



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

AGP

September 30, 2009

MEMORANDUM FOR RECORD

Subject: Safety Meeting for September, 2009

The Oregon Military Department Safety Committee met on 8 September 2009, at the Military Department in room 236. The meeting convened at 1:30 PM. The status of the Member attendance was as follows:

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

\*\*A note needs to be added that Mike Wiley, Dan Hinkley and Owen Pence were available for the meeting but due to conferencing issues with the telecom they were not able to participate. They had no problems with the past minutes from July.

- 1. Review of Minutes:** The first order of business was to review the Safety Meeting minutes from the August, 2009 meeting. The minutes were approved as written.
- 2. Review of Accident/Incident Reports for March:** There was only one Report of Incident/Accident/Illness for August. This one was for an inmate at the Salem Auditorium who sliced his hand with a screwdriver. It was also noted that as of the end of August we have 44 incident/illness and workers comp reports. This averages out to 5.5 a month.
- 3. Hazard/Non Hazard Log Review:** No new issues have been added to either log.

**4. Fire Drill Follow-up:** Robin indicated overall the drill went well. There was only one issue on the federal side in which one group assembled in the wrong area putting them in the way of arriving emergency vehicles. Robin believes that issue will be taken care of. She also indicated she has not had time to work on the after action report but did state that some of the issues were specific meeting points. She believes those issues have been worked out. The signs have been put on the lower level floor and the second floor plans are still being worked out. Some other suggestions were cans of air for horns so people will know when it's safe to come back into the building. Vests have been delivered, still working on radios.

**5. Fire Extinguisher and CPR/AED/First Aid Training:** Frank reminded everyone that the Fire Extinguisher training is scheduled for the 25<sup>th</sup> of September. Robin stated she has 12 people beside this committee signed up for the training. Jeff stated he is working on getting the Fire Extinguishers to use. Robin reminded everyone the CPR class is scheduled for 9:00 AM at the ARC on October 27<sup>th</sup>. She only has 4 people signed up so far. She also stated it would be great to have the MLA's participate in the CPR training. She stated she would talk with Scott Baker on this issue.

**6. OSHA Consultant Feedback:** Frank indicated the report was very thorough so we know where we stand now. Robin stated this one includes the walk through at Withycombe also. The policies were basically our review. She stated she sent it to Courtain and Rathburn for their review. Frank asked if there was a requirement for follow-up. Robin indicated she will check with Courtain as to the status of Withycombe and as for the policies, no reply to OSHA was needed.

#### **7. New Business:**

A. Job, Safety, Health & Wellness Event: Robin reminded everyone that the next Event is scheduled for Friday, October 16<sup>th</sup> and Saturday, October 17<sup>th</sup> at the Salem Auditorium.

B. Attendance of Members: There was a conversation as to the status of several members who have not attended a lot of meetings this year. It was decided that per the Charter, Mike Wilson and Randall Luketmeyer will be removed from the list. Bryce Dohrman's status also came up as to his lack of attendance but due to his position of Risk Management, he shall remain on the list. Robin will remind him again of the importance of his attendance. Robin indicated that there should probably be another person from the ARC besides OEM. Jeff indicated he will check with Jim Layne to see if he has an interest. There was also talk about the Chairperson position being up for renewal in January so everyone think about who they would like to see in that position. Frank indicated he would not mind doing another term.

C. Bruce brought up the idea that maybe the Safety Committee should set goals to see what they should be working on for the next year. Frank indicated that as a committee we can not take action but can recommend. He feels that those recommendations should be looked at seriously by the managers. Jeff made a

recommendation that what he has seen is awareness training. He believes it's a behavior program in which someone makes a decision such as taking shortcuts, it's each individual person and their behavior that justifies that decision making process before that event takes place. Jeff recommends keeping safety in peoples mind by developing a 12 month calendar with a monthly topic to review with your employees. Frank indicated safety repetition will build the idea of how important safety is. Bruce stated he has some safety materials he can share and Frank suggested maybe some info sent out via email. Robin suggested maybe we look at starting the Central Safety Committee again. Frank suggested the CLMC as a forum and Robin indicated that was a format she had no control over. Bruce and Jeff will try to put something together for their area and share with others. Robin indicated she would share her 7 minute Safety Training Binder and send Jeff and Bruce a list of OSHA required training.

