



OREGON MILITARY DEPARTMENT
JOINT FORCE HEADQUARTERS, OREGON NATIONAL GUARD
1776 MILITIA WAY
P.O. BOX 14350
SALEM, OREGON 97309-5047

AGP

13 March 2009

MEMORANDUM FOR RECORD

Subject: Safety Meeting for February, 2009

The Oregon Military Department Safety Committee met on 10 February 2009, at the Military Department in the TAG Conference Room. The meeting convened at 1:30 PM. The status of the Member attendance was as follows:

Frank Wallace	SMW	Chairman	Present
Timothy Gilbert	AGI	Member	Absent
Robin Webb	AGP	Safety Manager/Recorder	Present
Bryce Dohrman	AGC	Risk Manager	Absent
Bruce Vollstedt	AGI	Member	Present (Tele)
Jeff Beck	AGI	Member	Present
Terry Larson	SMW	Member	Present
Terri Kroeker	DS-Air	Member	Absent
Mike Wiley	Region 4	Member	Absent
John Unger	Region 5	Member	Absent
Owen Pence	Region 6	Member	Absent
Jack Cassity	Region 7	Member	Present (Tele)
Dan Hinkley	Region 8	Member	Present (Tele)
Mike Wilson	AGI	Member	Absent
Terry Sevey	RTI	Member	Present
Randy Luketmeyer	AGI	Member	Present
Cherie Zastoupil	OEM	Member	Present

1. Review of Minutes: The first order of business was to review the Safety Meeting minutes from the December, 2008 meeting. Minutes were approved as written, Terry Sevey motioned, Bruce Vollstedt second. Region member absenteeism once again was due to phone related issues, not the members. Welcome Jeff Beck in AGI who is replacing Kingsley Chang.

2. Review January Informal Meeting Minutes & Safety Matrix: Frank indicated there are 14 policies in the matrix that were reviewed to see if we are in compliance and who is responsible. In the meantime Robin went through and made attempts to get templates for each so there is a good idea of what our policy actually is. Robin indicated she has completed the Bloodborne Pathogen and Confined Space and is still working on the Asbestos one. There is a current AGI policy dated 1982, that one will need to be re-typed. Frank requested everyone review the list, see if there is anything that we have a policy on that he's not aware of, and to let him or Robin know so we don't have to

recreate the wheel. Robin is also going to add the occupational noise exposure into the PPE policy. Bruce asked if Robin had a training matrix for all employees training. She indicated she built one by pulling each of the 600 RDC personnel files and going through the safety training certificates. If there was no certification in the file, she will not have that record. Bruce indicated he will send a boiler plate database for tracking. Frank indicated in the informal minutes from January, all employees should be sending any information on training received forward, have not seen that yet. Bruce indicated employees generally give that information to their supervisor and that supervisor sends it to Personnel. Frank indicated that works well with Bruce, Jeff is still learning and Region 2 is an animal all its own. Suggested Tim get with Pat to make sure that gets accomplished.

3. Review of Quarterly Inspections: The first Inspection reviewed was the one from the Salem Auditorium which was completed in October 2008. Robin indicated she spoke with Doug and he thought most everything was done. She questioned the handles on the bathroom stall doors that are not attached yet. Bruce asked if that was a safety issue, Robin indicated it could be if someone pushed on the door and it smacked you in the knees. Doug has requested three MSDS Binders, 2 for the auditorium and one for the armory. He did receive those but is working on obtaining two baskets. Both platforms were checked on weight limits so Doug is waiting for the stencil for the load limits. Kick plate has been put in, still working on the railing.

RTI, It was noticed there were several N/A's marked. Robin indicated we have the option of re-working the Quarterly Inspection sheet so if someone has a better form, please brings it to the committee. Robin indicated her, Tim and Frank talked about re-looking at this form so if someone has other examples or suggestions, we are open.

Baker City & LaGrande, Jack indicated he did not have any concerns on his inspections. He stated he is still working on a permanent solution for the fire extinguisher issue and the sensor for the water sprinkler is on order.

4. Review of Accident/Illness Report for December & January: Robin indicted there were four. The first one was a public event, which happened at the Salem Auditorium. She indicted she felt the committee should at least be aware. An attendee got his leg caught between the bleachers and apparently, this gentleman also had some medical issues and probably should not have been seated on the bleachers. Need to take those types of things into consideration. The next one was an OEM slip and fall in the parking lot. Robin indicated there were 3 slip and falls in the parking lot at the ARFC. Two were ice related and one was rain.

5. Review of Workers Comp Statistics for 2008: Ended 2008 with 47 workers comp claims and 15 near misses for a total of 62 injuries. We only had 35 SAIF claims in all of 2007. Robin stated she feels part of it may be due to the education training she and Theresa did in October, making people more aware of what their responsibilities are or not sure if we are just not working smarter.

Bruce asked about RCR numbers (recordable case rate). Jeff indicated those numbers would come from OSHA. Robin indicated our SIC code is 9711 therefore we are lumped into the National Guard. Bruce asked why we share the same one with the Military as most of our people are out digging holes and painting walls. Robin stated there are more federal employees than state so we would not be comparing apples to apples. Robin indicated she will look into it.

6. Hazard/Non Hazard Log Review: Robin reported no new issues have been added to either log.

7. Review Executive Safety Committee Minutes for December: Robin indicated this was just an update on what the committee is working on and where it's at. Robin stated the Asbestos update at the Salem Auditorium has been taken care of. Number 3, Eye Wash Stations, she is still working on that issue. Marc Snook is still working on the Safety and Management training that will be done this spring. Nothing new in the Federal Safety minutes. Safety Information number 6, Caldwell made it very clear to MAJ Decker and Robin that all new policies or TAG memo's need to merge with state and federal side when appropriate. Number 7, ladder information, we got a safety device from Safety T Climb which she brought to the meeting; the cost is about \$250 on price agreement. She has brochures and a DVD if anyone is interested. Bruce indicated they were able to make their own for less than \$75. Robin reminded them that the one they made is permanent and in one location which means they will always have to access the roof in the same place. If you have to move the ladder to different locations, then the Safety T Climb would probably be more beneficial. Number 8, injuries we already covered.

8. OSHA CD: Robin asked if everyone had the new December 2008 OSHA CD. She passed out 5 of them and indicated that employees can get them on line through OSHA.

9. New Business: Bruce stated we need to identify which safety training we need to perform each year for all of our employees. Robin indicated this is something that will be worked out with the training Marc Snook is putting together. Frank suggested the Safety Committee would be a good group to recommend to AGI as to what would be the most valuable OSHA training to take. Bruce reminded the group that we can do Train the Trainer. Robin indicated that is a good idea, we just need to gather a list of who is trained and on what so we have that information.

