justification: _____

EA EAL ADDITION: HMC&M Initial _____ COMMONLY USED PRODUCT: HMC&M Initial _____
(HMC&M Coordinator completes this section only, authorization is specific to item annotated with HMC&M Initials)

CERTIFICATION APPLIES TO PARTS A & B ABOVE

I certify that I am the knowledgeable person designated as the Department HM Program Manager. The items requested above have approved HM Storage, proper personnel protective equipment available, employees have received information on the specific hazards related to the requested HM and information of the protective measures in case of spills/incidents to ensure the safe and proper use, storage and disposal of the item being requested.

(Signature)

(Date)

(Print Name)

(Phone)

This Section to be completed by Command HMC&M Coordinator or designee.

ASSIGNED HM CODE: _____

HMC&M Comments / Special Instructions: _____

Approved

Disapproved:

Signed: _____

Date: _____

COMMAND HAZARDOUS MATERIAL CONTROL & MANAGEMENT (HMC&M)
PROGRAM EXEMPTIONS

Program exemptions consist of items listed below, which under specific criteria do not require them to be regulated under the Command HMC&M Program requirements; e.g. inventory, HM screening for purchase, MSDS identifier assignment, etc.

PRINTER TONER CARTRIDGES -

EXEMPTION CRITERIA: Attachment 1, Item 1.

DISPOSAL REQUIREMENT: Attachment 2, Item 1, apply.

HAZARDS: None expected by consumers when used for the purpose intended.

However, if excessive exposure occurs thru inhalation, ingestion, skin or eye contact, attachment 3 applies.

PRINTER INK CARTRIDGES/REFILLS -

EXEMPTION CRITERIA: Attachment 1, Item 1.

DISPOSAL REQUIREMENT: Attachment 2, Item 2, apply.

HAZARDS: None expected by consumers when used for the purpose intended.

However, if excessive exposure occurs thru inhalation, ingestion, skin or eye contact, attachment 3 applies.

FAX TONER CARTRIDGES -

EXEMPTION CRITERIA: Attachment 1, Item 1.

DISPOSAL REQUIREMENT: Attachment 2, Item 2, apply. 7

HAZARDS: None expected by consumers when used for the purpose intended. However, if excessive exposure occurs thru inhalation, ingestion, skin or eye contact, attachment 3 applies.

COPY MACHINE TONER -

EXEMPTION CRITERIA: Attachment 1, Item 1.

DISPOSAL REQUIREMENT: Attachment 2, Item 4, apply

HAZARDS: None expected by consumers when used for the purpose intended. However, if excessive exposure occurs thru inhalation, ingestion, skin or eye contact, attachment 3 applies.

BATTERIES -

EXEMPTION CRITERIA: Attachment 1, Item 2.

DISPOSAL REQUIREMENT: Attachment 2, Item 3, apply.

HAZARDS: None expected by consumers when used for the purpose intended.

However, if excessive exposure occurs thru inhalation, ingestion, skin or eye contact, attachment 3 applies.

HOUSEHOLD CLEANERS -

EXEMPTION CRITERIA: Attachment 1, Item 4.

DISPOSAL REQUIREMENT: Attachment 2, Item 2, apply.

HAZARDS: Read Manufacturer's label prior to use.

HAND CLEANER -

EXEMPTION CRITERIA: Attachment 1, Item 3.

DISPOSAL REQUIREMENT: Attachment 2, Item 2, apply.

HAZARDS: None expected by consumers when used or the purpose intended.

However, if excessive exposure occurs thru inhalation, ingestion, skin or eye contact, attachment 3 applies.

OFFICE SUPPLIES -

(e.g. white out, glue sticks, ink pad **ink**, etc.)

EXEMPTION CRITERIA: Attachment 1, Item 1.

DISPOSAL REQUIREMENT: Attachment 2, Item 2, apply

HAZARDS: None expected by consumers when used for the purpose intended.

However, If excessive exposure occurs thru inhalation, ingestion, skin or eye contact, attachment 3 applies.

**SPECIFIC CRITERIA FOR WHICH A HAZARDOUS MATERIAL (HM)
EXEMPTION WOULD APPLY**

Item #1 - An exemption would apply when as an Office Product Only. Quantities on hand are limited to the product being used and two additional stored for stock. Rotation of stock is required, using the oldest product first.

