AGENDA

JFHQ & Readiness Centers, Region 2 thru 8

Safety Committee Meeting

Location: JFHQ Conf. Room 200

Date: Tuesday, January 11, 2011

Time: 1:30 PM

1. Review and approve December meeting minutes – All
2. Review of Accident/Incident Reports for December
3. Hazard Log Review/Non Hazard Log
4. January Safety Topics
5. Policy Update
6. Due Out Updates
7. New Business

    a. Final Injury Rates for 2010
    b. Emergency Action Plan annual review

8. Next Meeting Date

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

AGP

January 31, 2011

MEMORANDUM FOR RECORD

Subject: Safety Meeting for January, 2011

The Oregon Military Department Safety Committee met on 11 January 2011, at the Military Department in room 212. The meeting convened at 1:30 PM. The status of Member attendance was as follows:

Jeff Beck	**AGI**	**Chairman**	**Present**
Tim Gilbert	AGI	Vice Chair	Absent
Robin Webb	**AGP**	**Safety Manager/Recorder**	**Present**
Bryce Dohrman	AGC	Risk Manager	Absent
Bruce Vollstedt	**AGI**	**Member**	**Present**
Terri Kroeker	**DS-Air**	**Member**	**Present**
Mike Wiley	Region 4	Member	Absent
John Unger	**Region 5**	**Member**	**Present**
Russell Turner	**Region 6**	**Member**	**Present**
Mark Fillman	Region 7	Member	Vacant
Dan Hinkley	Region 8	Member	Absent
Terry Sevey	**RTI**	**Member**	**Present**
David Stuckey	OEM	Member	Absent
Cherie Cline	**OEM**	**Alternate for OEM**	**Present**
Ryan Palmer	FED	Member	Absent

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

2. Review of Accident/Incident Reports for the Agency for December: There were four Incident Accident reports to review. None of the injuries fall under this safety committee so only a brief review was performed. No recommendations were required or given by this committee.

3. Hazard/Non Hazard Log Review: At the last meeting it was discussed on how we get the information onto these logs. Robin stated that she took all the Quarterly Inspection sheets she had received from last year and transposed that information onto the Hazard/Non Hazard Log. She asked everyone out there to notify her of what has been completed and she will take those items off.

4. Quarterly Safety Reports – January: Jeff indicated that he requested Dennis Bjarnson to post the new updated version of the Quarterly Safety Inspection on AKO –

Share Point site. There were three Inspections provided by Jack Cassity for the Baker City Area for review. Items were transferred over to the Hazard/Non Hazard log.

5. January Safety Topics: Safety Topics were reviewed by the committee. Robin reminded everyone that they should have their own Emergency Action Plan for each location. Robin will scan in the Evac Plan she has for the Bend Armory as an example for everyone.

6. Policy Updates: Robin indicated she is working with COL Deckert on Confined Spaces. She requested information from everyone out there on what confined spaces they have so that she can create a list of both federal and state confined space locations. The list will also indicate if they are permit required, which ones are not, which ones need to be labeled, etc. Robin also stated she had several copies of the Environmental Notebook made. Jeff indicated each location should have a copy of this note book already.

7. New Business: Robin is working on the 2010 cost for SAIF Claims. She should have a report for the next meeting. The Emergency Action Plan is tagged for January. She will be working on that in the near future also.

Robin also sent out the 2010 Safety Inspection Findings. This information was tallied off of the Inspections that Mr. Snook did in 2010. She went through each of the Inspections and categorized all of his findings so you could see what our biggest issues are out. Jeff indicated most of them are considered "low hanging fruit". Others are bigger costs such as permanent wiring.

8. Due outs:

a. Information for Hazard Logs/Non Hazard Logs

b. Schedule ARC Flash Training – Training materials have been completed and are waiting for approval.

c. Robin to work with Deckert on HazCom Policy – See Policy updates in number 6.

d. Update 420-10 with Quarterly Safety Inspection Sheet – Jeff indicated it has been posted on Share Point and is now part of the 420-10. Is in process of being signed by TAG.

e. Robin to email Bend Armory Evac Plan to Safety Committee Members

f. Fire Extinguishers at COUTES were behind locked doors in Weapon area. No access to this area, last inspection was 5 years ago. Do we need to purchase new ones and should we have keys? Bruce will check with Tim Gilbert.

9. **Next Meeting**: The next meeting is scheduled for Tuesday at 1:30 PM, February 8, 2011 in the JAG Conference room 212. The call in number is 1-866-700-9253 and the PIN is 2280321. Meeting adjourned at 2:10 PM.