Robin reminded everyone that they should have received their OSHA 300 logs and should have them posted. Frank indicated he was going to try and schedule an LLMC after the safety committee next month.

10. Next Meeting: The next meeting is scheduled for Tuesday, March 10, 2009.

/s/
Robin Webb
Safety Manager & Recorder

AGENDA

JFHQ & Readiness Centers, Region 2 thru 8

Safety Committee Meeting

Location: Conference Room 200

Date: Tuesday, February 10, 2009

Time: 1:30 PM

1. Review and approve December meeting minutes – All
2. Review January informal meeting minutes & OSHA Consultant Update – Frank & Robin
3. Review of Quarterly Inspections - Robin
4. Review of Accident/Incident Reports for December & January – Robin
5. Review of Workers Comp statistics for 2008 - Robin
6. Hazard Log Review/Non Hazard Log – Robin
7. Review Executive Safety Committee Minutes for December – All
8. OSHA CD's
9. New Business

**OREGON MILITARY DEPARTMENT
READINESS CENTERS
SAFETY COMMITTEE**

22JANUARY2009

1. COMMITTEE ATTENDANCE: Tim Gilbert
Robin Webb
Frank W. Wallace
2. No formal meeting was held.
3. Discussion was held on the issue of the Safety Policy Matrix.
There are 14 policies in the Matrix. Our discussion consisted of the policy being in compliance or not and if the policy was applicable to the agency and who was responsible for the maintaining the policy. Some of the policies have good language and are current, while others only require a one page document and others require an extensive effort to be in compliance.
4. As the policies are completed Tim, Robin and Frank are to review and do corrections. After all the required policies are completed they will be reviewed for accuracy and compliance.
5. The next part of the Safety Matrix is to prove what training was conducted and who was trained. Training certificates and attendance rosters need to be sent to the Safety Office as training occurs. A suggestion was to have all employees forward the past two years of documentation to the safety to establish a base record of data for the agency. It is important for employees to be properly trained to work safely and comply with OR-OSHA regulations.
6. This Safety Committee's goal is to maintain current policies and accurate employee training records.

Respectfully Submitted
Frank W. Wallace

Safety Matrix
Oregon Military Dept.
 2/1/09

OSHA Requires Written Plan for The Following Programs	Plan to Include	Compliance YES	Compliance NO	Responsibility
Emergency Action Plan (437-002-0042)	<ul style="list-style-type: none"> • Emergency-escape procedures and escape-route assignments. • Procedures for employees who must oversee critical plant operations before evacuating • Procedures to account for all employees after an evacuation • Employee rescue and medical duties • Procedures to report fires and other emergencies • Names of persons to contact for information about employees' duties under the plan 	X		SAFETY MANAGER & AGI
Fire Prevention Plan (437-002-0043)	<ul style="list-style-type: none"> • Portable Fire Extinguishers 1910.157(a) • Ethylene Oxide 1910.1047(h)(1) • Methylenedianiline 1910.1050 (d)(1)(iii) • 1-3 Butadiene 1910.1051(j) • Methylenedianiline 1926.60(e)(1)(iii) 	X		SAFETY MANAGER & AGI

	<ul style="list-style-type: none"> • How workers are trained to enter & work in permit spaces • How workers respond to emergencies • Duties & responsibilities of entry supervisors, attendants & entrants • Procedure for responding to emergencies 			
Personal Protective Equipment (1910, 1321) (eye, face, head, foot & head protection – does not apply to respirators)	<ul style="list-style-type: none"> • Employee training – names of those trained, training dates & training topic • Assess facility and document location, person who did assessment & date 	X		AGI
Respiratory Protection (1910.134)	<ul style="list-style-type: none"> • Selecting respirators • Training employees in respirator hazards and use of respirators • Fit-testing tight –fitting respirators • Using respirators in emergencies • Maintaining respirators • Ensuring air quality in atmosphere-supplying respirators • Evaluating the programs effectiveness • Medical evaluations for employees required to use respirators • Physician or licensed health-care professional must perform medical evaluations 		X	AGI – DESIGNATED LOCATIONS (AGP RECEIVE RESULTS)

	<ul style="list-style-type: none"> • Medical surveillance • Hazard control • Air & personnel monitoring information for employees and contractors • Hazardous-materials handling • Decontamination practices • Emergency response plan • Illumination requirements • Sanitation requirements • New-technology evaluations • A site evaluation 				
Hydrogen (1910.103)	<ul style="list-style-type: none"> • Written operating instructions 	X			Don't have anything that would pertain.
Welding cutting & Brazing	<ul style="list-style-type: none"> • Inspect area • Establish safety precautions, preferably in form of written permit 	X			Don't have anything that would pertain
Asbestos Plan				X	AGI & Safety Manager

Quarterly Inspection
Salem Auditorium
10/14/08
Feb.2009 update

This quarterly inspection was done in lieu of the HQ Safety Committee meeting for October 2008. The following safety committee members participated in the inspection process:

Tim Gilbert
Mike Wilson
Frank Wallace
Terry Sevey
Terri Kroeker
Robin Webb
Kingsley Cheng

The safety committee members were accompanied by Gary Stewart, Custodial Services Coordinator and Doug McClellan, Facility Maintenance Specialist.

Here are the findings of the committee:

Electrical Room:

1. Housekeeping issues. Items placed in front of and around boilers and asbestos jacket need to be protected from damage. No items are to be stored around boilers. W.O.#410414774 **Completed**
2. Ladders leaning against door way to the outside need to be placed against a wall and secured. W.O.#410416162 **Completed**
3. Lack of backflow device on sink. **Completed**
4. Flammable liquids need to be stored in flammable storage cabinets. Not on the shelf containing other chemicals. W.O.#410414953 Awaiting approval of W.O. to Purchase
5. Light over sink needs to have protective cover. (Already shatterproof lamp) **Completed Dave P.**
6. Proper labeling of Electrical box Ongoing
7. MSDS Book not up to date, need to correct and put in proper binder Received books awaiting holders . **Completed**

North Wall outside Mens' Bathroom (Outside of Office) and through out facility

1. Several Receptacles incorrectly labeled with 30 AMP (**completed Dave P.**)

Vendor Area (North side)

1. Electrical cords being used as permanent wiring (**Completed Gary S.**)
2. CO2 tanks not secured to wall (**Completed**)

Vendor Area (West side)

1. CO2 tanks not secured to wall (**Completed**)
2. Sink leaking water on floor **Completed**

Ladies Restroom (West side)

1. Receptacle in between sinks is loose (**Completed**Dave P.)

Kitchen Area:

1. Open ground on Receptacle in foyer area of kitchen (west wall) Dave P. & Doug to pull in Grounding conductor . **Completed**
2. Heater in foyer area needs to have guard attached to blade area (**Completed**)
3. Need a GFCI Receptacle near sink area **Completed** Dave P.

