



**OREGON MILITARY DEPARTMENT**  
JOINT FORCE HEADQUARTERS, OREGON NATIONAL GUARD  
1778 MILITIA WAY  
P.O. BOX 14350  
SALEM, OREGON 97309-5047

AGP

January 13, 2010

MEMORANDUM FOR RECORD

Subject: Safety Meeting for January, 2010

The Oregon Military Department Safety Committee met on 12 January 2010, at the Military Department in room 200. The meeting convened at 1:30 PM. The status of 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	Present
Bruce Vollstedt	AGI	Member	Present
Jeff Beck	AGI	Member	Present
Terry Larson	SMW	Member	Present
Terri Kroeker	DS-Air	Member	Present
Mike Wiley	Region 4	Member	Present
John Unger	Region 5	Member	Absent
Owen Pence	Region 6	Member	Present
	Region 7		
Dan Hinkley	Region 8	Member	Present
Terry Sevey	RTI	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, 2009 meeting. Minutes were approved as written.

**2. Review of Accident/Incident Reports for the Agency for December:** There were only two of them, one for Pendleton which consisted of a slip on ice and another one in Medford which was a sliver from a bleacher. It was recommended by the committee that boot chains be worn in situations where it may be icy. The other recommendation for the bleacher incident was that there should be periodic reviews of the condition of the bleachers.

In anticipation of cold weather, Jeff indicated that bags of Ice Melt have been purchased and will be distributed to his staff.

**3. Claim Statistics & Workers Comp Claims:** Robin passed out the December report from SAIF. There were questions related to the 2007 claims in which one had an incurred loss of \$270,905 and the other at \$453,465. She also indicated we ended the year with 2 more Incident reports so we surpassed all of last years claims with a total of

43 claims and an additional 4 OSHA recordable hearing loss claims. There were also 18 near misses recorded.

**4. Hazard/Non Hazard Log Review:** No new issues have been added to either log.

**5. CPR/First Aid Training & Distro List:** Robin reported that Don Fleck will perform another CPR/First Aid Training tentatively on March 17<sup>th</sup> at 9:00 AM at the ARC in room 114. Robin indicated she received a call from someone in the Coos Bay Armory who wanted to know if she could provide CPR training for them in relation to the AED. She stated she was not trained and suggested they contact their local Fire Dept. If that doesn't work to let her know. Jeff stated he could provide training on how to operate the AED if need be so that they could get it hung on the wall.

The question came up as to other locations that may or could use an AED. The list shows there is not currently one at Camp Adair. The committee decided that at this point there probably doesn't need to be one at that location as there is no location to mount one that would be accessible to everyone. The Salem Auditorium could use one if there are extras and the Salem Reserve Center is not on the list. They currently have employees so should probably have one. Robin will contact MAJ Deckert to see what he can do.

**6. 2010 Safety Topics:** Robin passed out the "new and improved" 2010 Safety Topic chart. She added additional trainings talked about in last months meeting. For January, ARC Flash training was added and Tim Gilbert provided training to all employees who hold an Electrical License earlier in the day. The training information was shared with the safety committee members later.

Review of the Emergency Action Plan, Robin stated there are some changes she still needs to make to the Plan. How did the committee want to do their yearly reviews? It was suggested that we do an electronic review in which we can put the plan on a screen and the committee makes comments together. Robin indicated she will look into that.

Robin also indicated in addition to safety topics she was at a meeting at DCBS and saw little tri-fold tents on their cafeteria tables which contained safety and wellness information. She would like to put something like that together and also maybe do a monthly safety bulletin which would be sent out to everyone. Committee felt it was a good idea. Robin will work on putting something together.

**7. Renter Policy Manual:** Bruce supplied a copy but Tim was not available for the meeting. Therefore, this topic was tabled until next month.

**8. New Business:**

- a. Garbage: Robin informed everyone there is now a garbage container located in the cafeteria which has been labeled for "Broken Glass and Sharp Objects Only". She also indicated she sent an email to Tracy to disseminate to everyone in the building the existence of the container. Jeff stated we should

make sure that everyone knows this is not intended to be a "Sharps" container as that is a Bio-Hazard but only for "sharp" objects. Robin indicated she would reflect that in the information to be disseminated.