/s/
Robin Webb
Safety Manager & Recorder

HQ STATE SAFETY COMMITTEE

Date: January 11, 2011

PRINT NAME	LOCATION
JEFF BECK	AGI-O
Terry Sevey	RTI
Bruce Volle	AGI-O
JOHN UNGER	AGI - REGION 5
RUSSELL TURNER	AGI - REG 6
Robin Webb	ACP
TERRI KROEKER	DSA
Cherie Cline	OEM

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: RSMS / Auto	3. DATE OF REPORT: 22 JUN 2010
4. JOB TITLE: MECHANIC	5. TYPE OF INCIDENT/ACCIDENT/ILLNESS: Back Injury.	
6. EXTENT OF INJURY(Body part or location of pain): Entire Back Area		
7. LOCATION WHERE INJURY OCCURRED: 10101 S.E. Clackamas Rd. 97015 Bldg. 6480		
8. DATE & TIME OF INCIDENT/ACCIDENT/ILLNESS: 22 DEC 2010 0900 HRS		
11. DATE REPORTED:	12. REPORTED TO WHOM: AARON HOCHSTRASSER, Automotive Supervisor.	

13. WITNESS (attach statement if necessary) RELATIONSHIP: Co-Worker SUPERVISOR, CO-WORKER, ETC. NAME: [redacted] PHONE: [redacted]	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 was stacking 5 KW generator palets and after were I began have a burning feeling in the left side of my pain did not think they were heavy at all.

15. DESCRIBE FIRST AID/MEDICAL TREATMENT:

shot in rear end and ice pack.

16. WHERE WAS INDIVIDUAL SENT (IF TRANSPORTED): Kaiser Sunnyside, Mt. Talbert, Occup. Health	17. MEANS OF TRANSPORTATION: POV / Co-Worker

18. INJURED INDIVIDUALS WRITTEN COMMENTS:

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:	3. DATE OF REPORT:
[redacted]	CE	12-2-10

4. JOB TITLE:	5. TYPE OF INCIDENT/ACCIDENT/ILLNESS:
CARPENTER	PROGRESSIVE HEARING LOSS

6. EXTENT OF INJURY(Body part or location of pain): CONTINUING HEARING LOSS IN BOTH EARS

7. LOCATION WHERE INJURY OCCURRED: KINGSLEY AIR FIELD

8. DATE & TIME OF INCIDENT/ACCIDENT/ILLNESS:	
PROGRESSIVE	

11. DATE REPORTED:	12. REPORTED TO WHOM:
12-2-10	DON MOORE (SUPERVISOR)

13. WITNESS (attach statement if necessary)	WITNESS (attach statement if necessary)
RELATIONSHIP: _____ SUPERVISOR, CO-WORKER, ETC.	RELATIONSHIP: _____ SUPERVISOR, CO-WORKER, ETC.
NAME: _____	NAME: _____
PHONE: _____	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):

CONTINUED EXPOSURE TO HIGH NOISE IN CARPENTER WORK & JET AIRCRAFT

15. DESCRIBE FIRST AID/MEDICAL TREATMENT:

USE OF HEARING PROTECTION

16. WHERE WAS INDIVIDUAL SENT (IF TRANSPORTED):	17. MEANS OF TRANSPORTATION:
N/A	N/A

18. INJURED INDIVIDUALS WRITTEN COMMENTS:

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

KR 12/13/10

1. NAME OF INDIVIDUAL: [redacted]	2. CLASS/PLATOON:	3. DATE OF REPORT: 12-9-10
4. JOB TITLE: Fiscal Analyst	5. TYPE OF INCIDENT/ACCIDENT/ILLNESS: Accident	
6. EXTENT OF INJURY(Body part or location of pain): Left Hip / Back Head (back right) Left Shoulder		
7. LOCATION WHERE INJURY OCCURRED: Parking lot / Road		
8. DATE & TIME OF INCIDENT/ACCIDENT/ILLNESS: 12-9-10 0803		
11. DATE REPORTED: 12-9-10	12. REPORTED TO WHOM: Office Manager / Supervisor	

13. WITNESS (attach statement if necessary) RELATIONSHIP: _____ SUPERVISOR, CO-WORKER, CADET ETC. NAME: _____ PHONE: _____	WITNESS (attach statement if necessary) RELATIONSHIP: _____ SUPERVISOR, CO-WORKER, CADET 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):

Fell / Slipped on ICE (black) on asphalt. Wearing business attire.

