

AGENDA

JFHQ & Readiness Centers, Region 2 thru 8

Safety Committee Meeting

Location: JFHQ TAG Conf. Room 200

Date: Tuesday, September 14, 2010

Time: 1:30 PM

1. Review and approve August meeting minutes – All
2. Review of Accident/Incident Reports for August
3. Hazard Log Review/Non Hazard Log
4. September Safety Topics
5. Fire Drill AAR
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

September 30, 2010

MEMORANDUM FOR RECORD

Subject: Safety Meeting for September, 2010

The Oregon Military Department Safety Committee met on 14 September 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	Present
Bryce Dohrman	AGC	Risk Manager	Absent
Bruce Vollstedt	AGI	Member	Absent
Jeff Beck	AGI	Member	Present
Terri Kroeker	DS-Air	Member	Present
Mike Wiley	Region 4	Member	Absent
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 August 11, 2010 meeting. A motion to approve the minutes was given by Jeff Beck and a second by Terry Sevey.

2. Review of Accident/Incident Reports for the Agency for September: There were three reports submitted to the committee, only one was related to our area. We had a Facility Operation Specialist receive an electrical shock. Jeff spoke with the employee and both agree with the need to keep the power on for troubleshooting reasons. Employee was wearing the proper PPE he just needs to be careful. The other two were just reviewed but no recommendations were required or given.

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

4. October Safety Topics: This month's safety topics are Asbestos, Arriving at and Leaving Work Safely, and Work Place Violence. 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. Jeff indicated it is good to

combine both work and home safety topics as it lets employee's know we care 24 hours a day.

5. Fire Drill AAR: Robin indicated the fire drill went pretty well. The fire department pulled the alarm. This was the first experience with the radios. A few kinks in the process was discovered which was good as this gives us the opportunity to work them out. The building was vacated in 5 minutes and it took another 5 minutes to account for everyone. Salem Fire Dept. stayed after the drill and spoke with all of the Evacuation Coordinators and gave them feedback on their observations. Robin also indicated that there was a lot of feedback which was pretty good and she will be making some changes to the process. The fire department also did a walk around and verified a third fire hydrant, the generator building in the FMS was missing a placard and the keys in the Key box were checked. A master key and key card have been added to the key box.

Robin is also working with the Fire Dept. to do a walk through the SRC building. The question came up "if you don't have a fire alarm, how many fire drills should be held?" Robin stated that even if you don't have an alarm, you should still be doing drills at least once a year.

6. New Business:

- a. Quarterly Safety Inspections: Mr. Hinkley indicated the daisy chain issues that were identified during his Safety Inspection have been corrected. Jeff indicated the daisy chain issue in federal supply in JFHQ has also been corrected.

7. Next Meeting: The next meeting is scheduled for Tuesday at 1:30 PM, October 12, 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

REPORT OF INCIDENT/ACCIDENT/ILLNESS

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

1. NAME OF INDIVIDUAL: [REDACTED]		2. Section: <i>Maint</i>	3. DATE OF REPORT: <i>9-9-10</i>
4. JOB TITLE: <i>Facility Operations Specialist</i>		5. TYPE OF INCIDENT/ACCIDENT/ILLNESS: <i>Electric Shock</i>	
6. EXTENT OF INJURY (Body part or location of pain): <i>no visible injury</i>			
7. LOCATION WHERE INJURY OCCURRED: <i>AASF Roof Hanger 2.</i>			
8. DATE & TIME OF INCIDENT/ACCIDENT/ILLNESS: <i>9-8-10 10:30</i>			
11. DATE REPORTED: <i>9-9-10</i>		12. REPORTED TO WHOM: <i>Robin Webb</i>	
13. WITNESS (attach statement if necessary) RELATIONSHIP: <u><i>NONE</i></u> SUPERVISOR, CO-WORKER, ETC. NAME: _____ PHONE: _____		WITNESS (attach statement if necessary) RELATIONSHIP: _____ SUPERVISOR, CO-WORKER, ETC. NAME: _____ PHONE: _____	
14. DESCRIBE INCIDENT/ACCIDENT/ILLNESS FULLY (Include how it occurred, conditions when it occurred (weather, clothing, safety equipment, etc), and describe how it felt to the individual when it occurred): <i>While trouble shooting an outside lamp on the roof of Hanger 2 I reached out and touched the housing. The housing was hot (charged with 277V) I was shocked and let go landing on the roof. It shook me up pretty good but was uninjured.</i>			
15. DESCRIBE FIRST AID/MEDICAL TREATMENT: <i>None</i>			
16. WHERE WAS INDIVIDUAL SENT (IF TRANSPORTED):		17. MEANS OF TRANSPORTATION:	
18. INJURED INDIVIDUALS WRITTEN COMMENTS: _____ _____ _____			

THIS SIDE TO BE COMPLETED BY SUPERVISOR

19. CONTRIBUTING FACTORS OF INCIDENT/ACCIDENT/ILLNESS:

UNSAFE 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: _____

Should not touch the housing on a fixture that is not operating properly.