Item #2 - An exemption would apply for Alkaline Batteries any size and Maintenance Free Rechargeable batteries (lithium, nickel cadmium, lead acid); e.g. batteries used in radios, cell phones, exit signs, personal computers, etc. This exemption does not include Automotive Batteries, large UPS System Batteries, or Mercury Batteries.

Batteries are not authorized for storage in refrigerators. Batteries will react with water and/or condensation of moisture generated in refrigeration systems. Stock rotation is required, using the oldest product first.

Item #3 - An exemption would apply for hand soaps and industrial hand cleaners, when used for the purpose intended. Manufactures labels for industrial hand cleaners must be visible and legible to all users until container is emptied. Label information must be read and understood by each user prior to use. Regular Bath Bar Soap does not require manufacturer labeling. Limited Quantities should be based on the amount used in a six month period. Stock a six month supply or less in washroom areas only; e.g under bathroom sink, kitchen sink, laundry sink, etc.

Item #4 - An exemption would apply for furniture polish, general purpose cleaner, window cleaner, abrasive cleanser, dish soap and air fresheners, sold in department stores and supermarkets/grocer stores when stored in limited quantities. Quantity limits are based on one in use container and two additional stored as stock. Offices that may employ more than one person are not authorized an open container for each employee, the office as a whole will be limited to one in use container and two stored for stock.

ATTACHMENT (1)

**DISPOSAL INSTRUCTIONS FOR ITEMS QUAAHED FOR HAZARDOUS
MATERIAL (HM) EXEMPTION**

Item #1 - Printer toner cartridge are sent with a Manufacturer's self addressed UPS shipping label or postal label. Simply take Out the label when replacing cartridge. Package the used cartridge, being replaced, in the box that new cartridge came in. Seal box with packing tape and affix the manufacturer's UFS/ Postal label on the outside. UPS may pick up the UPS labeled boxes, ii asked, during their next scheduled delivery to your area. The post office labeled boxes may need to be hand carried to the post office. Guard mailing these boxes to our local post office may or may nor be allowed.

Item #2 - Dispose of all "empty" containers in regular trash.

Item #3 - "ALL" batteries are regulated, by the State of California, for disposal when used for business, industry, etc. Based on the stringent laws set forth by the State of California we are obligated to comply with the laws set forth. In order to meet the requirements of that law, all used batteries must be collected and turned into the Command Environmental Department - Code N3OETH~V. Notify Al Heinetz for more information at (831) 656-2~.

Item #4 - Copy machines are contracted to a private industry. The representative servicing the Copv machines at NPS must dispose of their empty containers. Ensure the service representative picks up the empty containers, which previously held toner, whenever they are available in your area; e.g. during routine maintenance, when called to service, etc.

ATTACHMENT (2)

HAZARDS UNIQUE TO OFFICE PRODUCTS

Toner Cartridges (including fax) – Toner is a finely divided solid. Do not breathe the dust. Remove to fresh air if any effects occur. Eyes may become irritated upon contact. Flush eyes with plenty of water (15 min. normally) and seek medical treatment. Wash skin with soap and water. No special controls required for storage or use under normal conditions. Clean up with a vacuum cleaner.

“White Out”, Correction Fluid – White or colored fluid with a pungent solvent odor. The product is non-hazardous when used as directed in an office/room with normal air circulation. There is not any anticipated health effects under normal use conditions. However, irritation to the skin during prolonged contact, but not likely to happen in short term contact. Wash with soap and water. Eye contact requires flushing with plenty of water. If irritation persists obtain medical attention. If ingested; consult a physician.

Furniture Polish – Opaque, viscous liquid or spray, pleasantly scented. May cause eye irritation. Flush with water and call physician if irritation persists. May cause skin irritation upon prolonged contact. HARMFUL OR FATAL IF SWALLOWED; ASPRIATION OF LIQUID MAY CAUSE CHEMICAL PNEUMONITIS. Store in a dry cool area. Keep from freezing. KEEP OUT OF REACH OF CHILDREN. Read entire label before using.

Ink Pad Inks – Water-soluble material to be cleaned at once. Will cause staining in very high concentration. Wash with soap and water. Drink several glasses of water if ingested.