15. DESCRIBE FIRST AID/MEDICAL TREATMENT:

None

NURSE WAS NOTIFIED (circle one)? YES (NO)

16. WHERE WAS INDIVIDUAL SENT (IF TRANSPORTED): N/A	17. MEANS OF TRANSPORTATION: N/A

18. INJURED INDIVIDUALS WRITTEN COMMENTS:

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. CLASS/PLATOON:	3. DATE OF REPORT:
[redacted]	41 2010-2	12-9-10

4. JOB TITLE:	5. TYPE OF INCIDENT/ACCIDENT/ILLNESS:
Case Manager	Fell on ice

6. EXTENT OF INJURY(Body part or location of pain):
Fell on bottom - more to rt hip & bottom

7. LOCATION WHERE INJURY OCCURRED:
Sidewalk on Northside

8. DATE & TIME OF INCIDENT/ACCIDENT/ILLNESS:		
12/9/10 9am		

11. DATE REPORTED:	12. REPORTED TO WHOM:
12/9/10	Karen Rawnsley

13. WITNESS (attach statement if necessary)	WITNESS (attach statement if necessary)
RELATIONSHIP: _____ SUPERVISOR, CO-WORKER, CADET ETC.	RELATIONSHIP: _____ SUPERVISOR, CO-WORKER, CADET ETC.
NAME: _____	NAME: _____
PHONE: _____	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):
Walking from black top to sidewalk into building, when I made the surface transition my feet slipped out from under me in the ice and I fell.

15. DESCRIBE FIRST AID/MEDICAL TREATMENT:
N/A

NURSE WAS NOTIFIED (circle one)? YES NO

16. WHERE WAS INDIVIDUAL SENT (IF TRANSPORTED):	17. MEANS OF TRANSPORTATION:
N/A	N/A

18. INJURED INDIVIDUALS WRITTEN COMMENTS:
Low back is sore. Rt shoulder blade starting to hurt @ 9:34.

THIS SIDE TO BE COMPLETED BY SUPERVISOR

19. CONTRIBUTING FACTORS OF INCIDENT/ACCIDENT/ILLNESS:

UNSAFE ACTIONS: N/A

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

UNSAFE CONDITIONS:

- ☐ INADEQUATE SUPERVISION
- ☐ DEFECTIVE TOOLS, EQUIPMENT, OR SUBSTANCE
- ☐ HAZARDOUS ARRANGEMENT
- ☐ SUB-STANDARD PHYSICAL CONDITIONING
- ☐ UNSAFE CLOTHING
- ☐ PREVIOUS INJURY
- ☐ HAZARDOUS OBSTACLES
- ☒ OTHER: BLACK ICE IN AREAS OUTSIDE OF BUILDING

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?

N/A

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

WE ARE PUTTING OUT ICE MELT PERIODICALLY.

