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

AGP

January 8, 2010

MEMORANDUM FOR RECORD

Subject: Safety Meeting for December, 2009

The Oregon Military Department Safety Committee met on 22 December 2009, at the Military Department in room 200. The meeting convened at 1:30 PM. The status of Member attendance was as follows:

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

**1. Review of Minutes**: The first order of business was to review the Safety Meeting minutes from the November, 2009 meeting. A couple of typographical errors were pointed out and the minutes were approved as written.

**2. Review of Accident/Incident Reports for the Agency for November/December**: There were 14 total but only four fell into this Safety Committee's recommendations. Each one for this committee was reviewed and recommendations written on the report. (See Robin Webb if you want the specifics on each one as there are too many to list.)

**3. Claim Statistics & Workers Comp Claims:** Robin indicated she put together a sheet showing claims for 2005, 2006, 2007, 2008 and 2009 so that everyone could see how the number each year have progressed. As of December 11th there were 59 workers compensations/Incident Reports and then add on the four that were just reviewed for a total of 63. Out of that 13 Incident Reports add two more for a total 15. This gives us a

total of 48 for 2009 which means we surpassed 2008. In 2006 we had 38 claims, 2005 we had 35, 2007 showed 35, and 2008 we had 43.

Robin also passed out the Workers Comp report that comes from SAIF. It's double sided and shows October and November so that you can compare. December has not been emailed yet. Check out the average timeloss payment between the two months and how much it's jumped. The committee suggested we look at what the common themes are for injuries that we should be looking at. Robin will put something together for the next meeting.

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

**5. CPR/First Aid Training & Distro List:** Robin passed out the most recent list she had for the Deliberators which is September 2009. 2LT Tavoloni indicated he doesn't have an updated list but has been told they have all been distributed. He also indicated that some of the older life packs have been updated and re-distro'd out to areas that would not have gotten one. Jeff indicated there are several armories that have not seen theirs yet. Jeff will get MAJ Deckert a list of places that are still short. MAJ Deckert indicates that because they are a federal purchase they probably went to the Battalion S4 to be transferred to the Battalion property book. MAJ Deckert will look up the ones that are considered still missing. Jeff stated he believes Newport and Roseburg still have not received theirs. Robin indicated it would be nice to have one at the Salem Auditorium. MAJ Deckert will contact DOL to see what he can do about getting one located there.

Robin also stated Don Fleck from the Mt. Angle Fire Dept. has agreed to do another CPR training in March. If anyone knows if there is anything out there that would conflict with scheduling this to please let her know. She also stated the LaGrande Armory is looking to have a CPR training done over there. She was contacted by a federal employee; MAJ Deckert will contact DOL to have them follow up on this.

**6. 2010 Safety Topics**: Robin indicated that she put together a Safety Committee Topic list for 2010. Suggestions were made for additional safety topics to be added. Robin will add these and bring the list to the next meeting for review.

**7. Renter Policy Manual**: Bruce indicated he has a copy of the Emergency Action Plan for the armories that he will bring over to the next meeting.

**8. New Business**:

a. Garbage: Robin stated she had received an email with a concern from one of our custodial employees about people putting sharp items such as broken glass in garbage containers. This creates a hazard not only for the janitor having to empty the trash but also a hazard as it relates to leaking various liquids. Robin indicated she will send out a reminder to everyone not to deposit broken glass or sharp items into trash cans. A can will be placed in JFHQ (location to be determined) and labeled specific for disposal of those types of items.

b. Holiday: Robin passed out the DAS policy on Holiday Decoration and Lights. Just a reminder that this policy exists. A suggestion was given that this should go out to everyone in the building including federal employees. Will have the next one posted on our website.

c. Executive Safety Mtg: Robin passed out the Executive Safety Minutes from October. Thought these were gone over in the last meeting but there was nothing that was addressed on the tape. So, if there are any questions, let her know. Next meeting won't be until March.

d. Quarterly Inspections: Same for these thought these were reviewed also but no mention of them either. The consensus was these were reviewed and all was fine. Jeff will send Robin copies of the ones for this building as she can not access the computers on the federal side where they are posted.