Ice Machine Area:

1. Lack of backflow device on sink **Completed**
2. Light fixture loose over sink area **Completed** Dave P.
3. Need ground on floor buffer or tagged out of service Tagged **Completed**

Stage Area:

1. Weight load signs needed in both loft areas to the right and left of the stage Contacted LTC Safe. Scheduling time to meet and complete this. DHM
2. Kick plate on bars and safety chain around door area on loft area on west side Obtaining materials
3. Broken Exit light on North side of stage **Completed**
4. Cable or railing instead under loft on North side (instead of caution tape)Awaiting w.o. approval
5. Data and communications panel at back of stage area on North side needs cover attached. **Completed**

Dressing Rooms on Stage:

1. Both restrooms, ladies and men's, both need light fixtures between the mirrors removed. **Completed** Dave P.
2. Both restrooms need lockers secured to wall or floor to prevent tipping hazard Secured **Completed** DHM

Stage area:

1. Develop standard operating procedures for moving overhead curtains above bleachers to limit employee exposure to working from an elevated position. Ongoing Doug & Gary

There were several other issues that were recommended fixes but not part of the safety inspection. Those were:

1. Tighten toilet seats in all bathrooms **Completed**
2. Repair sanitary napkin holder in ladies bathroom on North wall On Order
3. Attach hardware to all bathroom stall doors so they shut Locating hardware
4. Repair broken sink in ladies bathroom on North wall **Completed**
5. Repair broken urinal in men's bathroom on North wall **Completed**
6. Replace burnt out aisle lights in rows G & I in Auditorium area **Completed**
7. Put sanitary napkin boxes in ladies dressing rooms so not flushed down toilet on order
8. Have inmates check all chairs in Auditorium area to assure they are tightened to floor or not broken. **Completed**

The inspection moved outside, no safety hazards were noted. The inspection concluded at 3:20 PM.

Webb Robin M

From: Mcclellan, Doug CIV NG ORARNG [doug.mcclellan@us.army.mil]
Sent: Monday, February 09, 2009 10:58 AM
To: Webb Robin M
Subject: RE: Inspection of Salem Auditorium (UNCLASSIFIED)

Classification: UNCLASSIFIED
Caveats: NONE

Just teasin, I have everything on the list completed except the toe kicks on the two stage platforms, and the cabling around the platforms, which if I remember correctly the cabling was not a safety, but rental issue. I still need to get the load ratings stenciled on the platforms. I received engineering specs fro Col. Ken Safe and am in process of having stencils made @ the Salem FMS. Please let me know if you have any futher questions, Thanks, Doug

Doug McClellan
Rental Manager
Facilities Maintenance Specialist
Salem/Woodburn Armories
doug.mcclellan@us.army.mil
Cell 503-949-6580

-----Original Message-----

From: Webb Robin M [mailto:Robin.M.Webb@mil.state.or.us]
Sent: Monday, February 09, 2009 9:56 AM
To: Mcclellan, Doug CIV NG ORARNG
Cc: Gilbert, Timothy L. SMSgt MIL CIV NG ORARNG
Subject: Inspection of Salem Auditorium

Doug, were are we on the Inspection List for the Salem Auditorium? I need to do an update for the Safety Meeting tomorrow.

Classification: UNCLASSIFIED
Caveats: NONE

**Oregon Military Department
Quarterly Workplace Safety Inspection**

Location: RTI

Date: 5-Jan-09

Prepared by: DENNIS FARLEY

YES NO N/A

HOUSKEEPING

- 1) Is proper housekeeping maintained? (No trip, slip, or fire hazards)?

PERSONAL PROTECTIVE EQUIPMENT

- 2) Is PPE being used?
 3) Is all required PPE functional and in good repair?
 4) Is PPE being stored properly when not in use?
 5) Is a fall arrest system in place and being used?

LOCKOUT/TAGOUT

- 6) Are correct lockout/tagout procedures in use?
 7) Are suspended loads on potential energy (such as compressed springs, hydraulics, or jacks) controlled to prevent hazards?

ELECTRICAL SYSTEMS

- 8) Is there a 36-inch clearance and 30-inch width maintained in front of electrical panels and are panel doors closed?
 9) Are disconnecting switches and circuit breakers clearly labeled to indicate their use or equipment served?
 10) Are circuit breakers accessible to personnel, protected from physical damage and located away from ignitable material?
 11) Are portable electrical tools and equipment and fixed electrical equipment grounded or of the double insulated type?
 12) Do extension cords being used have a grounding conductor and are they free of splices or electrical tape? Are they being used in lieu of permanent wiring?
 13) Are junction boxes, MCC Cabinets and Breaker Panels closed with no open breaker knockouts?
 14) Are GFCI outlets installed where needed?
 15) Are there broken receptacles and/or face plates?
 16) Are surge suppressors "daisy chained"?

EXITS

- 17) Are exits kept free of obstructions?
 18) Are doors, passageways that are neither exits or access to exits and which could be mistaken for exits appropriately marked "NOT AN EXIT," "STOREROOM," etc?
 19) Are emergency lights working and tested?

AISLES/WALKWAYS/WORKING SURFACES

- 20) Are aisle widths maintained at a minimum of 22-inches and emergency exit routes widths maintained at 28-inches and kept clear?
 21) Are fire aisles, access to stairways, and fire equipment kept clear?
 22) Are floor openings, floor holes, and pits covered or otherwise guarded?
 23) Are standard railings provided wherever aisle, walkways, open side of exposed stairs or raised workstations are elevated more than 48-inches above the ground or any adjacent floor?
 24) No items stacked on cabinet tops within 24" of ceiling?

CONFINED SPACE

- 25) Have all confined spaces been clearly labeled?

YES NO N/A

MACHINE GUARDING

- 26) Is machinery provided with appropriate safety guards?
 27) Are grinders, saws, and similar equipment provided with appropriate safety guards (tongue guards and work rests adjusted properly?)