22. ADDITIONAL SUPERVISOR COMMENTS:

23. SUPERVISOR NAME (PRINT):	24. SUPERVISOR SIGNATURE:	25: DATE:
KAREN RAWNSLEY	Karen Rawnsley	12-9-10

26. COMMANDANT"S COMMENTS:

27. COMMANDANT"S SIGNATURE:	28. DATE:

29. OYCP HEALTH CARE PROVIDER'S COMMENTS: CADET SEEN ☐ NOT SEEN ☐

30. HEALTH CARE PROVIDER'S SIGNATURE:	31. DATE:

32. SAFETY COMMITTEE RECOMMENDATIONS:

33. SAFETY CHAIR SIGNATURE:	34. DATE:

Oregon Military Department
Quarterly Workplace Safety Inspection

Location: La Grande RC | Date: 7 Jan 2011 | Prepared by: Jack Cassity FMS

YES	NO	N/A	
			RECORDKEEPING/TRAINING
☒	☐	☐	**1)** Are minutes of committee meetings kept and made available?
☒	☐	☐	**2)** Is adequate safety training provided for employees and are records made available?
			HOUSKEEPING
☒	☐	☐	**3)** Are all areas kept clean, sanitary and orderly? (No trip, slip, or fire hazards)?
☒	☐	☐	**4)** Is fire equipment, exits, stairways, aisles and electrical panels accessible and not blocked?
			PERSONAL PROTECTIVE EQUIPMENT
☒	☐	☐	**5)** Is correct PPE available and is it being used?
☒	☐	☐	**6)** Is all required PPE functional and in good repair?
☒	☐	☐	**7)** Is PPE being stored properly when not in use?
☐	☐	☒	**8)** Is a fall arrest system in place and being used?
☒	☐	☐	**9)** Is protection against excessive exposure to occupational noise provided?
			MEDICAL/FIRST AID
☒	☐	☐	**10)** Are adequate first aid kits available and accessible to each work area?
☒	☐	☐	**11)** Are adequate means provided for flushing of the eyes in areas where corrosive materials are handled?
☒	☐	☐	**12)** Are installed AED's accessible and inspected regularly?
			PORTABLE LADDERS
☒	☐	☐	**13)** Are all ladders maintained in good condition and are non-slip safety feet installed on each ladder?
			LOCKOUT/TAGOUT
	☐	☐	**14)** Are correct lockout/tagout procedures in use?
☐	☐	☒	**15)** Are suspended loads on potential energy (such as compressed springs, hydraulics, or jacks) controlled to prevent hazards?
			ELECTRICAL SAFETY
☒	☐	☐	**16)** Are switches and circuit breakers clearly labeled to indicate their use or equipment served?
☒	☐	☐	**17)** Are portable/fixed electrical tools and equipment grounded or of the double insulated type and are cords in good condition?
☒	☐	☐	**18)** Do extension cords have a grounding conductor and are they free of splices or electrical tape and are not being used in lieu of permanent wiring?
☒	☐	☐	**19)** Are junction boxes, MCC Cabinets and Breaker Panels closed with no open breaker knockouts?
☒	☐	☐	**20)** Are GFCI outlets installed where needed?
☒	☐	☐	**21)** Receptacles and/or face plates are not broken?
☒	☐	☐	**22)** Surge suppressors are not "daisy chained"?
			EXITS
☒	☐	☐	**23)** 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?
☒	☐	☐	**24)** Are emergency/exit lights working and tested?
			AISLES/WALKWAYS/WORKING SURFACES
☒	☐	☐	**25)** Are aisle widths maintained at a minimum of 22-inches and emergency exit routes widths maintained at 28-inches and kept clear?
☐	☐	☒	**26)** Are floor openings, floor holes and pits covered or otherwise guarded?
☒	☐	☐	**27)** Are standard railings provided wherever aisle, walk-ways, open side of exposed stairs or raised workstations are elevated more than 30-inches above the ground or any adjacent floor?

YES	NO	N/A	
☒	☐	☐	**28)** No items are stored within 24" of ceiling?
			CONFINED SPACES
☐	☐	☒	**29)** Have all confined spaces been clearly labeled?
			MACHINE GUARDING/HAND TOOLS
☒	☐	☐	**30)** Is machinery, including grinders, saws and portable electric/pneumatic tools provided with appropriate safety guards and are they properly adjusted?
☒	☐	☐	**31)** Are all portable and hand tools in good condition?
			CHEMICALS
☒	☐	☐	**32)** Are there Material Safety Data Sheets (MSDS) readily available for each hazardous substance?
☒	☐	☐	**33)** Is there a list of hazardous substances used?
☒	☐	☐	**34)** Are operating procedures readily available to employees who work in or maintain a chemical process?
☒	☐	☐	**35)** Are hazardous materials properly stored?
☒	☐	☐	**36)** Are containers of hazardous materials appropriately labeled, including Secondary Containers?
			FIRE PROTECTION AND PREVENTION
☒	☐	☐	**37)** Are employees periodically instructed in the proper use of portable fire extinguishers and fire protection procedures?
☒	☐	☐	**38)** 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"?
☒	☐	☐	**39)** Are all fire extinguishers inspected and maintained regularly?
☒	☐	☐	**40)** Is the fire alarm system tested at least annually?
☒	☐	☐	**41)** Is the kitchen hood ventilation/fire suppression system functional and inspected at least quarterly?
☒	☐	☐	**42)** Are storage cabinets used to hold flammable liquids of the proper type and are they labeled?
☒	☐	☐	**43)** Do automatically closing doors (if installed) on flammable storage cabinets function properly?
☒	☐	☐	**44)** Are covered metal waste cans used for oily rags and paint-soaked waste?
☒	☐	☐	**45)** Are electrical equipment parts, which normally produce arcs, sparks, or flames enclosed and separated from all combustible materials?
			WELDING/COMPRESSED GAS STORAGE
☐	☐	☒	**46)** Are only trained and authorized personnel permitted to use welding, cutting or brazing equipment?
☐	☐	☒	**47)** Are gages turned off when not in use?
☐	☐	☒	**48)** Are cylinders properly stored and secured?
☐	☐	☒	**49)** Are valve handles open to drain lines?
			SUPERVISOR'S CHECKLISTS
☐	☐	☐	**50)** Employee Orientation Checklist
☐	☐	☐	**51)** New Job Orientation/Review Checklist
☐	☐	☐	**52)** Ladder Inspection Checklist
☐	☐	☐	**53)** Fall Protection Systems & Hazards Checklist
☐	☐	☐	**54)** Forklift Competency Evaluation Checklist