e. Federal Safety Minutes: MAJ Deckert indicated Occupational Health and the Deputy State Surgeon both agreed to change the title to reflect changes in the National Guard Regulation (NGR). The Federal Safety Committee's title is now "State Safety and Occupational Health Council."

f. New Safety Committee Members: Robin indicated there was some concern in which Medford and Ashland felt there was no representation for them on the safety committee to air their safety concerns. Right now there are only two employees in those locations, one supervisor and one co-worker. Therefore, as soon as another person is hired (which should be within the next month or so) we can address adding another member. It was also indicated that Jack Cassity no longer wishes to be part of the safety committee so he will be taken off. As there is no one to replace him for that location, the committee will operate without him.

There is concern from the Safety Committee members that Bryce Dohrman who is our Risk Manager has not attended meetings in a year. Robin stated she has approached him several times to attend but he's always to busy. Robin will talk with his supervisor to seek some encouragement as to Bruce attending. It is important from a Risk standpoint to have him at the meetings.

**9. Next Meeting**: The next meeting is scheduled for Tuesday at 1:30 PM, January 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

Attendance Safety committee
22 Dec 09

Frank W. Wallace
Cherie Zastoupil, OEM
Terri Kroeker, DS-AIR
Jeff Beck, AGI
Tim DECKERT, SAFETY
Anthony Tavolini safety
Terry Sevey RTI
Terry Larson Camp Adm
ROBIN Webb
Mike Wiley
John unger
OWEN Pence
Bruce volsted

**Claim Statistics for 2009**

1. As of December 11, 2009, we have 59 workers comp/Incident Reports.
2. Out of that 59 there are **13 Incident Reports**
3. For a total of 46 "Others"
4. There were 4 recordable shifts in hearing
5. One was at Rilea
6. 3 were at K-Falls-CE
7. Ending total of **42** workers comp claims for 2009

**Claim Statistics for 2008**

1. As of December 31, 2008, there were 62 workers comp/Incident Reports
2. Out of that **17 were Incident Reports**
3. For a total of 45 "Others"
4. There were 2 recordable shifts in hearing
5. Both were at Rilea
6. 2 Possible Exposures to HIV – MLA's
7. Ending total of **43** workers comp claims for 2008

**Claim Statistics for 2007**

1. As of December 31, 2007, there were 38 workers comp/Incident Reports
2. Out of that 38, there were **3 Incident Reports**
3. For a total of **35** Claims
4. 3 Possible Exposures to HIV – K-Falls FD

**Claim Status for 2006**

There were 47 cases of which **9 were Incident Reports** for a total of **38** workers comp claims. Out of those, there were two recordable shifts in hearing, one at Rilea and one at PANG FD.

2005

35 claims

JHR

# 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: Rental | 3. DATE OF REPORT: 12-1-09 |
|---|---|---|
| 4. JOB TITLE: Marketing Event Coordinator | 5. TYPE OF INCIDENT/ACCIDENT/ILLNESS: | |
| 6. EXTENT OF INJURY (Body part or location of pain): Acromioclavicular separation Grade II | | |
| 7. LOCATION WHERE INJURY OCCURRED: Storage Room | | |
| 8. DATE & TIME OF INCIDENT/ACCIDENT/ILLNESS: 12-1-09 7:30 am | | |
| 11. DATE REPORTED: 12-1-09 | 12. REPORTED TO WHOM: Scott Baker | |

13. WITNESS (attach statement if necessary)

RELATIONSHIP: None.
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 ):

Metal Doorway divider being stored fell, hitting my shoulder

15. DESCRIBE FIRST AID/MEDICAL TREATMENT:

Sought medical treatment due to considerable

| 16. WHERE WAS INDIVIDUAL SENT (IF TRANSPORTED): Medford Sports Injury | 17. MEANS OF TRANSPORTATION: Car |
|---|---|

18. INJURED INDIVIDUALS WRITTEN COMMENTS:

I was moving a cart full of chairs when Incident occurred. Since my back was to the metal divider, I'm not sure what caused it to fall.