White Board Cleaner – Cloudy aqueous solution with a slight sweet aroma. Soluble in water; keep product out of sewer, watershed, and water system. Use chemical absorbent for large spills. Can cause moderate to severe irritation to the eyes. Flush eyes with water for at least 15 minutes; get medical attention. Amounts ingested incidental to normal use is not likely to cause injury, however, large amounts ingested may cause injury up to death in extreme cases. Do not induce vomiting. Get medical attention immediately. Inhalation of large amounts of concentrated vapor may irritate the nose and throat. Remove person to fresh air. Wash skin with soap and water while removing contaminated clothing (large spill onto a person).

Batteries – (Other than Mercury batteries) Normally batteries are non-hazardous to the user, except when they leak. In general, if contact is made with the skin, wash thoroughly. Eye contact: flush eyes with water for at least 15 minutes and see a physician. Clean up of LITHIUM battery spill should be neutralized with a solution of soda ash (phone HAZMAT or the Fire Department for help). For battery leaks, use neoprene, rubber, latex-nitride gloves. In the event of an accident or during of batteries. Exit the area and notify the Fire Department immediately.

Glass cleaner – There are many differences between various brand name formulas. Some have ammonia; others are blue, green, etc. They may have a perfumed smell, or hospital smell. Used under normal conditions, no adverse effects are expected. OVEREXPOSURE may cause nausea if ingested. Contact the hospital, poison control center, or the Fire Department for directions concerning EMERGENCY AND FIRST AID PROCEDURES ABOUT INGESTION.

INDIVIDUAL SAFETY RECOGNITION AWARD NOMINATION

MEMORANDUM

From: _____
(Nominating department head)

To: Occupational Safety and Health Office (Code 223)
(Nomination may be made by supervisor or department head)

Subj: NOMINATION FOR INDIVIDUAL SAFETY RECOGNITION AWARD (Individual Employee)

Ref: (a) OPNAVINST 5100.23E

1. The following employee is nominated and considered eligible to receive the Individual Safety Recognition Award:

Full Name: _____

Position Title: _____

Length of Service at NPS: _____

2. The following eligibility criteria is submitted for consideration:

a. Significant on-the-job accident prevention initiative, i.e., identified an unsafe work practice and or suggested/ implemented an improvement or corrective action that contributed to a safer work environment. Provide a statement to justify nomination (state contribution):

b. Continuous commitment to safety, i.e., demonstrates continuous concern for safety in all aspects of his/her job performance and for fellow employees, i.e., (conduct monthly safety training, assigned safety coordinator, etc.). Provide a statement to justify nomination:

c. Has not experienced an on-the-job injury within CY__:
YES _____ **NO** _____

Department Head

MATERIALS HANDLING EQUIPMENT
OPERATOR'S SAFETY AWARD AND/OR CONSTRUCTION EQUIPMENT OPERATOR'S
SAFETY AWARD NOMINATION
(Nomination will be made by the supervisor)

MEMORANDUM

From: _____
(Nominating department head)

To: Occupational Safety and Health Office (Code 223)

Subj: NOMINATION(S) FOR DEPARTMENT OF THE NAVY MATERIALS
HANDLING/CONSTRUCTION EQUIPMENT OPERATOR'S SAFETY AWARD

Ref: (a) OPNAVINST 5100.23E

1. Per reference (a), the following individual(s) is/are nominated and considered eligible to receive the Department of the Navy Materials Handling Equipment Operator's Safety Award:

Full Name and Position Title: _____
Type of Equipment Operated: _____
Length of Service at NPS: _____
Length of time without a vehicle operator's accident (months): _____

2. Per reference (a), the following individual(s) is/are nominated and considered eligible to receive the Department of the Navy Construction Equipment Operator's Safety Award:

Full Name and Position Title: _____
Type of Equipment Operated: _____
Length of Service at NPS: _____
Length of time without a vehicle operator's accident (months): _____

3. The following eligibility criteria is submitted for consideration (i.e., fork trucks, cranes, elevating platform trucks, bulldozers, road rollers, graders, and power shovels):

a. Driver has not experienced an accident or any other record violation during CY__:
YES _____ NO _____

b. Driver's daily assignment include driving of Navy-owned materials handling equipment and/or construction equipment:
YES _____ NO _____

Department Head