Please complete 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? ✔
			A	B	C				
			☐	☐	☐				☐
			☐	☐	☐				☐
			☐	☐	☐				☐
			☐	☐	☐				☐
			☐	☐	☐				☐
			☐	☐	☐				☐
			☐	☐	☐				☐
			☐	☐	☐				☐

Copies to: ☐ Supervisor ☐ Safety Committee ☐ Unit ☐ Other: _____

Oregon Military Department
Quarterly Workplace Safety Inspection

Location: La Grande FMS | Date: 7 Jan 2011 | Prepared by: Jack Cassity FMS

YES	NO	N/A	
			RECORDKEEPING/TRAINING
☒	☐	☐	**1)** Are minutes of committee meetings kept and made available?
☒	☐	☐	**2)** Is adequate safety training provided for employees and are records made available?
			HOUSKEEPING
☒	☐	☐	**3)** Are all areas kept clean, sanitary and orderly? (No trip, slip, or fire hazards)?
☒	☐	☐	**4)** Is fire equipment, exits, stairways, aisles and electrical panels accessible and not blocked?
			PERSONAL PROTECTIVE EQUIPMENT
☒	☐	☐	**5)** Is correct PPE available and is it being used?
☒	☐	☐	**6)** Is all required PPE functional and in good repair?
☒	☐	☐	**7)** Is PPE being stored properly when not in use?
☒	☐	☐	**8)** Is a fall arrest system in place and being used?
☒	☐	☐	**9)** Is protection against excessive exposure to occupational noise provided?
			MEDICAL/FIRST AID
☒	☐	☐	**10)** Are adequate first aid kits available and accessible to each work area?
☒	☐	☐	**11)** Are adequate means provided for flushing of the eyes in areas where corrosive materials are handled?
☒	☐	☐	**12)** Are installed AED's accessible and inspected regularly?
			PORTABLE LADDERS
☒	☐	☐	**13)** Are all ladders maintained in good condition and are non-slip safety feet installed on each ladder?
			LOCKOUT/TAGOUT
	☐	☐	**14)** Are correct lockout/tagout procedures in use?
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			EXITS
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☐	☐	☐	**27)** Are standard railings provided wherever aisle, walk-ways, open side of exposed stairs or raised workstations are elevated more than 30-inches above the ground or any adjacent floor?

YES	NO	N/A	
☒	☐	☐	**28)** No items are stored within 24" of ceiling?
			CONFINED SPACES
☐	☐	☒	**29)** Have all confined spaces been clearly labeled?
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☒	☐	☐	**30)** Is machinery, including grinders, saws and portable electric/pneumatic tools provided with appropriate safety guards and are they properly adjusted?
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			CHEMICALS
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☒	☐	☐	**33)** Is there a list of hazardous substances used?
☒	☐	☐	**34)** Are operating procedures readily available to employees who work in or maintain a chemical process?
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☐	☐	☐	**53)** Fall Protection Systems & Hazards Checklist
☐	☐	☐	**54)** Forklift Competency Evaluation Checklist

Please complete Inspection Report on reverse.

or

Location: La Grande FMS Date: 7 Jan 2011 Prepared by: Jack Cassity FMS

Observation						Action and Follow-up			
#	Item, Location, and Hazard(s)	Recommended Action	Priority			Responsible Person	Action Taken	Estimated Completion	Done? ✔
			A	B	C				
	noted on federal safety inspection - computer panel/rack to close to electrical panels	Move computer rack to another location	☐	☒	☐	AGI			☐
			☐	☐	☐				☐
			☐	☐	☐				☐
			☐	☐	☐				☐
			☐	☐	☐				☐
			☐	☐	☐				☐
			☐	☐	☐				☐
			☐	☐	☐				☐

