

AGENDA

JFHQ & Readiness Centers, Region 2 thru 8

Safety Committee Meeting

Location: JFHQ TAG Conf. Room 200

Date: Tuesday, August 11, 2010

Time: 1:30 PM

1. Review and approve July meeting minutes – All
2. Review of Accident/Incident Reports for July
3. Hazard Log Review/Non Hazard Log
4. July Safety Topics
5. Upcoming Fire Drill
6. New Business:
7. Next Meeting Date



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

AGP

August 30, 2010

MEMORANDUM FOR RECORD

Subject: Safety Meeting for August, 2010

The Oregon Military Department Safety Committee met on 11 August 2010, at the Military Department in room 200. The meeting convened at 1:30 PM. The status of Member attendance was as follows:

Owen Pence	Region 6	Chairman	Present
Timothy Gilbert	AGI	Member	Absent
Robin Webb	AGP	Safety Manager/Recorder	Absent
Bryce Dohrman	AGC	Risk Manager	Absent
Bruce Vollstedt	AGI	Member	Present
Jeff Beck	AGI	Member	Present
Terri Kroeker	DS-Air	Member	Absent
Mike Wiley	Region 4	Member	Present
John Unger	Region 5	Member	Present
Vacant	Region 7	Member	Vacant
Dan Hinkley	Region 8	Member	Present
Terry Sevey	RTI	Member	Present
David Stuckey	OEM	Member	Absent
Cherie Zastoupil	OEM	Alternate for OEM	Absent

1. Review of Minutes: The first order of business was to review the Safety Meeting minutes from the July 15, 2010 meeting. A motion to approve the minutes was given by John Unger and a second by ?.

2. Review of Accident/Incident Reports for the Agency for July: There were four reports submitted to the committee, none of which were related to our area. Therefore, a review was done of each but no recommendations were required or given.

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

4. August Safety Topics: This month's safety topics are Machine Guarding, Vehicular Safety & Inspections and Dangers of Carbon Monoxide. All the information was reviewed within the committee and posted on the Safety Bulletin Board. Robin sent out a "Monthly Safety Topic" email to all OMD employees. This information will also be posted to the AGP Safety page website on a monthly basis.

5. Upcoming Fire Drill: Owen indicated Robin will be holding a fire drill on September 9th at 9:00 AM. She will be working with the fire department to do a surprise drill. Jeff asked if everyone on line has done a fire drill in the last year. Mike states they

have done several. John indicates he has not done one because his facility does not have an alarm system. He requested as to someone check to see if he is required to perform one.

6. New Business:

- a. Quarterly Safety Inspections: Mr. Hinkley indicated the daisy chain issues are being looked at. John stated the receptacle in the Grants Pass Armory is being replaced and other issues on the sheet have been taken care of. Bruce indicated the inoperable receptacle in the LaGrande Armory has been replaced. John indicated the second page of the Inspection sheet for Roseburg states Grants Pass, should reflect Roseburg.
- b. Safety Training Update: Owen indicated the Safety Committee Training Robin and Marc Snook are doing is scheduled for Camp Rilea next in September. Still have JFHQ to complete. Robin also indicated Tool Box Talks are now on the Safety Website.
- c. Health Fair Update: Next fair is scheduled for October 6th at the Salem Auditorium from 11:00 AM to 6:00 PM. Various state agencies will be in attendance.
- d. Gas Leak at Baker City Armory: Bruce indicated the regulator and parts have been completed.
- e. Ladder Attachments: Jeff indicated he sent a list of locations to Robin that still needed the ladder safety attachments. There are about three or four more needed for the East or West side, not sure which one as he did not have the list with him. Those devices are on hold for several months due to funding.
- f. Traffic Arrows: Jeff indicated the arrows are fading at the ARC which has directional flow and directional parking. He should be getting some traffic paint this weekend and have the FMS repaint those to minimize traffic hazards. Owen indicated BIAC could use about 3 gallons, Jeff suggested he work through Bruce.
- g. Message from Roy Swafford: Jeff indicated there were several incidents over the last couple of weeks. Safety reminder to use proper PPE and training to help minimize further injuries or property damage. Mike indicated they lost a large piece of safety glass out of their smoking area over the weekend. He states that a couple of instructors who were holding classes said they heard a "pop" and the glass shattered. No one seems to know what caused it.