**8. Next Meeting:** The next meeting is scheduled for Tuesday at 1:30 PM, October 13, 2009 in the VTC room. The call in number is 1-866-308-7464. The conference number will need to be determined in the future as it changes each month (possibly 97309).

/s/

Robin Webb  
Safety Manager & Recorder

AGENDA

JFHQ & Readiness Centers, Region 2 thru 8

Safety Committee Meeting

Location: JFHQ VTC Room

Date: Tuesday, September 8, 2009

Time: 1:30 PM

1. Review and approve August meeting minutes – All
2. Review of Accident/Incident Reports for August – Robin
3. Hazard Log Review/Non Hazard Log – Robin
4. Fire Drill Follow-up – Robin & Jeff
5. Fire Extinguisher & First Aid Training Reminder – Robin
6. OSHA Consultant Feedback – Robin & Tim
7. New Business
  - a. Job, Safety, Health & Wellness Event









**Oregon**

Theodore R. Kulongoski, Governor

Department of Consumer and Business Services  
Oregon Occupational Safety & Health Division (OR-OSHA)

August 28, 2009

Robin Webb, State Safety Manager  
State of Oregon Military Department  
PO Box 14350  
Salem, OR 97309

**RE: Consultation Reports 09-0742 & 09-09-1628**

Dear Mrs. Webb:

Thank you for the opportunity to visit your workplace to conduct two specific health consultations on July 14, 2009 and August 20, 2009. You had recently received a safety consultation from OR-OSHA, and this health-related issue was referred for follow-up:

Permit Required Confined Spaces (PRCS) Program review

In addition to the PRCS review, you requested that the health consultation program review also cover the following:

Bloodborne Pathogens Program review  
Standards for Lead Dust Cleanup review  
Asbestos Management Plan review  
Hazard Communication Program review

Previously the following safety programs and records were reviewed during consultation 09-741:

OSHA 300 Records (a DART rate of 0.0 was noted for 2008 – congratulations!)  
Portable Fire Extinguisher Inspection and Maintenance Procedures  
Safety Committee Procedures

**GENERAL SUMMARY:**

As previously noted, you recently concluded an OR-OSHA safety consultation visit, and requested this consultation to clarify several health-related issues. You requested we pay special attention to your written programs. I met with you and members of your staff on August 20, 2009 at the main Salem location to discuss my observations and your other required health-related programs.

At your request, I scheduled an on-site visit to Camp Withycombe with Mark Snook, an outside safety consultant. A hazard identification walkthrough was conducted at Camp Withycombe (Oregon Sustainment Maintenance Site) on July 14, 2009. I opened the consultation with Colonel Mark Rathburn, General Foreman. Master Sergeant Stephen Courtain later assumed responsibility for correction of the hazards noted at Camp Withycombe. You assumed



responsibility for the program issues. This report contains information on the observed hazards and the program areas in need of attention.

It should be noted that some of the areas at Camp Withycombe are under Federal OSHA jurisdiction. A separate Federal Safety Officer is responsible for these areas, as some of the employees who work in these areas are under Federal OSHA jurisdiction. Overlapping jurisdictions and safety programs can present a Safety and Health Management Program (SHMP) challenge. You should ensure that issues raised in this report are forwarded to the appropriate personnel for consideration and correction.

We concluded the consultation with an overview of the resource materials available from OR-OSHA that can help you attain your safety and health goals.

#### FINDINGS:

The following are the major findings for this consultation:

- We observed multiple instances of employees failing to wear eye protection and hearing protection during the hazard walk-through at Camp Withycombe. Specific hazards are listed in the "Hazard" Tables at the end of this report. Regardless of Federal/State OSHA jurisdiction, supervisor and employee accountability to follow established policies for wearing personal protective equipment needs to be strengthened.
- The primary written programs in need of attention were Bloodborne Pathogens, Respiratory Protection, and Asbestos Management. Although we did not visit all locations, it appears that managers in these locations are not all given clear safety and health responsibilities, and do not have access to some of the written safety and health programs that outline these responsibilities.
- Products were being used at Camp Withycombe that contained methylene chloride. Employees who are exposed to this chemical must receive additional training on the hazards and the employer is responsible to perform an assessment to determine their inhalation exposure. Depending on the results, additional program requirements may apply to ensure employee safety.