Copies to: ☐ Supervisor ☐ Safety Committee ☐ Unit ☐ Other: _____

Oregon Military Department
Quarterly Workplace Safety Inspection

Location: Baker City RC Date: 7 January 2011 Prepared by: Richard Anderson

YES	NO	N/A	
			RECORDKEEPING/TRAINING
☒	☐	☐	**1)** Are minutes of committee meetings kept and made available?
☒	☐	☐	**2)** Is adequate safety training provided for employees and are records made available?
			HOUSKEEPING
☒	☐	☐	**3)** Are all areas kept clean, sanitary and orderly? (No trip, slip, or fire hazards)?
☒	☐	☐	**4)** Is fire equipment, exits, stairways, aisles and electrical panels accessible and not blocked?
			PERSONAL PROTECTIVE EQUIPMENT
☒	☐	☐	**5)** Is correct PPE available and is it being used?
☒	☐	☐	**6)** Is all required PPE functional and in good repair?
☒	☐	☐	**7)** Is PPE being stored properly when not in use?
☒	☐	☐	**8)** Is a fall arrest system in place and being used?
☒	☐	☐	**9)** Is protection against excessive exposure to occupational noise provided?
			MEDICAL/FIRST AID
☒	☐	☐	**10)** Are adequate first aid kits available and accessible to each work area?
☒	☐	☐	**11)** Are adequate means provided for flushing of the eyes in areas where corrosive materials are handled?
☒	☐	☐	**12)** Are installed AED's accessible and inspected regularly?
			PORTABLE LADDERS
☒	☐	☐	**13)** Are all ladders maintained in good condition and are non-slip safety feet installed on each ladder?
			LOCKOUT/TAGOUT
☒	☐	☐	**14)** Are correct lockout/tagout procedures in use?
☒	☐	☐	**15)** Are suspended loads on potential energy (such as compressed springs, hydraulics, or jacks) controlled to prevent hazards?
			ELECTRICAL SAFETY
☒	☐	☐	**16)** Are switches and circuit breakers clearly labeled to indicate their use or equipment served?
☒	☐	☐	**17)** Are portable/fixed electrical tools and equipment grounded or of the double insulated type and are cords in good condition?
☒	☐	☐	**18)** Do extension cords have a grounding conductor and are they free of splices or electrical tape and are not being used in lieu of permanent wiring?
☒	☐	☐	**19)** Are junction boxes, MCC Cabinets and Breaker Panels closed with no open breaker knockouts?
☒	☐	☐	**20)** Are GFCI outlets installed where needed?
☒	☐	☐	**21)** Receptacles and/or face plates are not broken?
☒	☐	☐	**22)** Surge suppressors are not "daisy chained"?
			EXITS
☒	☐	☐	**23)** 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?
☒	☐	☐	**24)** Are emergency/exit lights working and tested?
			AISLES/WALKWAYS/WORKING SURFACES
☒	☐	☐	**25)** Are aisle widths maintained at a minimum of 22-inches and emergency exit routes widths maintained at 28-inches and kept clear?
☐	☐	☒	**26)** Are floor openings, floor holes and pits covered or otherwise guarded?
☒	☐	☐	**27)** Are standard railings provided wherever aisle, walk-ways, open side of exposed stairs or raised workstations are elevated more than 30-inches above the ground or any adjacent floor?

or

YES	NO	N/A	
☒	☐	☐	**28)** No items are stored within 24" of ceiling?
			CONFINED SPACES
☐	☐	☒	**29)** Have all confined spaces been clearly labeled?
			MACHINE GUARDING/HAND TOOLS
☒	☐	☐	**30)** Is machinery, including grinders, saws and portable electric/pneumatic tools provided with appropriate safety guards and are they properly adjusted?
☒	☐	☐	**31)** Are all portable and hand tools in good condition?
			CHEMICALS
☒	☐	☐	**32)** Are there Material Safety Data Sheets (MSDS) readily available for each hazardous substance?
☒	☐	☐	**33)** Is there a list of hazardous substances used?
☒	☐	☐	**34)** Are operating procedures readily available to employees who work in or maintain a chemical process?
☒	☐	☐	**35)** Are hazardous materials properly stored?
☒	☐	☐	**36)** Are containers of hazardous materials appropriately labeled, including Secondary Containers?
			FIRE PROTECTION AND PREVENTION
☒	☐	☐	**37)** Are employees periodically instructed in the proper use of portable fire extinguishers and fire protection procedures?
☒	☐	☐	**38)** 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"?
☒	☐	☐	**39)** Are all fire extinguishers inspected and maintained regularly?
☒	☐	☐	**40)** Is the fire alarm system tested at least annually?
☒	☐	☐	**41)** Is the kitchen hood ventilation/fire suppression system functional and inspected at least quarterly?
☒	☐	☐	**42)** Are storage cabinets used to hold flammable liquids of the proper type and are they labeled?
☒	☐	☐	**43)** Do automatically closing doors (if installed) on flammable storage cabinets function properly?
☒	☐	☐	**44)** Are covered metal waste cans used for oily rags and paint-soaked waste?
☒	☐	☐	**45)** Are electrical equipment parts, which normally produce arcs, sparks, or flames enclosed and separated from all combustible materials?
			WELDING/COMPRESSED GAS STORAGE
☐	☐	☒	**46)** Are only trained and authorized personnel permitted to use welding, cutting or brazing equipment?
☐	☐	☒	**47)** Are gages turned off when not in use?
☐	☐	☒	**48)** Are cylinders properly stored and secured?
☐	☐	☒	**49)** Are valve handles open to drain lines?
			SUPERVISOR'S CHECKLISTS
☐	☐	☐	**50)** Employee Orientation Checklist
☐	☐	☐	**51)** New Job Orientation/Review Checklist
☐	☐	☐	**52)** Ladder Inspection Checklist
☐	☐	☐	**53)** Fall Protection Systems & Hazards Checklist
☐	☐	☐	**54)** Forklift Competency Evaluation Checklist

Please complete Inspection Report on reverse.