- b. OSHA Log reminder: Robin reminded everyone that they will receive an OSHA 300 log by the end of this month. It needs to be posted on bulletin boards from February 1<sup>st</sup> until April 30<sup>th</sup>. If you do not receive one by the 1<sup>st</sup> of February to let her know.
- c. Quarterly Inspections: The committee reviewed several Quarterly Inspections. A question was asked if the safety committee needed to review all inspections if there is nothing listed as recommendations to correct. Robin stated she would contact OSHA for their input as she was not sure as to the answer. Terri indicated the person doing the inspections should be looking at the previous one to see if the same issue still remains and why.
- d. 2009 Safety Overview: Robin put together a list of accomplishments and Improvements that the safety committee has worked on in 2009. She stated all members should feel good about what they have accomplished. As for the improvements, we need to look at getting out more safety awareness and training which she feels will help address the increase in workers compensation claims.
- e. Injury Themes for 2009: Robin passed out a list of Agency Wide Injury themes for 2009. Strains and Sprains were at the top of the injury list at 17 and slips and falls come in second at 16. A recommendation was made that the safety committee maybe focus more of its safety information/awareness toward some of those types of injuries.

Bryce indicated from a Risk Management standpoint our workers comp costs are calculated based on a past 5 year calculation. All agencies are dumped into a "risk pool" so we as an agency pay for the risk of other agencies just as they do for ours. Unfortunately, we won't see that cost until further in the future. So if one agency has a higher dollar claim, it will increase the cost for all agencies. It is important to reduce the cost of claims where you can in order for the agencies overall risk costs to be lowered.

- f. Cherie asked about routine maintenance on First Aid kits in state vehicles. Who is responsible for maintaining the supplies in them? It was determined it depends on who owns the vehicles. If it is a state motor pool vehicle it would probably be State Motor Pool who would need to update the supplies. If it is one of our own, it would be the responsibility of AGI or OEM (if their vehicle). Frank reminded everyone there should be a fire extinguisher in all vehicles that will require reviews and maintenance also.

- g. Cherie asked about Ergonomic assessments and if one needs to be completed on all new employees. Robin stated she does not do them unless specially requested by an employee because she and Cherie are the only Ergo Assessors in this agency. Therefore, she would recommend making it a point in all new employee orientations that if you need one performed or if you are having problems, to please let Cherie or her know so they can set one up.
- h. Robin requested the status of the Quarterly Inspection of the Salem Auditorium done in October 2008. Last she had heard there were several items that were on hold. She would like to close out the file. Jeff indicated he would review it with Doug to find out what the status is.

**9. Next Meeting:** The next meeting is scheduled for Tuesday at 1:30 PM, February 9, 2010 in the TAG Conference room, 200. The call in number is 1-866-700-9253 and the PIN is 2280321.

/s/

Robin Webb  
Safety Manager & Recorder

AGENDA

JFHQ & Readiness Centers, Region 2 thru 8

Safety Committee Meeting

Location: JFHQ TAG Conf. Room 200

Date: Tuesday, January 12, 2010

Time: 1:30 PM

1. Review and approve December meeting minutes – All
2. Review of Accident/Incident Reports for December - Robin
3. Claim Statistics & Workers Comp Statistics – Robin
4. Hazard Log Review/Non Hazard Log – Robin
5. CPR/First Aid Training & Distro List Update– Robin
6. 2010 Safety Topic Update– Robin
7. Renter Policy Manual – Tim & Bruce
8. New Business
  - a. Safety Issue – Garbage Update - Robin & Jeff
  - b. OSHA Log reminder
  - c. Quarterly Inspections
  - d. 2009 Safety Overview
  - e. Common injury theme
9. Next Meeting Date



REPORT OF INCIDENT/ACCIDENT/ILLNESS FOR PUBLIC EVENTS AT MILITARY F

\*\*Please type or print information. Send completed form to Oregon Military Depart., Attn: AGP, PO Box 14350, S Form needs to be completed within 48 hours of incident. Questions, contact AGP at 503-