CHEMICALS

- 28) Are there Material Safety Data Sheets (MSDS) readily available for each hazardous substance used in this department?
 29) Is there a list of hazardous substances used in this department?
 30) Are operating procedures readily available to employees who work in or maintain a chemical process?
 31) Are hazardous chemical containers appropriately labeled, including Secondary Containers?

FIRE PROTECTION AND PREVENTION

- 32) Are portable fire extinguishers provided in adequate number and type (mounted and locations marked every 75 feet or within 50 feet of a known fire source)? Are there signs "Fire Extinguisher"?
 33) Are fire extinguishers easily accessible (nothing left or stored in front of them)?
 34) Are all fire extinguishers inspected and maintained regularly?
 35) Are storage cabinets used to hold flammable liquids labeled "Flammable"?
 36) Do cabinet doors automatically close?
 37) Are flammable liquids properly stored?
 38) Are covered metal waste cans used for oily rags and paint-soaked waste?
 39) Are electrical equipment parts, which normally produce arcs, sparks, or flames enclosed and separated from all combustible materials?

WELDING/COMPRESSED GAS STORAGE

- 40) Are only trained and authorized personnel permitted to use welding, cutting or brazing equipment?
 41) Are cylinders clearly marked to identify what they contained?
 42) Are cylinders secured while in use?
 43) Are gages turned off when not in use?
 44) Are cylinders chained while being stored?
 45) Are cylinders stored with cover caps and with a one hour burn barrier or 20 feet from any heat source or flammable hazard?
 46) Are valve handles open to drain lines?

SUPERVISOR'S CHECKLISTS

- 47) Employee Orientation Checklist
 48) New Job Orientation/Review Checklist
 49) Ladder Inspection Checklist
 50) Fall Protection Systems & Hazards Checklist
 51) Forklift Competency Evaluation Checklist

Please complete Workplace Inspection Report on reverse.

Location: _____ Date: 5-Jan-09 _____ Prepared by: _____

Observation				Action and Follow-up					
#	Item, Location, and Hazard(s)	Recommended Action	Priority			Responsible Person	Action Taken	Estimated Completion	Done? 
			A	B	C				
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>

Copies to: Supervisor Safety Committee Unit Other: _____

**Oregon Military Department
Quarterly Workplace Safety Inspection**

Location: Baker City

Date: 1-8-09

Prepared by: Jack Cassity FMS

YES NO N/A

HOUSKEEPING

- 1) Is proper housekeeping maintained? (No trip, slip, or fire hazards)?

PERSONAL PROTECTIVE EQUIPMENT

- 2) Is PPE being used?
 3) Is all required PPE functional and in good repair?
 4) Is PPE being stored properly when not in use?
 5) Is a fall arrest system in place and being used?

LOCKOUT/TAGOUT

- 6) Are correct lockout/tagout procedures in use?
 7) Are suspended loads on potential energy (such as compressed springs, hydraulics, or jacks) controlled to prevent hazards?

ELECTRICAL SYSTEMS

- 8) Is there a 36-inch clearance and 30-inch width maintained in front of electrical panels and are panel doors closed?
 9) Are disconnecting switches and circuit breakers clearly labeled to indicate their use or equipment served?
 10) Are circuit breakers accessible to personnel, protected from physical damage and located away from ignitable material?
 11) Are portable electrical tools and equipment and fixed electrical equipment grounded or of the double insulated type?
 12) Do extension cords being used have a grounding conductor. Are they free of splices or electrical tape? Are they being used in lieu of permanent wiring?
 13) Are junction boxes, MCC Cabinets and Breaker Panels closed with no open breaker knockouts?
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 16) Are surge suppressors "daisy chained"?

EXITS

- 17) Are exits kept free of obstructions?
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 51) Forklift Competency Evaluation Checklist

Please complete Workplace Inspection Report on reverse.

Location: Baker City Readiness Ctr

Date: 8-Jan-09

Prepared by: Jack Cassidy FMS

Observation				Action and Follow-up					
#	Item, Location, and Hazard(s)	Recommended Action	Priority			Responsible Person	Action Taken	Estimated Completion	Done? <input type="checkbox"/>
			A	B	C				
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>
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			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>

Copies to: Supervisor Safety Committee Unit Other:

Frank W. Wallace

**Oregon Military Department
Quarterly Workplace Safety Inspection**

Location: La Grande FMS

Date: 1-7-09

Prepared by: Jack Cassity FMS

YES NO N/A

HOUSKEEPING

- 1) Is proper housekeeping maintained? (No trip, slip, or fire hazards)?

PERSONAL PROTECTIVE EQUIPMENT

- 2) Is PPE being used?
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 21) Are fire aisles, access to stairways, and fire equipment kept clear?
 22) Are floor openings, floor holes, and pits covered or otherwise guarded?
 23) Are standard railings provided wherever aisle, walkways, open side of exposed stairs or raised workstations are elevated more than 48-inches above the ground or any adjacent floor?
 24) No items stacked on cabinet tops within 24" of ceiling?

CONFINED SPACE

- 25) Have all confined spaces been clearly labeled?

YES NO N/A

MACHINE GUARDING

- 26) Is machinery provided with appropriate safety guards?
 27) Are grinders, saws, and similar equipment provided with appropriate safety guards (tongue guards and work rests adjusted properly?)

CHEMICALS

- 28) Are there Material Safety Data Sheets (MSDS) readily available for each hazardous substance used in this department?
 29) Is there a list of hazardous substances used in this department?
 30) Are operating procedures readily available to employees who work in or maintain a chemical process?
 31) Are hazardous chemical containers appropriately labeled, including Secondary Containers?

FIRE PROTECTION AND PREVENTION

- 32) Are portable fire extinguishers provided in adequate number and type (mounted and locations marked every 75 feet or within 50 feet of a known fire source)? Are there signs "Fire Extinguisher"?
 33) Are fire extinguishers easily accessible (nothing left or stored in front of them)?
 34) Are all fire extinguishers inspected and maintained regularly?
 35) Are storage cabinets used to hold flammable liquids labeled "Flammable"?
 36) Do cabinet doors automatically close?
 37) Are flammable liquids properly stored?
 38) Are covered metal waste cans used for oily rags and paint-soaked waste?
 39) Are electrical equipment parts, which normally produce arcs, sparks, or flames enclosed and separated from all combustible materials?

WELDING/COMPRESSED GAS STORAGE

- 40) Are only trained and authorized personnel permitted to use welding, cutting or brazing equipment?
 41) Are cylinders clearly marked to identify what they contained?
 42) Are cylinders secured while in use?
 43) Are gages turned off when not in use?
 44) Are cylinders chained while being stored?
 45) Are cylinders stored with cover caps and with a one hour burn barrier or 20 feet from any heat source or flammable hazard?
 46) Are valve handles open to drain lines?