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:

22. ADDITIONAL SUPERVISOR COMMENTS:

23. SUPERVISOR NAME (PRINT):

Jeff Beck

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: [REDACTED]		2. SECTION: CAMP WITHYCOMBE ELECTRONICS SECTION	3. DATE OF REPORT: 16 AUG 10
4. JOB TITLE: ELECTRONICS TECH		5. TYPE OF INCIDENT/ACCIDENT/ILLNESS: SCALP INJURY DUE TO HITTING HEAD	
6. EXTENT OF INJURY (Body part or location of pain): MINOR SCALP INJURY REQUIRING 4 STAPLES - TO LEFT SIDE OF HEAD			
7. LOCATION WHERE INJURY OCCURRED: BENCH E23 OF ELECTRONICS SECTION, CAMP WITHYCOMBE, CLACKAMAS, OR			
8. DATE & TIME OF INCIDENT/ACCIDENT/ILLNESS: 16 AUG 10 @ 0900 AM			
11. DATE REPORTED: 16 AUG 10		12. REPORTED TO WHOM: MR. MARK PERRY, SECTION SUPERVISOR	
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): BENT DOWN TO PICK UP A DROPPED PART. DIDN'T REALIZE DRAWER WAS PARTLY OPEN & WHEN STANDING BACK UP HIT THE LEFT SIDE OF HEAD ON OPEN DRAWER EDGE. CAUSING A GOUGE/CUT TO UPPER LEFT SIDE OF SCALP.			
15. DESCRIBE FIRST AID/MEDICAL TREATMENT: APPLIED GAZE w/ PRESSURE & WAS TRANSPORTED TO KAISER PERMANENTE, WHERE I WAS TREATED AT THE OCCUPATIONAL HEALTH CLINIC			
16. WHERE WAS INDIVIDUAL SENT (IF TRANSPORTED): KAISER PERMANENTE, SUNNYSIDE RD, CLACKAMAS, OR		17. MEANS OF TRANSPORTATION: SHOP TRUCK	
18. INJURED INDIVIDUAL'S WRITTEN COMMENTS: I WAS TREATED VERY QUICKLY BY KAISER'S PHYSICIAN & TOLD TO RETURN TO WORK TUESDAY 17 AUG 2010.			

THIS SIDE TO BE COMPLETED BY SUPERVISOR

19. CONTRIBUTING FACTORS OF INCIDENT/ACCIDENT/ILLNESS:		
UNSAFE ACTIONS: <i>DON'T INSURE DRAWER WAS CLOSED</i>		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?		
<i>NO</i>		
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: <div style="background-color: black; width: 100px; height: 15px;"></div>		2. Section: PAMC CE	3. DATE OF REPORT: Aug. 9, 2010
4. JOB TITLE: Facilities Maintenance Specialist		5. TYPE OF INCIDENT/ACCIDENT/ILLNESS: Abdominal muscle strain w/ hernia popping out	
6. EXTENT OF INJURY (Body part or location of pain): Abdomin			
7. LOCATION WHERE INJURY OCCURRED: Portland Air National Guard Air Base Bldg #175			
8. DATE & TIME OF INCIDENT/ACCIDENT/ILLNESS: approx 10 AM Friday - 8/6/10			
11. DATE REPORTED: Aug. 9, 2010		12. REPORTED TO WHOM: Robin Boren	
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): Injury sustained when I lifted a steel door ^{out of} the its frame, and moved the door approx 15 ft. to be pick up for disposal. At first I thought it was my lower back giving me discomfort, I got home and the hernia was very sore & it pops out. weather was summer like, T-shirt & jeans w/ safety toed boots, used a flat bar to aid in lifting.			
15. DESCRIBE FIRST AID/MEDICAL TREATMENT: none yet			
16. WHERE WAS INDIVIDUAL SENT (IF TRANSPORTED):		17. MEANS OF TRANSPORTATION:	
18. INJURED INDIVIDUALS WRITTEN COMMENTS: 			

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:

██████ requested and received help moving doors.
██████ assisted ██████ initially, ██████ could not
was not there when he moved the door by himself.

23. SUPERVISOR NAME (PRINT): Robin Boren	24. SUPERVISOR SIGNATURE: 	25. DATE: 9 Aug 2014
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SAFETY COMMITTEE REVIEW

26. SAFETY COMMITTEE RECOMMENDATIONS:

27. SAFETY CHAIR SIGNATURE:	28. DATE:
_____	_____

Asbestos

Overview

Asbestos was once a very widely used, mineral-based building material. Asbestos is found in building materials such as shingles, floor tiles, cement pipes, roofing felts, insulation, ceiling tiles, fire-resistant drywall, and acoustical products.