1. NAME OF INDIVIDUAL: [REDACTED]		2. MAILING ADDRESS:		3. CONTACT PI 541537	
4. EMERGENCY CONTACT NAME & PHONE NUMBER:			5. NAME OF EVENT AND CONTRACT NO. Cage Fights		
6. TYPE OF EVENT: Fights			7. RELATIONSHIP TO EVENT - STAFF OR PATROL		
8. TYPE OF INJURY & EXTENT OF INJURY (Body part or location of pain): Rt leg, back of thigh					
9. LOCATION WHERE INJURY OCCURRED: Balcony.					
10. DATE & TIME OF INCIDENT/ACCIDENT/ILLNESS: 12-19-09, app. 7:45pm					
11. DATE REPORTED: 12-19-09			12. REPORTED TO WHOM: CYA Reported to MLA MAAH		
13. WITNESS (attach statement if necessary) RELATIONSHIP: CYA - Security NAME: [REDACTED] PHONE: He took initial report by victim			WITNESS (attach statement if necessary) RELATIONSHIP: NAME: PHONE:		
14. DESCRIBE INCIDENT/ACCIDENT/ILLNESS FULLY (include how it occurred, conditions when it occurred (weather, clothing, and describe how it felt to the individual when it occurred): * See attached					
15. DESCRIBE FIRST AID/MEDICAL TREATMENT: None was given. She stated she will seek medical a on her own.					
16. WHERE WAS INDIVIDUAL SENT (IF TRANSPORTED):			17. MEANS OF TRANSPORTATION:		
18. INJURED INDIVIDUALS WRITTEN COMMENTS:					
19. PARTY COMPLETING FORM SIGNATURE: [REDACTED] (MLA)			20. PRINT NAME:		
22. ARMORY RENTAL MANAGER SIGNATURE:			23. DATE:		
24. SAFETY MANAGER SIGNATURE:			25. DATE:		
26. RISK MANAGER:			27. DATE:		

app 7:45 pm  
12/19/09

Mrs. [REDACTED] stated she was sitting upstairs on bleachers and she slid sideways next to sponce and in doing so a spliver the size of a toothpick came loose from the bench and entered her back right thigh. She pulled out but said a small piece of the tip was still inside her leg. Her leg appeared to have a poke and her nylons had a tear and puncture site. I saw no blood. I took pictures of her leg and bleachers. She stated she will seek medical attention after the fights are over. [REDACTED] from Cya was the first to respond to Mrs. [REDACTED], he brought her to speak to me as per her request. Called [REDACTED] - message.

[REDACTED] (MLA)  
[REDACTED]

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.

1. NAME OF INDIVIDUAL: [REDACTED]		2. Section: OMD-SMW	3. DATE OF REPORT: 12/30/09
4. JOB TITLE: SMW		5. TYPE OF INCIDENT/ACCIDENT/ILLNESS: Slip/fall	
6. EXTENT OF INJURY (Body part or location of pain): Right Knee, Lower back			
7. LOCATION WHERE INJURY OCCURRED: AASF Perletteon			
8. DATE & TIME OF INCIDENT/ACCIDENT/ILLNESS: 12/30/09 9:00 AM			
11. DATE REPORTED: 12/30/09		12. REPORTED TO WHOM: [REDACTED]	
13. WITNESS (attach statement if necessary) RELATIONSHIP: <u>Com Guard Member</u> SUPERVISOR, CO-WORKER, ETC. NAME: [REDACTED] PHONE: [REDACTED]		WITNESS (attach statement if necessary) RELATIONSHIP: <u>Guard Member</u> SUPERVISOR, CO-WORKER, ETC. NAME: [REDACTED] PHONE: [REDACTED]	
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): While clearing pad on the East side of AASF I fell on black ice. Using a snow blower to remove 3" of snow accumulation. Clearing path for Jet, [REDACTED] was wearing issued steel toed work boots, cold weather clothing, ear protection.			
15. DESCRIBE FIRST AID/MEDICAL TREATMENT: Took Tylenol for pain			
16. WHERE WAS INDIVIDUAL SENT (IF TRANSPORTED): N/A		17. MEANS OF TRANSPORTATION: N/A	
18. INJURED INDIVIDUAL'S WRITTEN COMMENTS: I fell on black ice, hitting my right knee and lower back. I fell backwards. I reported the incident to [REDACTED]			