SUPERVISOR'S CHECKLISTS

- 47) Employee Orientation Checklist
 48) New Job Orientation/Review Checklist
 49) Ladder Inspection Checklist
 50) Fall Protection Systems & Hazards Checklist
 51) Forklift Competency Evaluation Checklist

Please complete Workplace Inspection Report on reverse.

Location: La Grande Readiness FMS

Date: 8-Jan-09

Prepared by: Jack Cassidy FMS

Observation				Action and Follow-up					
#	Item, Location, and Hazard(s)	Recommended Action	Priority			Responsible Person	Action Taken	Estimated Completion	Done? <input checked="" type="checkbox"/>
			A	B	C				
32	one fire extinguisher identified by vendor (annual cert) needing repair parts on order	repair extinguisher	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Jack Cassidy	temp extinguisher on location. pending cost from vendor to submit a work order	1-31-09	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>
	Per Jack - on order - Steel		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>
		working	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>

Copies to: Supervisor Safety Committee Unit Other:

Frank W. Wallace

Webb Robin M

From: Cassity, Jack A CIV NG ORARNG [jack.a.cassity@us.army.mil]
Sent: Thursday, January 08, 2009 11:27 AM
To: Vollstedt, Bruce; Webb Robin M
Subject: Quarterly Safety Inspection (UNCLASSIFIED)

Attachments: QtrSafetyInsp LG FMS 1-09.doc; QtrSafetyInspBCRC 1-09.doc; QtrSafetyInsp LG 1-09.doc



QtrSafetyInsp LG FMS 1-09.doc ...
QtrSafetyInspBCRC 1-09.doc (1...
QtrSafetyInsp LG 1-09.doc (135...

Classification: UNCLASSIFIED

Caveats: NONE

Quarterly safety inspections attached.

The La Grande FMS has one fire extinguisher that requires a new discharge handle. The part broke when the vendor was conducting the annual fire extinguisher certification. The sprinkler system (not on inspection sheet) needs the water flow sensor replaced. Vendor is researching replacement parts and cost. I will submit required work orders when I have the information.

Jack Cassity FMS
La Grande 962-7659
Baker City 524-7694
cell:541-429-1399

Classification: UNCLASSIFIED

Caveats: NONE

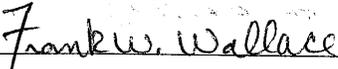
REPORT OF INCIDENT/ACCIDENT/ILLNESS



- PRINT OR TYPE ONLY. TO BE COMPLETED BY THE INJURED EMPLOYEE OR ATTENDING STAFF
- IF A DOCTOR'S VISIT IS REQUIRED, COMPLETE SAIF 801 FORM IN ADDITION TO THIS FORM & FORWARD IMMEDIATELY.
- FOLLOW THE GUIDELINES ON THE MEDICAL TRANSPORT CHECKLIST

1. NAME OF INDIVIDUAL: <i>[REDACTED]</i>		2. Section: <i>OEM</i>	3. DATE OF REPORT: <i>1/9/09</i>
4. JOB TITLE: <i>[REDACTED]</i>		5. TYPE OF INCIDENT/ACCIDENT/ILLNESS: <i>Fall</i>	
6. EXTENT OF INJURY (Body part or location of pain): <i>BACK PAIN</i>			
7. LOCATION WHERE INJURY OCCURRED: <i>Parking lot</i>			
8. DATE & TIME OF INCIDENT/ACCIDENT/ILLNESS: <i>Dec. 2008</i>			
11. DATE REPORTED:		12. REPORTED TO WHOM: <i>[REDACTED]</i>	
13. WITNESS (attach statement if necessary) RELATIONSHIP: _____ SUPERVISOR, CO-WORKER, ETC. NAME: _____ PHONE: _____		WITNESS (attach statement if necessary) RELATIONSHIP: _____ SUPERVISOR, CO-WORKER, ETC. NAME: _____ PHONE: _____	
14. DESCRIBE INCIDENT/ACCIDENT/ILLNESS FULLY (Include how it occurred, conditions when it occurred (weather, clothing, safety equipment, etc), and describe how it felt to the individual when it occurred): <i>Slipped on ICE getting out of vehicle, fell to the ground. muscle spasm to lower back.</i>			
15. DESCRIBE FIRST AID/MEDICAL TREATMENT: <i>Home Rest</i>			
16. WHERE WAS INDIVIDUAL SENT (IF TRANSPORTED): <i>Ke [REDACTED]</i>		17. MEANS OF TRANSPORTATION:	
18. INJURED INDIVIDUALS WRITTEN COMMENTS: <i>have had similar problems with my back prior to this situation this incident caused a reoccurrence of an existing condition -</i>			

THIS SIDE TO BE COMPLETED BY SUPERVISOR

19. CONTRIBUTING FACTORS OF INCIDENT/ACCIDENT/ILLNESS:		
UNSAFE ACTIONS:	UNSAFE CONDITIONS:	
<input type="checkbox"/> DISTRACTION, TEASING, HORSEPLAY <input type="checkbox"/> OPERATING WITHOUT AUTHORITY <input type="checkbox"/> MAKING SAFETY DEVICES INOPERATIVE <input type="checkbox"/> TAKING UNSAFE POSITION <input checked="" type="checkbox"/> FAILURE TO USE PERSONAL PROTECTIVE DEVICES <input checked="" type="checkbox"/> OTHER: <u>ICE</u>	<input type="checkbox"/> INADEQUATE SUPERVISION <input type="checkbox"/> DEFECTIVE TOOLS, EQUIPMENT, OR SUBSTANCE <input type="checkbox"/> HAZARDOUS ARRANGEMENT <input type="checkbox"/> SUB-STANDARD PHYSICAL CONDITIONING <input type="checkbox"/> UNSAFE CLOTHING <input type="checkbox"/> PREVIOUS INJURY <input type="checkbox"/> HAZARDOUS OBSTACLES <input checked="" type="checkbox"/> OTHER: <u>ICE</u>	
20. BACKGROUND: ARE THERE ANY CONTRIBUTING FACTORS, SUCH AS LEVEL OF TRAINING, PERSONAL CHARACTERISTICS, HABITS, FAILURE TO ADHERE TO SAFETY POLICIES, ETC. THAT CAUSED THE INCIDENT/ACCIDENT/ILLNESS? <u>N/A</u>		
GUIDES TO CORRECTIVE ACTION		
21. IF AN UNSAFE ACTION AND/OR CONDITION WAS IDENTIFIED, LIST CORRECTIVE ACTION TAKEN: <hr/> <hr/>		
22. ADDITIONAL SUPERVISOR COMMENTS: <hr/> <hr/>		
23. SUPERVISOR NAME (PRINT): <u>Ken Keim</u>	24. SUPERVISOR SIGNATURE: 	25. DATE: <u>1-13/09</u>
SAFETY COMMITTEE REVIEW		
26. SAFETY COMMITTEE RECOMMENDATIONS: <hr/> <hr/>		
27. SAFETY CHAIR SIGNATURE: 	28. DATE: RECEIVED - AGP MILITARY DEPARTMENT STATE OF OREGON 60 JAN 15 11:00 AM '09 <u>10 FEB 09</u>	