**SAFETY AND HEALTH MANAGEMENT:** We did not profile your safety management system using the 58-element "Safety and Health Management Program Assessment" (SHMPA). Based on the types of hazards found, interviews, and written safety and health program review, I feel the following program areas are most in need of improvement (i.e. ranked from lowest score to highest score):

- ✓ **Labor and management accountability**
- ✓ **Periodic evaluation of the program**
- ✓ **Hazard identification and control**
- ✓ **Incident/accident investigation**

- ✓ **Training of workers**
- ✓ **Employee involvement**
- ✓ **Management commitment**

Please refer to the Fact Sheet on Safety and Health Management enclosed with this report for more information.

WRITTEN PROGRAMS: "For a comprehensive list of OR-OSHA written program requirements, consult the "web only" publication, "Put it in Writing." See:

<http://www.orosha.org/pdf/pubs/htmlpubs/putitinwriting/putitinwriting.html>

#### **Permit Required Confined Space Program (PRCS)**

I reviewed AGP Policy 99.200.04 dated April 1, 2009. Except as noted in this report, the policy appeared complete (with respect to the required scope and content). However, you could not verify whether or not the various site supervisors had effectively implemented your PRCS policy. This appears to be a potential weakness in your safety and health efforts at OMD.

The written policy states that "Site Supervisors" are responsible for implementing the OMD confined space program at their facility. According to the written program, this may include at least the following:

- Identifying confined spaces and evaluating the hazards of confined spaces;
- Developing site-specific PRCS programs;
- Training employees for PRCS entry;
- Deciding if employees/contractors will enter their facility confined spaces using a full permit procedure, an alternate entry procedure, or a reclassification procedure;
- Ensuring that contractors who enter OMD PRCS follow the OMD entry protocols;
- Completing entry permits; and
- Evaluating rescue provider qualifications.

We also briefly discussed the implementation of your PRCS Policy at the Oregon Military Department on August 20, 2009. Based on our discussion, it is the policy of the OMD to **not** have employees enter or work in any PRCS.

I also noted that Page 11 refers to "Attachment D" of the policy as a "Rescue Provider Evaluation Form." That attachment is really a "Policy/Plan acknowledgement" to be signed by employees."

It does not appear that your program provides for a "Certification" process, whereby OMD formally acknowledges that an employee is officially recognized and allowed to assist with and/or perform work in a Permit Required Confined Space.

Since responsibility for implementing the PRCS policy has been largely delegated to the individual site managers, you were not certain that the above had been accomplished. In particular, you could not positively identify the PRCS and their hazards on OMD property. You didn't know if any OMD employees had been trained and certified to perform PRCS entries. You were not sure if any PRCS entries had been made in the past year, and if the entry permits had been properly completed/reviewed. These are not insignificant issues.

In order to check the status of your PRCS program and accomplish the required annual program review, I suggest that you develop a review protocol. You will need to obtain some or all of the information from the Site Supervisors. Alternatively, you could request that Site supervisors verify that they have completed the required tasks, and supporting documentation is maintained on site. You could also assign some of these responsibilities to the safety committee, and obtain information during their required hazard identification walk arounds. To assist you, I offer the following:

- Requirement: Identify the permit spaces at OMD facilities
  - ✓ Obtain a list of confined spaces and PRCS present at each OMD facility.
  - ✓ Ensure that each PRCS is properly labeled, and secured from unauthorized entry.
- Requirement: Identify the hazards in the PRCS spaces
  - ✓ Obtain copies of completed "Confined space and PRCS recognition checklists" (Attachment A) from the Site Supervisors for each OMD facility
- Requirement: Decide if employees will enter a permit space
  - ✓ Obtain copies of canceled entry permits for any PRCS entries conducted within the past year, and any comments from the review of each permit.
- Requirement: Eliminate or control the hazards in the space prior to any entries
  - ✓ Conduct your own independent review of canceled permits to verify appropriate hazard controls were used.
- Requirement: Establish safe entry procedures
  - ✓ Obtain and review copies of any non-OMD PRCS programs which have been reviewed according to section XIII.4.
- Requirement: Train employees for entry operations
- Requirement: Make sure employees know their duties and responsibilities
  - ✓ Obtain copies of the current training certificates for all authorized PRCS personnel. ***Please note that OR-OSHA course completion documents for training classes that outline the regulatory requirements of Division 2/J, 1910.146 do not constitute "certification" as required under 1910.146(k)(4). The standard requires that PRCS training must enable employees to "acquire skills and "establish proficiency" in the duties required by the regulation.***
- Requirement: Plan for emergencies
  - ✓ Determine if viable rescue plans had been put into effect for all PRCS entries by checking the rescue capabilities of the designated providers listed on the canceled permits.