**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?		
<hr/> <hr/>		
<b>GUIDES TO CORRECTIVE ACTION</b>		
21. IF AN UNSAFE ACTION AND/OR CONDITION WAS IDENTIFIED, LIST CORRECTIVE ACTION TAKEN:		
<i>Have best chains available. Need to have them on Feet.</i>		
22. ADDITIONAL SUPERVISOR COMMENTS:		
<hr/> <hr/>		
23. SUPERVISOR NAME (PRINT):	24. SUPERVISOR SIGNATURE:	25. DATE:
<b>SAFETY COMMITTEE REVIEW</b>		
26. SAFETY COMMITTEE RECOMMENDATIONS:		
<hr/> <hr/>		
27. SAFETY CHAIR SIGNATURE:	28. DATE:	

# 155927 - Oregon Military Department & 517078 Emergency Personnel



Safety Management Consultant    Return to Work Consultant    Agency Contact  
 Gordon Baldwin    Susan Stamps    Robin Webb

## Year to Date as of 1/4/2010

FY Beg 7/1	Total Clm Cnt	Accepted Clm Cnt	% Accepted	Denied Clm Cnt	% Denied	Incur Losses	Avg Inc Losses	Paid Losses	Avg Pd Losses	TL Clm Cnt	Avg TL Days	Paid TL Losses	Avg TL Paid
2009	19	12	21%			\$18,220	\$959	\$15,602	\$821	4	96	\$7,854	\$1,964

## Trending data for past 5 fiscal years (valued 90 days after end of fiscal year)

FY Beg 7/1	Total Clm Cnt	Accepted Clm Cnt	% Accepted	Denied Clm Cnt	% Denied	Incur Losses	Avg Inc Losses	Paid Losses	Avg Pd Losses	TL Clm Cnt	Avg TL Days	Paid TL Losses	Avg TL Paid
2008	47	32	32%			\$223,321	\$4,752	\$108,755	\$2,314	13	155	\$16,008	\$1,231
2007	37	30	19%			\$351,659	\$9,504	\$222,426	\$6,012	7	518	\$47,174	\$6,739
2006	39	37	5%			\$388,607	\$9,964	\$258,879	\$6,638	9	527	\$48,502	\$5,389
2005	32	24	25%			\$126,845	\$3,954	\$68,250	\$2,133	10	176	\$14,634	\$1,463
2004	32	28	13%			\$36,754	\$1,149	\$29,466	\$921	11	49	\$4,049	\$368

## ALL STATE AGENCIES trending data for past 5 fiscal years (valued 90 days after end of fiscal year)

FY Beg 7/1	Total Clm Cnt	Accepted Clm Cnt	% Accepted	Denied Clm Cnt	% Denied	Incur Losses	Avg Inc Losses	Paid Losses	Avg Pd Losses	TL Clm Cnt	Avg TL Days	Paid TL Losses	Avg TL Paid
2008	2,526	2,012	20%			\$13,121,302	\$5,194	\$6,931,290	\$2,744	629	16,681	\$1,509,681	\$2,400
2007	2,525	2,048	19%			\$11,001,628	\$4,357	\$6,580,005	\$2,606	625	16,544	\$1,399,601	\$2,239
2006	2,450	2,059	16%			\$11,400,133	\$4,653	\$6,286,951	\$2,566	600	16,309	\$1,425,386	\$2,376
2005	2,630	2,149	18%			\$10,143,499	\$3,857	\$5,552,325	\$2,111	560	14,378	\$1,182,019	\$2,111
2004	2,596	2,147	17%			\$9,592,179	\$3,695	\$5,018,528	\$1,933	523	14,014	\$1,079,282	\$2,064