REPORT OF INCIDENT/ACCIDENT/ILLNESS



- PRINT OR TYPE ONLY. TO BE COMPLETED BY THE INJURED EMPLOYEE OR ATTENDING STAFF
- IF A DOCTOR'S VISIT IS REQUIRED; COMPLETE SAIF 801 FORM IN ADDITION TO THIS FORM & FORWARD IMMEDIATELY.
- FOLLOW THE GUIDELINES ON THE MEDICAL TRANSPORT CHECKLIST

1. NAME OF INDIVIDUAL: [REDACTED]		2. Section: DCS LOG	3. DATE OF REPORT: 18 DEC 08
4. JOB TITLE:		5. TYPE OF INCIDENT/ACCIDENT/ILLNESS: FALL ON ICE	
6. EXTENT OF INJURY (Body part or location of pain): BACK OF HEAD			
7. LOCATION WHERE INJURY OCCURRED: ARC MOTOR POOL			
8. DATE & TIME OF INCIDENT/ACCIDENT/ILLNESS: 16 DEC 08 1130 HRS			
11. DATE REPORTED: 16 DEC 08		12. REPORTED TO WHOM: [REDACTED]	
13. WITNESS (attach statement if necessary) RELATIONSHIP: _____ SUPERVISOR, CO-WORKER, ETC. NAME: _____ PHONE: _____		WITNESS (attach statement if necessary) RELATIONSHIP: _____ SUPERVISOR, CO-WORKER, ETC. NAME: _____ PHONE: _____	
14. DESCRIBE INCIDENT/ACCIDENT/ILLNESS FULLY (Include how it occurred, conditions when it occurred (weather, clothing, safety equipment, etc), and describe how it felt to the individual when it occurred): 10 FT AWAY FROM SHOP DOOR - FEET WENT OUT FROM UNDER ME, FELL FLAT ON BACK & STRUCK BACK OF HEAD ON ICE - 23° - SOLID ICE - ACU'S SAW STARS & HAD BAD HEAD LCK FOR REMAINDER OF DAY. NECK MUSCLES STILL SORE.			
15. DESCRIBE FIRST AID/MEDICAL TREATMENT: WIPED BLOOD OFF OF BACK OF HEAD			
16. WHERE WAS INDIVIDUAL SENT (IF TRANSPORTED): HA		17. MEANS OF TRANSPORTATION: KA	
18. INJURED INDIVIDUALS WRITTEN COMMENTS: WHY WAS THE REQUIRED PARKING IN COMPANYS NOT PREPARED. SNOW SHOULD HAVE BEEN SPREAD AROUND THE ENTRANCES. INDIVIDUAL WHO CAME TO MY AID SLIPPED & FELL ON TOP OF ME. AGENCY SHOULD TAKE GREATER CARE TO INSURE THE ENTRY WAYS ARE STABLE DURING WINTER MONTHS			

THIS SIDE TO BE COMPLETED BY SUPERVISOR

19. CONTRIBUTING FACTORS OF INCIDENT/ACCIDENT/ILLNESS:	
UNSAFE ACTIONS:	UNSAFE CONDITIONS:
<input type="checkbox"/> DISTRACTION, TEASING, HORSEPLAY <input type="checkbox"/> OPERATING WITHOUT AUTHORITY <input type="checkbox"/> MAKING SAFETY DEVICES INOPERATIVE <input type="checkbox"/> TAKING UNSAFE POSITION <input type="checkbox"/> FAILURE TO USE PERSONAL PROTECTIVE DEVICES <input type="checkbox"/> OTHER: <u>UNSAFE ENTRY W/OUT</u>	<input type="checkbox"/> INADEQUATE SUPERVISION <input type="checkbox"/> DEFECTIVE TOOLS, EQUIPMENT, OR SUBSTANCE <input checked="" type="checkbox"/> HAZARDOUS ARRANGEMENT <input type="checkbox"/> SUB-STANDARD PHYSICAL CONDITIONING <input type="checkbox"/> UNSAFE CLOTHING <input type="checkbox"/> PREVIOUS INJURY <input checked="" type="checkbox"/> HAZARDOUS OBSTACLES <input type="checkbox"/> OTHER: _____

20. BACKGROUND:
ARE THERE ANY CONTRIBUTING FACTORS, SUCH AS LEVEL OF TRAINING, PERSONAL CHARACTERISTICS, HABITS, FAILURE TO ADHERE TO SAFETY POLICIES, ETC. THAT CAUSED THE INCIDENT/ACCIDENT/ILLNESS?

NA

GUIDES TO CORRECTIVE ACTION

21. IF AN UNSAFE ACTION AND/OR CONDITION WAS IDENTIFIED, LIST CORRECTIVE ACTION TAKEN:

22. ADDITIONAL SUPERVISOR COMMENTS:

23. SUPERVISOR NAME (PRINT):	24. SUPERVISOR SIGNATURE:	25. DATE:

SAFETY COMMITTEE REVIEW

26. SAFETY COMMITTEE RECOMMENDATIONS:

27. SAFETY CHAIR SIGNATURE: <u>Frank W. Wallace</u>	28. DATE: <u>10 FEB 09</u>
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REPORT OF INCIDENT/ACCIDENT/ILLNESS

- ▶ PRINT OR TYPE ONLY. TO BE COMPLETED BY THE INJURED EMPLOYEE OR ATTENDING STAFF
- ▶ IF A DOCTOR'S VISIT IS REQUIRED; COMPLETE SAIF 801 FORM IN ADDITION TO THIS FORM & FORWARD IMMEDIATELY.
- ▶ FOLLOW THE GUIDELINES ON THE MEDICAL TRANSPORT CHECKLIST