✓  
**Bloodborne Pathogens (BBP) Program**

While many workers are at risk of on-the-job exposure to bloodborne pathogens, such as hepatitis B virus (HBV), hepatitis C virus (HCV) and human immunodeficiency virus (HIV), you indicated that only a very few (if any) of your workers may have "occupational exposure" as defined by the standard. When we discussed specific exposure incidents to blood, you could only identify one incident within the past five years. Nonetheless, you should review Sections VI and VII (page 4) of your policy to make sure you have properly performed the "exposure determination" required by the standard. Sections I and II of the OR-OSHA publication, *Bloodborne pathogens: Questions about Occupational Exposure* give specific guidance.

I reviewed your required Exposure Control Plan (AGP Policy 99.200.03), and found three issues that need to be addressed. You are not reviewing and updating your plan at least annually. Your plan references the OR-OSHA "General Duty clause" in Section X.1, where the appropriate reference is "Collateral Duty" (see the OR-OSHA publication, *Bloodborne pathogens: Questions about Occupational Exposure*, page 5). Also, the medical evaluation/Hepatitis B vaccination that your policy defers until AFTER an exposure incident occurs must be initiated within 24 hours. Employee training to immediately report an "exposure incident" as outlined in Section XI (page 7) must be strengthened. Without immediate reporting, OMD will not be able to offer the full Hepatitis B vaccination within 24 hours of the incident as required.

A sample BBP program can be found on the OR-OSHA web site:

<http://www.orosha.org/pdf/pubs/cddocs/2261doc.html>

In addition to the written Exposure Control Plan, your written policy included provisions to:

- ✓ Offer post exposure Hepatitis B vaccinations to employees who are covered under the "collateral duty" clause.
- ✓ Provide initial and annual refresher training.
- ✓ Provide and train employees in the proper PPE to prevent exposure.
- ✓ Evaluate possible engineering controls to reduce potential exposure, including involving employees in the selection of "safer medical devices."
- ✓ Provide employees with prompt follow-up if they have an exposure to blood or OPIM.

**Hazard Communication Program**

The written "Hazard Communication Program" (AGI-O) was generally in good order. During the walk-through, we could locate Material Safety Data Sheets (MSDS) for the well-labeled chemicals in use at Camp Withycombe.

Training and refresher training on chemical hazards was being conducted, according to employee interviews.

Using the MSDS, we confirmed that some products ("Zepp-Off, Out-Strip) contain methylene chloride, a dangerous chemical covered by a specific OR-OSHA regulation. You must evaluate employee exposures and take appropriate action according to Division 2/Z, 1910.1052.

It is puzzling that the written "Hazard Communication Program" has not been integrated into the AGP Policy collection with the other safety and health policies. There is no effective date, signature block (Raymond F. Rees, Major General, The Adjutant General), or AGP policy number.

Even more puzzling is the use of the term "hazardous substance" to define the scope of the chemicals covered under this program. Not only is the term "hazardous substance" not a part of the OR-OSHA Hazard Communication Rules (see Division 2/Z, 1910.1200), but the definition in your program significantly narrows the number of chemicals that will be included in the OMD's program. This makes your program potentially much less effective than required. The OR-OSHA regulation's definitions should be used or referred to in OMD's written hazard communication program.

You should evaluate your written program and correct any deficiencies. A sample written program can be obtained from OR-OSHA at:

<http://www.orosha.org/pdf/pubs/cddocs/4802doc.html>

### **Respiratory Protection Program**

If you provide or allow employees to use respirators, certain OR-OSHA regulations apply. We discussed the voluntary use of respirators by employees and reviewed the OR-OSHA Fact Sheet. They must be approved by NIOSH as required by OR-OSHA regulations, or they cannot be used by employees.