THIS SIDE TO BE COMPLETED BY SUPERVISOR

19. CONTRIBUTING FACTORS OF INCIDENT/ACCIDENT/ILLNESS:

UNSAFE ACTIONS: N/A

UNSAFE CONDITIONS: Possibly store items laying on floor.

- ☐ DISTRACTION, TEASING, HORSEPLAY
- ☐ OPERATING WITHOUT AUTHORITY
- ☐ MAKING SAFETY DEVISES 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?

None noted.

## GUIDES TO CORRECTIVE ACTION

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

None.

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: [redacted] | 2. Section: | 3. DATE OF REPORT: 11-18-09 |
|---|---|---|
| 4. JOB TITLE: Operation & Maintenance Supervisor | 5. TYPE OF INCIDENT/ACCIDENT/ILLNESS: fall, hitting & injuring back of head/scalp area. | |
| 6. EXTENT OF INJURY (Body part or location of pain): head injury | | |
| 7. LOCATION WHERE INJURY OCCURRED: drill floor off F Company Supply | | |
| 8. DATE & TIME OF INCIDENT/ACCIDENT/ILLNESS: 10:55 am 11-17-09 | | |
| 11. DATE REPORTED: 11-17 / 11-18-09 | 12. REPORTED TO WHOM: OMD Personnel | |

| 13. WITNESS (attach statement if necessary) | WITNESS (attach statement if necessary) |
|---|---|
| RELATIONSHIP: Co-worker | RELATIONSHIP: Co-worker |
| NAME: [redacted] (SUPERVISOR, CO-WORKER, ETC.) | NAME: [redacted] (SUPERVISOR, CO-WORKER, ETC.) |
| PHONE: [redacted] | PAGER PHONE: [redacted] |

14. DESCRIBE INCIDENT/ACCIDENT/ILLNESS FULLY (Include how it occurred, conditions when it occurred (weather, clothing, safety equipment, etc), and describe how it felt to the individual when it occurred ):

The work crew was scheduled to strip & wax the floor. One area of the Medford Armory drill floor had stripping compound in an area that Mr Beck was not aware. Stepping on that area caused him to slip & fall.

15. DESCRIBE FIRST AID/MEDICAL TREATMENT:

Viewed by coworkers. Recommended to have injury "checked out". Resulted in medical treatment, Workman's comp claim, 5 staples & follow up pain relievers

| 16. WHERE WAS INDIVIDUAL SENT (IF TRANSPORTED): Rogue Valley Medical Center | 17. MEANS OF TRANSPORTATION: Driven by co-worker Sean Hamelin |
|---|---|

18. INJURED INDIVIDUALS WRITTEN COMMENTS:

SLIPPED ON SKIDDER HIT HEAD.

**THIS SIDE TO BE COMPLETED BY SUPERVISOR** March 16.

19. CONTRIBUTING FACTORS OF INCIDENT/ACCIDENT/ILLNESS:

| UNSAFE ACTIONS: | UNSAFE CONDITIONS: |
|---|---|
| ☐ DISTRACTION, TEASING, HORSEPLAY<br>☐ OPERATING WITHOUT AUTHORITY<br>☐ MAKING SAFETY DEVISES INOPERATIVE<br>☐ TAKING UNSAFE POSITION<br>☐ FAILURE TO USE PERSONAL PROTECTIVE DEVICES<br>☐ OTHER: _____ | ☐ INADEQUATE SUPERVISION<br>☐ DEFECTIVE TOOLS, EQUIPMENT, OR SUBSTANCE<br>☐ HAZARDOUS ARRANGEMENT<br>☐ SUB-STANDARD PHYSICAL CONDITIONING<br>☐ UNSAFE CLOTHING<br>☐ PREVIOUS INJURY<br>☐ HAZARDOUS OBSTACLES<br>☐ OTHER: Awareness issue of where stripping agent was applied to floor. |

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 except additional clear communication regarding where stripping agent is present.