1. NAME OF INDIVIDUAL: J [REDACTED]		2. Section: Oregon Emergency Management	3. DATE OF REPORT: 1/9/09
4. JOB TITLE: [REDACTED]		5. TYPE OF INCIDENT/ACCIDENT/ILLNESS: Fell in the parking lot	
6. EXTENT OF INJURY (Body part or location of pain): Stepped up on to the curb from the parking lot with my right foot and my right leg gave out and I fell onto my Back			
7. LOCATION WHERE INJURY OCCURRED: On the sidewalk, close to the door that we use to enter/exit our office from the State Street side of the building.			
8. DATE & TIME OF INCIDENT/ACCIDENT/ILLNESS: 1/7/09 at 7:30 am			
11. DATE REPORTED: 1/7/09		12. REPORTED TO WHOM: Ken Keim, Supervisor	
13. WITNESS (attach statement if necessary) RELATIONSHIP: <u>N/A</u> <small>SUPERVISOR, CO-WORKER, ETC.</small> NAME: _____ PHONE: _____		WITNESS (attach statement if necessary) RELATIONSHIP: _____ <small>SUPERVISOR, CO-WORKER, ETC.</small> NAME: _____ PHONE: _____	
14. DESCRIBE INCIDENT/ACCIDENT/ILLNESS FULLY (Include how it occurred, conditions when it occurred (weather, clothing, safety equipment, etc), and describe how it felt to the individual when it occurred): Exited vehicle, took 3-4 steps, used rt. foot to step upon the curb/sidewalk. My leg gave out and I fell, landing on my back.			
15. DESCRIBE FIRST AID/MEDICAL TREATMENT: I did not seek medical treatment for this specific incident. However, I am currently seeking treatment with my physician & therapeutic Assoc. for Back ailment & numbing & weakness in my right leg.			
16. WHERE WAS INDIVIDUAL SENT (IF TRANSPORTED): NA		17. MEANS OF TRANSPORTATION: NA	
18. INJURED INDIVIDUALS WRITTEN COMMENTS: see above			

THIS SIDE TO BE COMPLETED BY SUPERVISOR

19. CONTRIBUTING FACTORS OF INCIDENT/ACCIDENT/ILLNESS:	
UNSAFE ACTIONS:	UNSAFE CONDITIONS:
<input type="checkbox"/> DISTRACTION, TEASING, HORSEPLAY <input type="checkbox"/> OPERATING WITHOUT AUTHORITY <input type="checkbox"/> MAKING SAFETY DEVICES INOPERATIVE <input type="checkbox"/> TAKING UNSAFE POSITION <input type="checkbox"/> FAILURE TO USE PERSONAL PROTECTIVE DEVICES <input type="checkbox"/> OTHER: _____	<input type="checkbox"/> INADEQUATE SUPERVISION <input type="checkbox"/> DEFECTIVE TOOLS, EQUIPMENT, OR SUBSTANCE <input type="checkbox"/> HAZARDOUS ARRANGEMENT <input type="checkbox"/> SUB-STANDARD PHYSICAL CONDITIONING <input type="checkbox"/> UNSAFE CLOTHING <input type="checkbox"/> PREVIOUS INJURY <input type="checkbox"/> HAZARDOUS OBSTACLES <input type="checkbox"/> OTHER: _____

20. BACKGROUND:
ARE THERE ANY CONTRIBUTING FACTORS, SUCH AS LEVEL OF TRAINING, PERSONAL CHARACTERISTICS, HABITS, FAILURE TO ADHERE TO SAFETY POLICIES, ETC. THAT CAUSED THE INCIDENT/ACCIDENT/ILLNESS?

GUIDES TO CORRECTIVE ACTION

21. IF AN UNSAFE ACTION AND/OR CONDITION WAS IDENTIFIED, LIST CORRECTIVE ACTION TAKEN:

22. ADDITIONAL SUPERVISOR COMMENTS:

23. SUPERVISOR NAME (PRINT): <i>Ken Keim</i>	24. SUPERVISOR SIGNATURE: <i>Ken Keim</i>	25. DATE: <i>1-11-09</i>
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SAFETY COMMITTEE REVIEW

26. SAFETY COMMITTEE RECOMMENDATIONS:

27. SAFETY CHAIR SIGNATURE: <i>Frank W. Wallace</i>	28. DATE: <i>10 FEB 09</i>
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Public Event

REPORT OF INCIDENT/ACCIDENT/ILLNESS



▶ PRINT OR TYPE ONLY. TO BE COMPLETED BY THE INJURED EMPLOYEE OR ATTENDING STAFF
 ▶ IF A DOCTOR'S VISIT IS REQUIRED; COMPLETE SAIF 801 FORM IN ADDITION TO THIS FORM & FORWARD IMMEDIATELY.
 FOLLOW THE GUIDELINES ON THE MEDICAL TRANSPORT CHECKLIST

1. NAME OF INDIVIDUAL: [REDACTED]		2. Section:	3. DATE OF REPORT: 1/24/09
4. JOB TITLE:		5. TYPE OF INCIDENT/ACCIDENT/ILLNESS:	
6. EXTENT OF INJURY (Body part or location of pain): ? Left Leg			
7. LOCATION WHERE INJURY OCCURRED: on benches			
8. DATE & TIME OF INCIDENT/ACCIDENT/ILLNESS: 2:20pm 1/24/09			
11. DATE REPORTED: 24 Jan 09		12. REPORTED TO WHOM: Sandra Heaton	
13. WITNESS (attach statement if necessary) RELATIONSHIP: _____ SUPERVISOR, CO-WORKER, ETC. NAME: _____ PHONE: _____		WITNESS (attach statement if necessary) RELATIONSHIP: _____ SUPERVISOR, CO-WORKER, ETC. NAME: _____ PHONE: _____	
14. DESCRIBE INCIDENT/ACCIDENT/ILLNESS FULLY (Include how it occurred, conditions when it occurred (weather, clothing, safety equipment, etc), and describe how it felt to the individual when it occurred): [REDACTED] attempted to climb up bleacher, his hand slipped off rail, foot was wedged in bleacher, he fell back hit ground while leg was still caught in bleacher. [REDACTED] said he had no feeling in the injured leg after fall.			
15. DESCRIBE FIRST AID/MEDICAL TREATMENT: 911 was called. EMT's came to Armory, assessed Russel Davis and transported him to Salem Hosp.			
16. WHERE WAS INDIVIDUAL SENT (IF TRANSPORTED): Salem Memorial Hospital		17. MEANS OF TRANSPORTATION: Ambulance	
18. INJURED INDIVIDUALS WRITTEN COMMENTS: 			