7. Next Meeting: The next meeting is scheduled for Tuesday at 1:30 PM, September 14, 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

2 TO BE COMPLETED BY SUPERVISOR

CONTRIBUTING FACTORS OF INCIDENT/ACCIDENT/ILLNESS:

SAFE ACTIONS:

UNSAFE CONDITIONS:

- DISTRACTION, TEASING, HORSEPLAY
- OPERATING WITHOUT AUTHORITY
- MAKING SAFETY DEVICES INOPERATIVE
- TAKING UNSAFE POSITION
- FAILURE TO USE PERSONAL PROTECTIVE DEVICES
- OTHER: _____

- INADEQUATE SUPERVISION
- DEFECTIVE TOOLS, EQUIPMENT, OR SUBSTANCE
- HAZARDOUS ARRANGEMENT
- SUB-STANDARD PHYSICAL CONDITIONING
- UNSAFE CLOTHING
- PREVIOUS INJURY
- HAZARDOUS OBSTACLES
- 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

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

NA

22. ADDITIONAL SUPERVISOR COMMENTS:

None

23. SUPERVISOR NAME (PRINT):

Aaron Hochstrasser

24. SUPERVISOR SIGNATURE:

25. DATE:

7-9-10

SAFETY COMMITTEE REVIEW

26. SAFETY COMMITTEE RECOMMENDATIONS:

27. SAFETY CHAIR SIGNATURE:

28. DATE:

REPORT OF INCIDENT/ACCIDENT/ILLNESS

- > PRINT OR TYPE ONLY. TO BE COMPLETED BY THE INURED 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: Kingsley Fire	3. DATE OF REPORT: 7/9/10
4. JOB TITLE: Training Officer		5. TYPE OF INCIDENT/ACCIDENT/ILLNESS: Strain	
6. EXTENT OF INJURY (Body part or location of pain): Left shoulder			
7. LOCATION WHERE INJURY OCCURRED: Kingsley Field Fire Station			
8. DATE & TIME OF INCIDENT/ACCIDENT/ILLNESS: June 23, 10 Afternoon			
11. DATE REPORTED: July 9, 10		12. REPORTED TO WHOM: Chief Tyree	
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): During base testing, as we were loading and unloading hose, I felt a strain in my left shoulder. I did not notify anyone as I thought it would quickly go away. The weather at the time was sunny and warm and we were wearing helmets and gloves along with uniform and steel toe boots.			
15. DESCRIBE FIRST AID/MEDICAL TREATMENT: Sent to Doctor on 9 July 10			
16. WHERE WAS INDIVIDUAL SENT (IF TRANSPORTED): N/A		17. MEANS OF TRANSPORTATION:	
18. INJURED INDIVIDUALS WRITTEN COMMENTS: I expected the pain to diminish quickly, but it has continued to get worse. I now have limited range of motion with out sharp pain.			

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"/> INADEQUATE SUPERVISION
<input type="checkbox"/> MAKING SAFETY DEVICES INOPERATIVE	<input type="checkbox"/> TAKING UNSAFE POSITION	<input type="checkbox"/> DEFECTIVE TOOLS, EQUIPMENT, OR SUBSTANCE
<input type="checkbox"/> FAILURE TO USE PERSONAL PROTECTIVE DEVICES	<input type="checkbox"/> OTHER: _____	<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?		
NONE		
GUIDES TO CORRECTIVE ACTION		
21. IF AN UNSAFE ACTION AND/OR CONDITION WAS IDENTIFIED, LIST CORRECTIVE ACTION TAKEN		
Nothing identified		
22. ADDITIONAL SUPERVISOR COMMENTS:		
23. SUPERVISOR NAME (PRINT):	24. SUPERVISOR SIGNATURE:	25. DATE:
Leslie Tyree	Leslie Tyree	9 Jul 10
SAFETY COMMITTEE REVIEW		
26. SAFETY COMMITTEE RECOMMENDATIONS:		
27. SAFETY CHAIR SIGNATURE:	28. DATE:	