How can it hurt me?

Asbestos enters the body when you breathe in the fibers, or when fibers are inhaled while smoking. Asbestos can also be ingested by eating food in areas containing asbestos fibers. Once asbestos has embedded itself into your body, it cannot be removed. Symptoms of asbestos exposure include the following:

- **Acute (short term):** Shortness of breath, chest or abdominal pain, or irritation of the skin and mucous membranes.
- **Chronic (long term):** Breathing difficulty, dry cough, broadening and thickening of the ends of the fingers, bluish discoloration of the skin and mucous membranes, asbestosis, lung cancer and/or mesothelioma.

Smoking is known to make asbestos-related symptoms worse.



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What must I do?

You are required to:

- follow company rules when working in asbestos exposure areas.
- use any personal protective equipment which the company offers.
- follow all rules regarding hygiene before taking breaks or after your work shift.
- follow all company rules on where to change clothes before and after work.
- know what to do with PPE following completion of the job or work shift.
- understand how to clean, test, use, and maintain your PPE.

Arriving At and Leaving Work Safely

Play It Safe Coming and Going

Stay With the Crowd

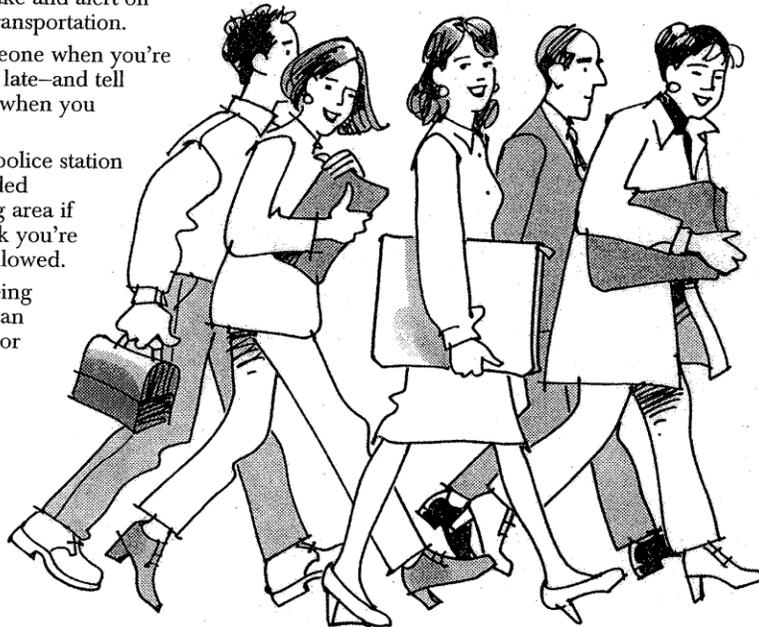
- Walk and drive on busy, well-traveled streets.
- Travel when possible with co-workers or friends.
- Choose almost fully occupied train or subway cars.

Don't Tempt Criminals

- Avoid wearing visible expensive jewelry on the street.
- Carry your purse or briefcase close to your body.
- Carry minimal cash.
- Avoid publicly discussing your destination, route, etc.
- Carry your car keys or transit fare in your hand.
- Keep your car locked and windows closed whether driving or parked.
- Place packages and valuables out of sight in your car.

Demonstrate Confidence and Caution

- Walk briskly and alertly, head up.
- Carry a flashlight, white flag, and safety flare in your car.
- Stay awake and alert on public transportation.
- Tell someone when you're working late—and tell security when you leave.
- Go to a police station or crowded shopping area if you think you're being followed.
- Avoid being alone in an elevator or stairway.



Workplace Violence

SECURITY

Help Keep Violence Out of the Workplace

Take Security Seriously

- Wear, and don't lend your identification badge to others.
- Keep security doors closed and locked.
- Escort visitors to the work area after they sign in and obtain a name tag.
- Obey rules against weapons, drugs, and alcohol at work.
- Set up a "danger signal" with co-workers.
- Know security and police phone numbers.
- Tell security if you see a stranger with no identification in a work area or if there's someone you fear might attack you at work.
- Lock up purses and valuables.

Be Alert to Potentially Violent Behavior

You might have cause for concern if a customer or co-worker:

- Threatens violence
- Threatens to "get even" with you, co-workers, or supervisors
- Tries repeatedly to intimidate you or others
- Talks a lot about weapons
- States that others are out to "get" him or her
- Holds grudges
- Blames others for problems
- Displays frequent, unreasonable anger
- Combines disturbing behaviors with substance abuse

Report behavior that concerns you. You may be able to head off violence and get troubled people the help they need.