## Timely Filing - 7/1/08 to Current

Timely Filing	Your Clm Cnt	Timely Filing %	All State Timely
0-5	47	69%	0-5 79%
6-14	18	26%	6-14 18%
15-30	3	4%	15-30 2%
<b>Totals</b>	<b>68</b>	<b>100%</b>	<b>100%</b>

## Top 10 Open Claims by # TL Days where Paid Losses > 0

FY Beg 7/1	Nature	Work Status	TL Days	Incur Losses	Paid Losses
2007	Fracture	Regular work - eal	498	\$453,465	\$218,073
2007	Laceration	Modified work - new	336	\$270,905	\$78,367
2008	Strain	Modified work - eal	42	\$42,542	\$13,122
2009	Strain	Regular work - eal	30	\$7,186	\$4,568
2008	Strain	Modified work - eal	16	\$30,767	\$11,608
2009	Dislocation	Not working	16	\$2,375	\$2,375
2008	Fracture	Regular work - eal	12	\$34,273	\$15,641
2009	Inflammation		0	\$34	\$34

## EAIP Prints

FY Beg 7/1	Your Expt Paid
2008	\$35,275
2007	\$8,762
2006	\$4,975
2005	\$9,925
2004	\$19,464
<b>Total</b>	<b>\$78,401</b>

# 155927 - Oregon Military Department & 517078 Emergency Personnel

Safety Management Consultant Return to Work Consultant Agency Contact

Gordon Baldwin Susan Stamps Robin Webb



## Year to Date as of 10/31/2009

FY Beg	Total	Accepted	Incurred	Avg TL	AVAIL	AVAIL	AVAIL	AVAIL	AVAIL	
7/1	Clm Cnt	Clm Cnt	Losses	Days	Assesd	Unasss	Unasss	Unasss	Unasss	
2009	8	6	\$8,961	\$1,120	\$4,510	\$564	2	27	13.5	\$866

## Trending data for past 5 fiscal years (valued 90 days after end of fiscal year)

FY Beg	Total	Accepted	Incurred	Avg TL	AVAIL	AVAIL	AVAIL	AVAIL	AVAIL	
7/1	Clm Cnt	Clm Cnt	Losses	Days	Assesd	Unasss	Unasss	Unasss	Unasss	
2008	47	32	\$223,321	\$4,752	\$108,755	\$2,314	13	155	11.9	\$16,008
2007	37	30	\$351,659	\$9,504	\$222,426	\$6,012	7	518	74.0	\$47,174
2006	39	37	\$389,607	\$9,964	\$258,879	\$6,638	9	527	58.6	\$48,502
2005	32	24	\$126,845	\$3,964	\$68,250	\$2,133	10	176	17.6	\$14,634
2004	32	28	\$36,754	\$1,149	\$29,466	\$921	11	49	4.5	\$4,049

## All STATE AGENCIES trending data for past 5 fiscal years (valued 90 days after end of fiscal year)

FY Beg	Total	Accepted	Incurred	Avg TL	AVAIL	AVAIL	AVAIL	AVAIL	AVAIL	
7/1	Clm Cnt	Clm Cnt	Losses	Days	Assesd	Unasss	Unasss	Unasss	Unasss	
2008	2,526	2,012	\$13,121,302	\$5,194	\$6,931,290	\$2,744	629	16,681	26.5	\$1,509,681
2007	2,525	2,048	\$11,001,628	\$4,357	\$5,580,005	\$2,606	625	16,544	26.5	\$1,399,601
2006	2,450	2,059	\$11,400,133	\$4,653	\$5,286,951	\$2,566	600	16,309	27.2	\$1,425,386
2005	2,630	2,149	\$10,143,499	\$3,857	\$5,552,325	\$2,111	560	14,378	25.7	\$1,182,019
2004	2,596	2,147	\$9,592,179	\$3,695	\$5,018,528	\$1,933	523	14,014	26.8	\$1,079,282

## Timely Filing - 7/1/08 to Current

Filing	Your	State	All	
Band	Timely	Timely	Timely	
0-5	40	71%	0-5	79%
6-14	15	27%	6-14	18%
15-30	1	2%	15-30	2%
<b>Totals</b>	<b>56</b>	<b>100%</b>	<b>31+</b>	<b>1%</b>