REPORT OF INCIDENT/ACCIDENT/ILLNESS

- > PRINT OR TYPE ONLY. TO BE COMPLETED BY THE INJURED EMPLOYEE OR ATTENDING STAFF
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- > FOLLOW THE GUIDELINES ON THE MEDICAL TRANSPORT CHECKLIST

1. NAME OF INDIVIDUAL: 		2. Section: Pelen	3. DATE OF REPORT: 7/7/10
4. JOB TITLE: Electrician		5. TYPE OF INCIDENT/ACCIDENT/ILLNESS: Foreign body	
6. EXTENT OF INJURY (Body part or location of pain): Right eye			
7. LOCATION WHERE INJURY OCCURRED:			
8. DATE & TIME OF INCIDENT/ACCIDENT/ILLNESS: 7/7/10 - 7:30 AM			
11. DATE REPORTED: 7/7/10		12. REPORTED TO WHOM: Co-worker	
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): Was removing lighting fixture while in grove lift, wind blew paint or rust particles over glasses into eye.			
15. DESCRIBE FIRST AID/MEDICAL TREATMENT: Emergency Rm			
16. WHERE WAS INDIVIDUAL SENT (IF TRANSPORTED):		17. MEANS OF TRANSPORTATION:	
18. INJURED INDIVIDUALS WRITTEN COMMENTS: Same as #14			

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):	24. SUPERVISOR SIGNATURE:	25. DATE:
_____	_____	_____
SAFETY COMMITTEE REVIEW		
26. SAFETY COMMITTEE RECOMMENDATIONS:		
_____ _____ _____		
27. SAFETY CHAIR SIGNATURE:	28. DATE:	
_____	_____	

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: 		2. Section: <u>Acit</u>	3. DATE OF REPORT: <u>7/9/10</u>
4. JOB TITLE: <u>Custodial Svcs. Coord.</u>		5. TYPE OF INCIDENT/ACCIDENT/ILLNESS: <u>Strain</u>	
6. EXTENT OF INJURY (Body part or location of pain): <u>Back</u>			
7. LOCATION WHERE INJURY OCCURRED: <u>Forest Grove Army - outside</u>			
8. DATE & TIME OF INCIDENT/ACCIDENT/ILLNESS: <u>7/9/10 - Afternoon</u>			
11. DATE REPORTED: <u>7/9/10</u>		12. REPORTED TO WHOM: <u>Supervisor</u>	
13. WITNESS (attach statement if necessary) RELATIONSHIP: _____ NAME: _____ PHONE: _____ <small>SUPERVISOR, CO-WORKER, ETC.</small>		WITNESS (attach statement if necessary) RELATIONSHIP: _____ NAME: _____ PHONE: _____ <small>SUPERVISOR, CO-WORKER, ETC.</small>	
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): <u>Was trimming wedges, tried to step a little and back gave out. Could barely stand up.</u>			
15. DESCRIBE FIRST AID/MEDICAL TREATMENT: <u>Went to doctor</u>			
16. WHERE WAS INDIVIDUAL SENT (IF TRANSPORTED):		17. MEANS OF TRANSPORTATION:	
18. INJURED INDIVIDUALS WRITTEN COMMENTS: <u>Same as #14</u>			

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?		
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SAFETY COMMITTEE REVIEW		
26. SAFETY COMMITTEE RECOMMENDATIONS:		
27. SAFETY CHAIR SIGNATURE:	28. DATE:	

Oregon Military Department
Quarterly Workplace Safety Inspection

Location: UMCD Building 30

Date: 7/16/2010

Prepared by: Dan Hinkley

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?
 41) Are cylinders clearly marked to identify what they contained?
 42) Are cylinders secured while in use?
 43) Are gauges 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: _____ 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				
			<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: 7/16/2010

Prepared by: Dan Hinkley

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?