You did not provide a written respirator program for my review and comment. The following is provided for your information.

A written respirator program must include the following elements:

- ✓ Appoint an administrator to oversee and implement program.
- ✓ Identify respiratory hazards; estimate or measure worker exposure.
- ✓ Select appropriate NIOSH-certified respirators and respirator components.
- ✓ Provide medical evaluations; ensure records are kept.
- ✓ Fit-test workers who wear respirators with tight-fitting facepieces; maintain records.
- ✓ Develop procedures for using respirators in routine situations and emergencies.
- ✓ Ensure voluntary respirator users receive a copy of 1910.134, Appendix D.
- ✓ Train all workers required to wear respirators.
- ✓ Ensure that respirators are clean, sanitary, and properly stored.

- ✓ Ensure that breathing air for atmosphere-supplying respirators meets Grade D quality.
- ✓ Evaluate the program to make sure it is effective.

You can also access some useful publications at the following links:

Fact Sheet [http://www.orosha.org/pdf/pubs/fact\\_sheets/fs06.pdf](http://www.orosha.org/pdf/pubs/fact_sheets/fs06.pdf)

Breathe Right <http://www.orosha.org/pdf/pubs/3330.pdf>

Model Programs <http://www.orosha.org/pdf/pubs/cddocs/3330doc.html>

### **Noise and Hearing Conservation Program**

The most significant noise exposure for employees we noted was the use of power tools and diesel engine operation. Hearing protection is required when elevated noise exposure is encountered, according to the personnel present during the walk around at Camp Withycombe.

We observed several instances where noisy tasks were being performed, but workers had not taken time to properly wear their hearing protection.

No written records were evaluated that related to employee noise exposures.

### **FIREARMS AND FIRING RANGE ACTIVITIES (LEAD EXPOSURE)**

You requested that I comment on a DRAFT of "Appendix J Standards for Lead Dust Cleanup." The guidelines are intended to cover cleaning activities in indoor firing ranges and the servicing of weapons/weapons systems where lead is a surface contaminant.

Although not clearly stated, it is my understanding that you have a higher standard for training and monitoring workers who perform lead paint **removal**, lead waste **clean-up**, and other tasks that may expose workers to airborne lead above the OR-OSHA Action Level of 30ug/m<sup>3</sup>.

First and foremost, you should perform an initial determination as required by the lead standard, Division 2/Z, 1910.1025(d)(2)-(9) for workers who will perform surface cleaning activities. This requires air monitoring to verify that worker exposures to airborne lead are below the OR-OSHA Action Level of 30ug/m<sup>3</sup> during representative **WORST CASE** surface cleaning activities.

Note: OR-OSHA can provide limited assistance with air/wipe monitoring at no cost to you. For a sobering description of children poisoned by lead dust brought home in vehicles used by a parent who was not properly decontaminated, see:

[http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5832a2.htm?s\\_cid=mm5832a2\\_e](http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5832a2.htm?s_cid=mm5832a2_e)

If a positive initial determination is made, you cannot proceed with lead surface cleaning activities under the draft guidelines. You must comply with all sections of Division 2/Z, 1910.1025.

If a negative initial determination is made, you can proceed with lead surface cleaning as outlined in the draft guidelines. The following comments on your draft cleaning guidelines assume a negative initial determination (i.e. no employee exposures to airborne lead above the OR-OSHA Action Level of  $30\mu\text{g}/\text{m}^3$ ):

- There are a few typographical errors in the draft that should be corrected (e.g. "led" for "lead").
- Do not use the term "respiratory mask". Specify the type of NIOSH –approved respirator that is required. For example, "N-, P-, or R-100 Filtering Facepiece" or "Half-face respirator with HEPA or N-, P-, or R-100 cartridges."
- Make it clear that surface cleaning activities cannot begin until the employee has received formal training regarding the hazards of lead that include Appendices A and B of Division 2/Z, 1910.1025.