## Top 10 Open Claims by # TL Days where Paid Losses > 0

FY Beg	Nature	Work Status	TL	Incurred	Paid
7/1			Days	Losses	Losses
2007	Fracture	Modified work - eal	486	\$453,465	\$215,414
2007	Laceration	Modified work - new	288	\$270,905	\$65,075
2008	Strain	Modified work - eal	42	\$42,542	\$12,759
2009	Strain	Modified work - eal	20	\$7,186	\$2,735
2007	Dislocation	Regular work - eal	18	\$39,543	\$25,273
2008	Strain	Modified work - eal	16	\$30,767	\$9,675
2008	Strain	Modified work - eal	12	\$34,273	\$15,461
2009	<blank>	Not working	7	\$555	\$555

## EALP Prints

FY	Your	State	All
7/1	Prints	Prints	Prints
2008	35	275	275
2007	8	762	762
2006	4	975	975
2005	9	925	925
2004	19	464	464
<b>Total</b>	<b>78</b>	<b>401</b>	<b>401</b>

# 155927 - Oregon Military Department & 517078 Emergency Personnel



Safety Management Consultant  
Gordon Baldwin

Return to Work Consultant  
Susan Stamps

Agency Contact  
Robin Webb

Year to Date as of 9/30/2009

Year	Total Claims	Accepted	Denied	Settled	Unsettled	PAID Losses	AVOIDED Losses	AVOIDED %	AVOIDED Days	AVOIDED % Days	AVOIDED \$
2009	7	5	14%	\$1,245	\$178	\$1,245	\$178	14%	1	3	\$286

## Trending data for past 5 fiscal years (valued 90 days after end of fiscal year)

Year	Total Claims	Accepted	Denied	Settled	Unsettled	PAID Losses	AVOIDED Losses	AVOIDED %	AVOIDED Days	AVOIDED % Days	AVOIDED \$
2007	37	30	19%	\$351,659	\$9,504	\$222,426	\$6,012	17%	7	518	\$47,174
2006	39	37	5%	\$388,607	\$9,964	\$258,879	\$6,638	17%	9	527	\$48,502
2005	32	24	25%	\$126,845	\$3,964	\$68,250	\$2,133	17%	10	176	\$14,634
2004	32	28	13%	\$36,754	\$1,149	\$29,466	\$921	25%	11	49	\$4,049
2003	41	31	24%	\$220,320	\$5,374	\$156,745	\$3,823	17%	15	386	\$21,095

## All STATE AGENCIES trending data for past 5 fiscal years (valued 90 days after end of fiscal year)

Year	Total Claims	Accepted	Denied	Settled	Unsettled	PAID Losses	AVOIDED Losses	AVOIDED %	AVOIDED Days	AVOIDED % Days	AVOIDED \$
2007	2,525	2,048	19%	\$11,001,628	\$4,357	\$6,580,005	\$2,606	17%	625	16,544	\$1,399,601
2006	2,450	2,059	16%	\$11,400,133	\$4,653	\$6,286,951	\$2,566	17%	600	16,309	\$1,425,386
2005	2,630	2,149	18%	\$10,143,499	\$3,857	\$5,552,325	\$2,111	21%	560	14,378	\$1,182,019
2004	2,996	2,147	17%	\$9,592,179	\$3,695	\$5,018,528	\$1,933	20%	523	14,014	\$1,079,282
2003	2,697	2,124	21%	\$9,912,722	\$3,675	\$5,033,470	\$1,866	19%	518	13,513	\$1,010,121

## Timely Filing - 7/1/08 to Current

Filing Category	Timely	Not Timely	Timely %
0-5	39	71%	79%
6-14	15	27%	18%
15-30	1	2%	2%
<b>Totals</b>	<b>55</b>	<b>100%</b>	<b>100%</b>