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SUPERVISOR'S CHECKLISTS

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 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: Hermiston

Date: 7/16/2010

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, office cubical daisy chained	Repair cubical outlets	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ken Long	Being looked at	<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: Regional Coordinator

**Oregon Military Department
Quarterly Workplace Safety Inspection**

Location: Grants Pass REDCEN

Date: 1 July 2010

Prepared by: John Unger

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 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 within 24" of ceiling?

CONFINED SPACES

- 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: Grants Pass REDCEN

Date: 1 July 10

Prepared by: John Unger

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"/>			29 Mar 10	<input checked="" type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			7 Apr 10	<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: Roseburg REDCEN

Date: 30 June 2010

Prepared by: John Unger

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 within 24" of ceiling?

CONFINED SPACES

- 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: Grants Pass REDCEN

Date: 30 June 2010

Prepared by: John Unger

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				
15	Missing receptacle cover RM#112 (single 30 amp)	Replace receptacle cover. Order if necessary.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	John Unger	<i>Taken care of</i>	30 July 10	<input type="checkbox"/>
28	MSDS not available for supply office/flamm locker.	Work with Supply SGT to obtain required MSDS.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	John Unger Sgt Lybarger	Ordered MSDS Binders and wall rack. <i>Done</i>	30 July 10	<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: BB

**Oregon Military Department
Quarterly Workplace Safety Inspection**

Location: La Grande RC

Date: July 1, 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?
 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?
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 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?

AISSLES/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?
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FIRE PROTECTION AND PREVENTION

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 36) Do cabinet doors automatically close?
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 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?
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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: La Grande RC

Date: 1 July 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? <input checked="" 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"/>				<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

**Oregon Military Department
Quarterly Workplace Safety Inspection**

Location: La Grande FMS

Date: 8 July 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?
 5) Is a fall arrest system in place and being used?

LOCKOUT/TAGOUT

- 6) Are correct lockout/tagout procedures in use?
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 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

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 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 (toe 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?
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FIRE PROTECTION AND PREVENTION

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WELDING/COMPRESSED GAS STORAGE

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 41) Are cylinders clearly marked to identify what they contained?
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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: La Grande FMS

Date: 8 July 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				
15	GFI plug - SW corner of maint bay is inoperative and needs replace	replace receptacle	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Jack Cassidy	need person with electrical license to replace receptacle - Bruce Volksteit notified	8-1-10 <i>Done</i>	<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"/>

Copies to: Supervisor Safety Committee Unit Other: _____

**Oregon Military Department
Quarterly Workplace Safety Inspection**

Location: Baker City RC

Date: 6 July 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?
 5) Is a fall arrest system in place and being used?

LOCKOUT/TAGOUT

- 6) Are correct lockout/tagout procedures in use?
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ELECTRICAL SYSTEMS

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 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

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 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?
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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?
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WELDING/COMPRESSED GAS STORAGE

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 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: Baker City RC

Date: July 6, 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? <input checked="" 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"/>
			<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: _____

Machine Guarding Keeps You Safe

CAUTION

Machine guards help prevent injuries from contact with:

- Points of operation
- Ingoing nip points
- Rotating parts
- Blades and other sharp pieces
- Pinch points

Play it safe:

- Don't remove, disable, deactivate, or try to work around machine guards and safety devices.
- Report—and don't use—machines with missing or disabled guards or protective devices.
- Follow all machine operating instructions; never skip steps.
- Know how to turn the equipment on and off quickly and safely.
- Inspect all equipment before use. Don't use if it's damaged or hasn't been maintained properly.
- Use a push stick, not your hands, to feed materials into machines.
- Wear eye protection to prevent injuries from flying chips or sparks.

Vehicular Safety & Inspection

Motor Vehicle Safety Checklist

Use this safety checklist *before* you get behind the wheel.