#### ASBESTOS PROGRAM

You requested that I review the Asbestos Program ("Oregon Army National Guard Regulation Number 385-16"). You have also obtained input on your plan from the OR-OSHA Technical Section. I reviewed pages 1-3 of the document, since they outline the OMD compliance strategy as required by Division 2/Z, 1910.1101(j)-(k) of the OR-OSHA asbestos regulations. I have the following suggestions:

- ✓ You should review the publication, "Asbestos Exposure – What building owners need to know". See:  
  
<http://www.orosha.org/pdf/pubs/3022.pdf>
- ✓ You have some facilities for which you cannot locate asbestos survey information. In lieu of paying for another survey by an accredited inspector, you may elect to PRESUME that all thermal systems insulation (TSI) (e.g., hot-water-pipe insulation), sprayed-on and troweled-on surfacing material (e.g., acoustic ceilings), and all vinyl floor materials in your buildings built before 1981 contain asbestos.
- ✓ The person making the assumption is not required to have specific technical training or accreditation but must be knowledgeable about asbestos rule requirements.

- ✓ Any survey format — such as a blueprint, sketch, or written narrative — that adequately identifies the presence, quantity, and location of PACM or ACM is acceptable.
- ✓ You must arrange to keep these records for the duration of OMD's ownership of the buildings, and transfer the records to successive owners.
- ✓ Appropriate signs must be posted at the entrances to mechanical rooms and other areas that contain asbestos-containing material (ACM) or presumed asbestos-containing material (PACM).
- ✓ A warning such as the following will comply with the requirement for a sign outside a mechanical room containing ACM/PACM.

**DANGER  
ASBESTOS  
CANCER AND LUNG DISEASE HAZARD  
AUTHORIZED PERSONNEL ONLY**

- ✓ Maintenance staff must receive **annual** training that covers the following:
  - health effects of asbestos;
  - locations of ACM and PACM in the building/facility;
  - recognition of ACM and PACM damage and deterioration;
  - OR-OSHA asbestos requirements relating to housekeeping; and
  - proper response to fiber release episodes.

--END OF WRITTEN PROGRAM SECTION

**RECORD KEEPING / LWDCIR / DART:**

Your OSHA 300 records were reviewed during the safety consultation.

**SAFETY COMMITTEE:**

Your safety committee records were reviewed during the safety consultation.

**RESOURCE MATERIALS:**

OR-OSHA has many resource materials to assist you. We used a few of our Fact Sheets during the consultation. You have also explored some of the features of our web site, and looked up some training classes that you may be able to take advantage of.

OR-OSHA has recently adopted rules that may impact your PRCS policy. Please see:"

[http://www.orosha.org/pdf/notices/adopted2009/ao82009\\_div21\\_lr.pdf](http://www.orosha.org/pdf/notices/adopted2009/ao82009_div21_lr.pdf)

This rule was initiated in part based on the need to standardize methods for all fire fighters and first responders in Oregon for the rescue of victims from confined spaces.

**HAZARDS:**

Attached you will find the "Hazard Identification and Correction" work sheets which list the hazards observed during the consultation. The observations and recommendations made in this report are designated as SERIOUS (S) or OTHER THAN SERIOUS (OTS) based upon probable severity if an injury or illness were to occur. SERIOUS hazards are those situations or conditions which could result in serious illness, physical harm or death. OTHER THAN SERIOUS hazards are those situations or conditions which could result in employee injury or illness of a less serious nature. These designations are intended to help you prioritize corrective action. You should develop an action plan to ensure prompt correction of these identified hazards. Your company is exempt from a routine scheduled Oregon OSHA inspection at this location for 60 days from the date of this report. As mentioned during the consult, this does not exempt your company from enforcement action in the event of an accident investigation, an employee complaint, referral, or the observance of an imminent danger.

During the consultative visit, I attempted to identify all hazards. However, there may be some hazards that were not seen or identified. It remains the responsibility of the employer to ensure the safety and health of employees and to identify and correct all hazardous conditions and/or situations. This report cannot result in enforcement activity, nor can Oregon OSHA Enforcement use this report as a basis for citation. Information provided is not a formal endorsement of any vendor or product.

Oregon OSHA values feedback from its customers on the services they received. Please take the time to complete and return the enclosed questionnaire. A postage paid envelope has been provided.

Thank you for requesting our assistance to improve safety and health in your workplace. If there are any questions regarding occupational safety and health issues, please feel free to contact me.