## Top 10 Open Claims by # TL Days where Paid Losses > 0

Year	Claim #	Work Status	PAID Losses	AVOIDED Losses	AVOIDED %	AVOIDED Days	AVOIDED % Days	AVOIDED \$
2007	Fracture	Modified work - eal	462	\$453,465	21%	866		\$212,866
2007	Laceration	Modified work - new	252	\$270,905	60%	822		\$60,822
2008	Strain	Modified work - eal	42	\$42,542	100%	756		\$10,756
2007	Dislocation	Regular work - eal	18	\$39,543	100%	305		\$25,024
2008	Strain	Modified work - eal	16	\$30,767	100%	305		\$9,305
2008	Strain	Modified work - eal	12	\$34,273	100%	461		\$15,461
2009	Strain	Not working	3	\$286	100%	286		\$286
2007	Strain	Modified work - eal	0	\$23,035	0%	17,894		\$17,894
2008	Strain	Modified work - eal	0	\$2,081	0%	2,081		\$2,081

## EALP Pmnts

FY	Year	PAID	AVOIDED	AVOIDED %
2008	2008	\$35,275	\$8,762	25%
2007	2007	\$8,762	\$4,975	57%
2006	2006	\$4,975	\$9,925	20%
2005	2005	\$9,925	\$19,464	19%
<b>Total</b>	<b>2008</b>	<b>\$78,401</b>	<b>\$42,126</b>	<b>54%</b>





**2010 HQ SAFETY COMMITTEE TOPICS**

<p align="center"><b>January 2010</b></p> <p align="center">ARC Flash Emergency Action Plan Review</p>	<p align="center"><b>February 2010</b></p> <p align="center">Powered Platforms/Elevated Work Workplace Fire Safety Forklift/Jacks</p>	<p align="center"><b>March 2010</b></p> <p align="center">CPR/First Aid Trng PPE Daylight Savings/Smoke Alarm Batteries</p>
<p align="center"><b>April 2010</b></p> <p align="center">Earthquake Drill Electrical Safety Removal of Studded Tires</p>	<p align="center"><b>May 2010</b></p> <p align="center">Fire Drill &amp; Radio Check Hazcom Safety Day</p>	<p align="center"><b>June 2010</b></p> <p align="center">Fire Extinguisher Trng Heat Exhaustion</p>
<p align="center"><b>July 2010</b></p> <p align="center">Confined Spaces Hazard ID &amp; Control</p>	<p align="center"><b>August 2010</b></p> <p align="center">Machine Safety Carbon Monoxide Detection</p>	<p align="center"><b>September 2010</b></p> <p align="center">Fire Drill &amp; Radio Check Asbestos</p>
<p align="center"><b>October 2010</b></p> <p align="center">Driving Safety Lockout/Tagout</p>	<p align="center"><b>November 2010</b></p> <p align="center">Slips, Trips &amp; Falls Daylight Savings/Smoke Alarm Batteries</p>	<p align="center"><b>December 2010</b></p> <p align="center">Holiday Reminders/Fire Hazards Near Misses</p>

**Oregon Military Department  
Quarterly Workplace Safety Inspection**

Location: 162 Inf Regt RC Spfld

Date: 11 Jan 2010

Prepared by: Michael A. Wiley

YES NO N/A

**HOUSKEEPING**

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

**PERSONAL PROTECTIVE EQUIPMENT**

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

**LOCKOUT/TAGOUT**

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

**ELECTRICAL SYSTEMS**

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

**EXITS**

- X   17) Are exits kept free of obstructions?  
 X   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?  
 X   19) Are emergency lights working and tested?

**AISLES/WALKWAYS/WORKING SURFACES**

- X   20) Are aisle widths maintained at a minimum of 22-inches and emergency exit routes widths maintained at 28-inches and kept clear?  
 X   21) Are fire aisles, access to stairways, and fire equipment kept clear?  
  X 22) Are floor openings, floor holes, and pits covered or otherwise guarded?  
 X   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?  
 X   24) No items within 24" of ceiling?

**CONFINED SPACE**

- X 25) Have all confined spaces been clearly labeled?