Tires:

- Are any of them flat or low on air?
- Are they inflated to the proper pressure?

Lights:

- Headlights (both high- and low-beams)
- Taillights and brake lights
- Backup lights
- Turn signals

Windshield Wipers:

- Operating correctly
- Blades in good condition
- Washer operating
- Plenty of fluid

Engine Fluids:

- Proper oil level
- Proper brake fluid level
- Proper coolant/antifreeze level

Belts and Hoses:

- Good condition
- Adjusted properly



Battery:

- Connections are tight (wear gloves and safety glasses)
- No excessive corrosion around terminals

Appropriate Safety Equipment:

- Flares or breakdown signs
- Sand and snow shovel
- Other

REMINDER:

**When you're driving, if something seems wrong it probably *is* wrong.
Pull off the road and have the problem checked.**

Dangers of Carbon Monoxide

WARNING! A SILENT KILLER



Know the dangers:

- ✓ Reduces the oxygen-carrying capacity of the blood
- ✓ Gives no warning because it is odorless and colorless
- ✓ Can aggravate anemia and heart and respiratory problems
- ✓ Can be passed to the fetus by a pregnant woman
- ✓ Can cause unconsciousness, permanent damage, or death

Know the symptoms of CO exposure:

- ✓ Headache
- ✓ Fatigue
- ✓ Nausea
- ✓ Dizziness
- ✓ Rapid breathing or pulse



Know the common sources of CO exposure

- ✓ Vehicle exhaust fumes
- ✓ Faulty heating systems
- ✓ Operation of other fuel-burning equipment



Know the proper response:

- ✓ Get to fresh air immediately.
- ✓ Call 911 for medical assistance.
- ✓ Administer 100 percent oxygen if the victim is breathing.
- ✓ Administer CPR if the victim has stopped breathing.
- ✓ Attempt a CO rescue only if you are trained and have proper respiratory protection.

Beck, Jeffery A Mr NGOR

From: Swafford, Roy D Mr NGOR
Sent: Thursday, August 05, 2010 1:23 PM
To: Gilbert, Timothy L Mr NGOR; Neet, Darrell D Mr NGOR; Beck, Jeffery A Mr NGOR; Vollstedt, Bruce Mr NGOR; Wilson, George M Mr NGOR
Cc: Caldwell, Mika; Rees, Christian F LTC NGOR; AGI-SMW-OR; Dohrman Bryce E; Sawvel, Robin M
Subject: Safety - Work Procedures (UNCLASSIFIED)

Classification: UNCLASSIFIED
Caveats: NONE

ALCON: This week has not been a good week in terms of safety in AGI-D / RPOM. This week alone we have had 1 new guard shack window broken, 2 windshields broken, 1 dented bumper and have been notified of a claim that a sign fell and damaged a privately owned vehicle approximately 2 months ago. These results are unacceptable.

Tim Gilbert has already issued some guidance and is taking action to include a short stop of any mowing until such time as we can be convinced employees can do so without causing further damage. This e-mail is to add emphasis to what he is doing and to impress upon you the need to be safe, think about what you are doing and how you are doing it. The guard shack window and both windshields are claims of damage from mowing. While there may be some question of did it really happen, these are too many incidents at one time to be anything other than carelessness.

Guidance:

1. Managers and supervisors will immediately review with all employees best practices when mowing vicinity of parking lots, roads, streets and driveways. Those who supervise inmates will conduct training with inmates and properly supervise them, as well as ensure they are wearing required PPE.
2. At the earliest indication of a claim; employees, witnesses and the claimant must provide a written statement.

FYI - each one of these claims are either paid out of our existing budget or if they exceed the Agencies deductible, through DAS Risk Management. These items jack up our insurance rates. It is every employees responsibility to ensure they operate equipment correctly, use appropriate safety pre-cautions and consider themselves responsible for safety - their personal safety, anyone they supervise, equipment safety and others property.

Roy

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Classification: UNCLASSIFIED
Caveats: NONE