Location: Baker City RC Date: 7 JAN 2011 Prepared by: Richard Anderson

Observation						Action and Follow-up			
#	Item, Location, and Hazard(s)	Recommended Action	Priority			Responsible Person	Action Taken	Estimated Completion	Done? ✔
			A	B	C				
			☐	☐	☐				☐
			☐	☐	☐				☐
			☐	☐	☐				☐
			☐	☐	☐				☐
			☐	☐	☐				☐
			☐	☐	☐				☐
			☐	☐	☐				☐
			☐	☐	☐				☐

Copies to: ☐ Supervisor ☐ Safety Committee ☐ Unit ☐ Other: _____

JFHQ & Readiness Centers, Region 2 Thru 8, Safety Committee Hazard/Non-Hazard Tracking Log -2010

HAZARD NUMBER	DESCRIPTION/ LOCATION	REPORTED BY	DATE REPORTED	CORRECT BY	RESPONSIBLE SUPERVISOR	DATE CORRECTED & REPORTED BY	REASON NOT CORRECTED
1.	Grants Pass REDCEN – Cargo box blocking fire extinguisher	John Unger	March 29, 2010		Jeff Beck		
2.	Hermiston – Daisy chain surge protector , supply room	Dan Hinkley	Jan 4, April 6, July 16, Oct 1, 2010		Bruce Vollstedt	August 26 Dan Hinkley	
3.	Hermiston – Exit light battery backup failure	Dan Hinkley	Jan 4, April 6, 2010		Bruce Vollstedt	June 16 Dan Hinkley	
4.	Hermiston – Fire Extinguisher & Suppression service	Dan Hinkley	Jan 4,, April 6, 2010		Bruce Vollstedt	May Dan Hinkley	
5.	Hermiston – GFI for generator – replace	Dan Hinkley	Oct 1, 2010		Bruce Vollstedt		Part not ordered
6.	Hermiston – Exit Light batteries – Need replace	Dan Hinkley	Oct 1, 2010		Bruce Vollstedt		Part not ordered
7.	JFHQ – Tri-Care office boxes on top of equipment	Mark Duncan	Oct 6, 2010		Jeff Beck		
8.	Lebanon RC – Hand rail on stairs for storage area	Ted Thornley	Oct 18, 2010		Jeff Beck		
9.	Grants Pass – Backyard items needing to be stowed	John Unger	Jan 12, 2010		Jeff Beck		
10.	Grants Pass – Indoor Fire range housekeeping	John Unger	Jan 12, 2010		Jeff Beck		
11	Grants Pass – Missing PPE	John Unger	Jan 12, 2010		Jeff Beck		

12.	Grants Pass – Receptacle cover missing RMA #112	John Unger	Jan 12, Mar 31, 2010		Jeff Beck		
13.	Grants Pass – Extension Cord - Permanent wiring	John Unger	Jan 12, 2010		Jeff Beck		
14.	Grants Pass – MSDS for supply room	John Unger	Jan 12, Mar 31, 2010		Jeff Beck		
15.	Grants Pass – Flam Liquids in USAR vault room	John Unger	Jan 12 2010		Jeff Beck		
16.	Grants Pass – Broken recap. In locker room	John Unger	Jan 12, 2010		Jeff Beck		
17.	Lane County FMS – Cargo straps in front of panel	Mike Wiley	Sept 29, 2010	Ssgt McDonald	Jeff Beck	Dec 10 Mike Wiley	
18.	Medford Armory & FMS – No fall protection for Srvc Panels - need railing	Ray Osborn	Dec 22, 2010		Jeff Beck		
19.	Medford Armory & FMS – No fall protection for HVAC	Ray Osborn	Dec 22, 2010		Jeff Beck		

Working in Cold Weather Conditions

Cold weather conditions pose a challenge if your job requires you to work outside. Luckily, there are measures you can take to help brace for the cold, making sure your work performance does not suffer and protecting yourself from related illness.

Dangers of Cold Weather

Though it may be tempting to think that you can just "tough it out" or "power through it," there are distinct dangers associated with cold weather labor that you need to prepare for. The two most common of these are frostbite and hypothermia.

1. Frostbite typically affects the extremities, such as the hands and feet. A person's nose can also succumb to frostbite. Medline Plus, a service of the U.S. National Library of Medicine, describes the initial stages of frostbite as a "'pins and needles' sensation." This is followed by numbness. In severe cases, frostbite can cause permanent damage to the skin.