Mike Fajer  
Senior Occupational Health Consultant  
Consultative Services Section  
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503-373-7819

**HAZARD IDENTIFICATION AND CORRECTION**  
**Oregon Occupational Safety and Health Division**  
**Consultation Services**

**Firm Name:** State of Oregon Military Department      **Report Number:** 09-0742 & 09-1628  
**Consultation Date:** July 16, 2009  
**S = Serious    OTS = Other Than Serious**

No	Item	Location	O T S			Recommended Action	Assigned To	Due Date
			S	X				
1	Respirators were being used, but no employees could locate the written respiratory protection program, identify the program administrator, or describe the specific use and limitations of the respirator they were using.  Rule: 1910.134(c)(1) & (2)	Shop	X			Some of the contract workers were covered under the Federal OSHA safety program. Clarify safety program responsibility and ensure that the required respiratory protection program is in place and effective.		

**HAZARD IDENTIFICATION AND CORRECTION**  
**Oregon Occupational Safety and Health Division**  
**Consultation Services**

**Firm Name:** State of Oregon Military Department  
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No	Item	Location	OTS		Recommended Action	Assigned To	Due Date
			S	X			
2	<p>The following products containing methylene chloride were not legibly labeled with appropriate hazard warnings: "Zep- Off", and "Out-strip".</p> <p>The extent of the hazard could not be discovered until the MSDS was obtained and reviewed.</p> <p>Rule: Div 2/Z, 1910.1200(f)(1) and 1910.1052(k)</p>	<p>Shop</p> <p>Flammable storage cabinet</p>	X		<p>Clearly label these products to include a description of the hazard posed by the chemical. An example:</p> <p><b>Danger Contains Methylene Chloride Potential Cancer Hazard</b></p> <p>May worsen heart disease because methylene chloride is converted to carbon monoxide in the body.</p> <p>May cause dizziness, headache, irritation of the throat and lungs, loss of consciousness and death at high concentrations (for example, if used in a poorly ventilated room).</p> <p><b>Avoid Skin Contact.</b> Contact with liquid causes skin and eye irritation.</p>		

**HAZARD IDENTIFICATION AND CORRECTION**  
**Oregon Occupational Safety and Health Division**  
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No	Item	Location	O T S		Recommended Action	Assigned To	Due Date
			S	X			
3	<p>Employees who used products containing methylene chloride had not been given the training required.</p> <p>Rule: Division 2/Z, 1910.1052(O)(1), (3), (5), and (7)</p>	Program	X		<p>Provide training that exceeds the generic Hazard Communication Program requirements by:</p> <ul style="list-style-type: none"> <li>a. Making a copy of the methylene chloride standard available to all affected employees, including those who may be exposed at multi-employer work sites.</li> <li>b. Providing the training prior to exposure to the product(s).</li> <li>c. Re-training whenever there are changes in workplace procedures that may increase employee exposure to methylene chloride.</li> </ul>		

## HAZARD IDENTIFICATION AND CORRECTION

### Oregon Occupational Safety and Health Division Consultation Services

**Firm Name:** State of Oregon Military Department      **Report Number:** 09-0742 & 09-1628  
**Consultation Date:** July 16, 2009

S = Serious    OTS = Other Than Serious

No	Item	Location	O T S			Recommended Action	Assigned To	Due Date
			S					
4	Air monitoring for methylene chloride— arrange for air monitoring to evaluate jobs that may expose employees above the Action Level of 12.5 ppm as an 8-hour Time Weighted Average, or above the Short Term Exposure Limit of 125 ppm measured over a 15 minute period.  Rule: Div 2/Z, 1910.1052(d)(1)-(6)	Shop	X			Perform the initial exposure determination as required through representative air monitoring of the "worst case" exposure scenario.  Note: air monitoring may not be required if employees have exposure less than 30 days per year, or if objective data is maintained at the site that shows that methylene chloride cannot be released into the workplace at concentration exceeding the Action Level or the STEL.  Determine if this issue is primarily due to training or accountability, and take appropriate corrective action.		
5	Employees were observed not wearing hearing protection when exposed to noise above 85 decibels  Rule: 1910.303(g)(1)	Shop, Engine Shop, and Tire Shop		X				
6	An employee was observed without the required eye protection while preparing to use a high pressure water jet.  Rule: 1910.303(f)(2)	Hydroblast	X			Take the appropriate action(s) to correct the reason the employee failed to follow procedure:  Training Accountability		