THIS SIDE TO BE COMPLETED BY SUPERVISOR

19. CONTRIBUTING FACTORS OF INCIDENT/ACCIDENT/ILLNESS:

<p>NSAFE ACTIONS:</p> <ul style="list-style-type: none"> <input type="checkbox"/> DISTRACTION, TEASING, HORSEPLAY <input type="checkbox"/> OPERATING WITHOUT AUTHORITY <input type="checkbox"/> MAKING SAFETY DEVICES INOPERATIVE <input type="checkbox"/> TAKING UNSAFE POSITION <input type="checkbox"/> FAILURE TO USE PERSONAL PROTECTIVE DEVICES <input checked="" type="checkbox"/> OTHER: <i>Chair has a disability of cerebral palsy + has an unstable gait</i> 	<p>UNSAFE CONDITIONS:</p> <ul style="list-style-type: none"> <input type="checkbox"/> INADEQUATE SUPERVISION <input type="checkbox"/> DEFECTIVE TOOLS, EQUIPMENT, OR SUBSTANCE <input type="checkbox"/> HAZARDOUS ARRANGEMENT <input type="checkbox"/> SUB-STANDARD PHYSICAL CONDITIONING <input type="checkbox"/> UNSAFE CLOTHING <input type="checkbox"/> PREVIOUS INJURY <input type="checkbox"/> HAZARDOUS OBSTACLES <input type="checkbox"/> OTHER: _____
---	--

20. BACKGROUND:
 ARE THERE ANY CONTRIBUTING FACTORS, SUCH AS LEVEL OF TRAINING, PERSONAL CHARACTERISTICS, HABITS, FAILURE TO ADHERE TO SAFETY POLICIES, ETC. THAT CAUSED THE INCIDENT/ACCIDENT/ILLNESS?

no

GUIDES TO CORRECTIVE ACTION

1. IF AN UNSAFE ACTION AND/OR CONDITION WAS IDENTIFIED, LIST CORRECTIVE ACTION TAKEN:

Agency will call prior to an event to provide sufficient handicap accessible seating

22. ADDITIONAL SUPERVISOR COMMENTS:

23. SUPERVISOR NAME (PRINT):	24. SUPERVISOR SIGNATURE:	25. DATE:
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SAFETY COMMITTEE REVIEW

26. SAFETY COMMITTEE RECOMMENDATIONS:

<p>7. SAFETY CHAIR SIGNATURE: <i>Frank W. Wallace</i></p>	<p>28. DATE: <i>10 FEB 09</i></p>
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Workers Compensation Claims for 2008 – The Oregon Military Department ended 2008 with 47 workers compensation claims and 15 near miss incidents that only required first aid for a total of 62 injuries. We finished out 2007 with only 35 SAIF claims. Our biggest percent of injuries for 2008 was strains and sprain at 35% with lacerations (cuts) at 13%. These numbers indicate we need to think safety when working around sharp objects, bending, twisting and lifting heavy items. The 2008 cost associated with sprains and strains were \$32,949.29. Our total agency costs associated with SAIF Claims for 2008 was \$204,641.73.



OREGON MILITARY DEPARTMENT
JOINT FORCE HEADQUARTERS, OREGON NATIONAL GUARD
1776 MILITIA WAY
P.O. BOX 14350
SALEM, OREGON 97309-5047

AGP

2 December 2008

MEMORANDUM FOR RECORD

Subject: Executive Safety Management Committee Meeting for December, 2008

The Oregon Military Department Executive Safety Management Committee met on 2 December, 2008, at the Military Department in Room 200. The meeting was convened at 10:00 AM. The status of the Member attendance was as follows:

Mike Caldwell	AGDD	Chairman	Present
Rock Chilton	AGI	Member	Present
Dan Radabaugh	YCP	Member	Present
Steve Petit	AGP	Member	Present
Ulana Cole	DASA	Member - Substitute	Present
Mark Rathburn	Cmp Wity	Member	Present
Karl Jorgenson	AGC	Member	Present
Robin Webb	AGP	Safety Officer/Recorder	Present
John Sneed	OEM	Member	Absent
Tim Deckert	SSO	Member	Present
Marc Snook		Guest	Present

1. Minutes from the last meeting in November were reviewed and approved.
2. Asbestos Update: Rock indicated the asbestos issues at the Salem Auditorium will be repaired. In the meantime, the area will be cordoned off until the repair has been completed.
3. Eye Wash Station Update: Rock indicated we need to look at how many are needed and where in order to establish a cost. Mike suggested Robin and Tim work together on locating the areas where there is a need for eye wash stations and report back. In the mean time, managers/supervisors need to make sure employees are wearing the proper PPE when mixing chemicals.
4. How will information get to the ESC and what will the process be to provide feedback: Marc indicated last month he passed out "Getting Organized" and one of the topics was how information would come to this committee? Mike indicated that information should run up to this committee from Robin who gets copies of the local committee minutes. She would then report that information back down through the safety committees and also through these minutes. Robin indicated she believes this

8. Injury Update for November 2008: Robin passed out 4 Incident Report forms which she indicated 3 were workers comp claims. As of yesterday we had 53 total incidents which include workers comp claims. Last year we ended the year with about 42. Marc suggested supervisors do an occasional walk around to see how employees are doing their work.

9. OSHA Consultant: Robin indicated AGI received a notice stating we are on the OSHA Inspection (Hit) List. She and Tim Gilbert spoke and would like to bring in an OSHA Consultant to review our required safety programs. She also passed out the Safety Matrix that she put together a year ago that has the required programs we should have in writing per OSHA. Having a consultant come in to review our current programs to make sure they are sufficient would be beneficial. It would also help in identifying areas we may need a written program that we currently don't have in place.

10. Head Count for future training: Marc indicated the group needs to decide how many employees they are going to send to training so Robin can start putting together binders. The training should be ready to go by the end of April. Marc suggested that anyone can attend the Safety Committee Refresher training but suggests the managers/supervisors also attend. Mike agreed and stated all managers/supervisors need to be at both trainings so they know what is going on. Marc requested everyone let Robin know by February if possible who will be attending the trainings. Mike suggested Marc and Robin start with the Manager/Supervisor training first.

3. Next Meet Date: The next meeting is scheduled for Tuesday, February 3, 2009 at 10:00 AM in conference room 200 here at JFHQ. Marc gave out his email address in case questions or suggestions come up while he is gone. It's Marc_Snook@hotmail.com

/s/

Robin Webb
Safety Manager & Recorder