2. Hypothermia is a very severe condition that occurs when your body is losing more heat than it can produce. The Mayo Clinic warns, "when your body temperature drops, your heart, nervous system and other organs cannot work correctly." The American Heart Association explains that heart failure causes most hypothermia-related deaths. Though hypothermia-related death is a real danger, EHS Today reports that the number of work-related deaths attributed directly to cold weather is only about four or five per year. Proper precautions should always be taken to avoid nonfatal tissue damage or a lengthy hypothermia recovery process.

Prevention Strategies

1. Your first line of defense against cold weather conditions is your clothing. Rather than relying solely on a thick jacket, layer multiple items for the best possible insulation. An American Heart Association article on cold weather dangers indicates that layering "traps air between layers, forming a protective insulation." Also, remember that much of your body's heat will be lost through your head, since it invariably must be exposed for breathing purposes and because a large amount of blood must circulate through your head to reach your brain. Do your best to cover your ears, face and neck with hats, masks and scarves.

2. Further prevention strategies involve basic safety advice such as using the "buddy system" to ensure that workers never go out into the cold alone. Additionally, keep yourself hydrated, preferably with warm liquids. Also make sure someone on the work crew has a cell phone handy to call for medical help if a laborer begins feeling cold-related pain or numbness.

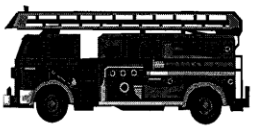
3. Lastly, avoid getting wet at all costs. The Occupational Safety and Health Administration (OSHA) claims that body heat is lost 24 times faster when clothing is wet. Always seek warm shelter immediately if your clothes get wet. Take off wet clothes and replace them with dry clothes rather than letting them air dry.

Emergency Action Plan—An Overview

Overview

There is always the potential for emergencies to occur at any of our facilities. In order to reduce exposure to emergencies, and to lessen their impacts on our business, we must have a written Emergency Response Action Plan. Emergency action plans are developed to provide guidelines on what actions to take if an emergency should occur.

What should be included?



In 29 CFR 1910.38(a), OSHA lists the minimum elements that should be included in our emergency action plan. These elements include:

- Emergency escape procedures and emergency escape routes.
- Procedures for employees who remain to operate critical plant operations before they evacuate.
- Procedures to account for workers after emergency evacuation has been completed.
- Rescue and medical duties for those employees who are to perform them.
- The preferred means of reporting fires, hazardous chemical spills, and other emergencies.
- Names or regular job titles of persons or departments who can be contacted for further information or explanation of duties under the plan.

In addition to the required training elements listed in 1910.38(a), information should also be provided to our employees on:

- Procedures for sounding emergency alarms. If more than one alarm is used, distinguish between signals and indicate what action is required when each sounds.
- Who to notify in the event of an emergency.
- What phones to use and what number(s) to call to report emergencies.
- Location and use of emergency fire alarms.

Employee Training

The OSHA regulation requires that we designate and train a sufficient number of persons to assist in the safe and orderly emergency evacuation of employees. Those employees are our Evacuation Coordinators. They are responsible for making sure all soldiers/employees are accounted for in the event of an Emergency Evacuation.

Where To Go For More Information

If you are not familiar with the Emergency Evacuation Plan for your location, please check with your Safety Committee members or contact me at robin.m.webb@mil.state.or.us Each of our facilities are responsible in creating their own Emergency Evacuation Plan and each plan should be reviewed on an annual basis.

2010 Safety Inspection Findings
(42 Inspections)

Types of Issue	No. of Findings
Extension cord vs. permanent wiring	149
Daisy Chaining of surge protectors/extension cords	83
Unsecured fixtures/equipment from tipping/walking	83
Damaged cords/plugs	53
Lack of monthly fire extinguisher checks	41
Machine guard removed/missing	39
Housekeeping Issues – Messy, MSDS, Evac Routes, Etc.	38
Missing gate or standard railing	32
Damaged or missing faceplate	25
Unsanitary Conditions – Dirt/rodent-bird droppings & Mold	20
No tube covers/baskets on lights	19
Lack of monthly/annual inspection of required equipment	17
Install GFI Plugs	16
Empty breaker spots/junction box issues	10
Lack of proper PPE (equipment) in required areas	9
Faulty Equipment	9
Need painted warnings/treads/load limits on floor/wall	9
No Torch flashback preventers	8
Water damaged flooring/ Ceilings	6
Ergonomic Issues	3
Static Cord/grounds missing	3
Propane Tank location/Explosion proof lights/wiring	2