YES NO N/A

**MACHINE GUARDING**

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

**CHEMICALS**

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

**FIRE PROTECTION AND PREVENTION**

- X   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"?  
 X   33) Are fire extinguishers easily accessible (nothing left or stored in front of them)?  
 X   34) Are all fire extinguishers inspected and maintained regularly?  
 X   35) Are storage cabinets used to hold flammable liquids labeled "Flammable"?  
 X   36) Do cabinet doors automatically close?  
 X   37) Are flammable liquids properly stored?  
 X   38) Are covered metal waste cans used for oily rags and paint-soaked waste?  
  X 39) Are electrical equipment parts, which normally produce arcs, sparks, or flames enclosed and separated from all combustible materials?

**WELDING/COMPRESSED GAS STORAGE**

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

**SUPERVISOR'S CHECKLISTS**

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

*Please complete Workplace Inspection Report on reverse.*

Location: Springfield

Date: 8 Jan 2010

Prepared by: Michael A. Wiley

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"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>

Copies to: X Supervisor X Safety Committee X Unit X Other: X OKO Folder

**Oregon Military Department  
Quarterly Workplace Safety Inspection**

Location: JFHQ

Date: 15 Dec 09

Prepared by: M. Duncan

YES NO N/A

**HOUSEKEEPING**

- 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?  
   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?  
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   43) Are gages turned off when not in use?  
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   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: \_\_\_\_\_

Prepared by: \_\_\_\_\_

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				
18	Tri-Care Office has boxes and equipment stacked too high on top of shelves.		<input type="checkbox"/>	<input checked="" 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"/>			<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: Hermiston

Date: 1/04/2010

Prepared by: Dan Hinkley

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?

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   16) Are surge suppressors "daisy chained"?

**EXITS**

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- 25) Have all confined spaces been clearly labeled?

YES NO N/A

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**WELDING/COMPRESSED GAS STORAGE**

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   46) Are valve handles open to drain lines?

**SUPERVISOR'S CHECKLISTS**

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   50) Fall Protection Systems & Hazards Checklist  
   51) Forklift Competency Evaluation Checklist

*Please complete Workplace Inspection Report on reverse.*

Location: Hermiston

Date: 1/04/2010

Prepared by: Dan Hinkley

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				
16	Supply Room, surge protector daisy chained	Run new permanent fixture for the added technician's space	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adam McKinney			<input type="checkbox"/>
19	battery back up failure on 6 exit lights	Replace batteries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ken Long			<input type="checkbox"/>
34	Maintain fire extinguishers and suppression system	Order service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ken Long			<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 RC

Date: 5 January 2010

Prepared by: Jack Cassity FMS

YES NO N/A

**HOUSEKEEPING**

- 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?  
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**SUPERVISOR'S CHECKLISTS**

- 47) Employee Orientation Checklist  
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   49) Ladder Inspection Checklist  
   50) Fall Protection Systems & Hazards Checklist  
   51) Forklift Competency Evaluation Checklist

*Please complete Workplace Inspection Report on reverse.*

Location: Baker City RC

Date: 5 January 2010

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?
			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"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>

Copies to:  Supervisor  Safety Committee  Unit  Other: AGI sharepoint site

## 2009 Safety Overview

### Accomplishments:

1. Completed Fire Evacuation Plan
2. Fire Extinguisher Training
3. Fire Evacuation Drills
4. Earthquake Drill
5. CPR/AED First Aid Training
6. Safety Day Event
7. Meet with OSHA Consultants x 2 for review of policies
8. Safety Committee Topics for 2010
9. Creation of Vehicle Checklist & Updated Quarterly Inspection Form (part of 420-10)
10. Motorcycle training through the federal side
11. AED's for state armory locations

### Improvements Needed:

1. Reduce number of safety issues relating to workers compensation claims
2. Quarterly Inspections – Doing and Reviewing
3. More safety awareness
4. More Safety Training

## Injury Themes for 2009

### Agency Wide:

1. Strain/Sprain (17)
2. Slip and Fall (16)
3. Impact w/object (9)
4. Laceration (7)
5. Recordable Hrg Loss (4)
6. Eye abrasion (2)
7. Insect Bite (2)
8. Overexertion (2)
9. Joint Inflammation (1)
10. Shortness of Breath (1)

### Public Events:

1. Slip/Fall (1)
2. Laceration/puncture (1)