## GUIDES TO CORRECTIVE ACTION

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

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: [redacted] | 2. Section: ARC | 3. DATE OF REPORT: 11-19-09 |
|---|---|---|
| 4. JOB TITLE: Custodian | 5. TYPE OF INCIDENT/ACCIDENT/ILLNESS: Smack Thumb on door | |
| 6. EXTENT OF INJURY(Body part or location of pain): Cut on thumb | | |
| 7. LOCATION WHERE INJURY OCCURRED: Ack Room # 335 | | |
| 8. DATE & TIME OF INCIDENT/ACCIDENT/ILLNESS: 11-17-09 6:00 PM | | |
| 11. DATE REPORTED: 11-17-09 | 12. REPORTED TO WHOM: | |

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):

Smack Thumb on door.

15. DESCRIBE FIRST AID/MEDICAL TREATMENT:

Soak in Ice

| 16. WHERE WAS INDIVIDUAL SENT (IF TRANSPORTED): | 17. MEANS OF TRANSPORTATION: |
|---|---|

18. INJURED INDIVIDUALS WRITTEN COMMENTS:

2009 NOV 30 P 1:49
RECEIVED - AGP
MILITARY DEPARTMENT
STATE OF OREGON

THIS SECTION TO BE COMPLETED BY SUPERVISOR

19. CONTRIBUTING FACTORS OF INCIDENT/ACCIDENT/ILLNESS:

UNSAFE ACTIONS: NONE

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

UNSAFE CONDITIONS: NONE

- ☐ 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?

PREVIOUS INJURY TO THUMB CAUSED THE INJURY

## GUIDES TO CORRECTIVE ACTION

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

BE AWARE OF INJURED THUMB

22. ADDITIONAL SUPERVISOR COMMENTS:

NONE - SPOKE TO EMPLOYEE AND CONDUCTED ACCIDENT INVESTIGATION ON FOR 1ST DAY BACK 30 NOV. 09

| 23. SUPERVISOR NAME (PRINT): | 24. SUPERVISOR SIGNATURE: | 25: DATE: |
|---|---|---|
| JEREMY A. BECK | Jeff Beck | 30 NOV. 09. |

## SAFETY COMMITTEE REVIEW

26. SAFETY COMMITTEE RECOMMENDATIONS:

| 27. SAFETY CHAIR SIGNATURE: | 28. DATE: |
|---|---|
| | |

K-1 0117

# 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: FIRE DEPT | 3. DATE OF REPORT: 19 Nov 09 |
|---|---|---|
| 4. JOB TITLE: DEPUTY FIRE CHIEF | 5. TYPE OF INCIDENT/ACCIDENT/ILLNESS: STEPPED IN HOLE, JARRED HIP/BACK | |

6. EXTENT OF INJURY(Body part or location of pain): PAIN IN HIP (LEFT) & LOWER BACK

7. LOCATION WHERE INJURY OCCURRED: Bldg 216 FIRE STATION LAWN AREA

| 8. DATE & TIME OF INCIDENT/ACCIDENT/ILLNESS: 17 Nov 09, 1000 hrs | | |
|---|---|---|
| 11. DATE REPORTED: 17 Nov 09 | 12. REPORTED TO WHOM: LES TYREE & Micky DRYDEN | |

| 13. WITNESS (attach statement if necessary) | WITNESS (attach statement if necessary) |
|---|---|
| RELATIONSHIP: SUPERVISOR | RELATIONSHIP: HR ANALYST |
| SUPERVISOR, CO-WORKER, ETC. | SUPERVISOR, CO-WORKER, ETC. |
| NAME: LES TYREE | NAME: ~~[illegible]~~ Micky DRYDEN |
| PHONE: 541-885-6477 | PHONE: 503-584-3583 |

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 WALKING ACCROSS THE GRASS TO OBSERVE A PERSON PERFORMING A TASK. I STEPPED IN A SMALL HOLE UNEXPECTABLY AND JARRED MY LEFT HIP, LEG, AND LOWER BACK. MADE EXISTING HIP & BACK INJURY WORSE.

15. DESCRIBE FIRST AID/MEDICAL TREATMENT:

HEAT PAD, ETC.

| 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: NONE

- ☐ 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: UNEVEN GROUND

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?

WALKING ON UNEVEN GROUND

RECEIVED - AGP
MILITARY DEPARTMENT
STATE OF OREGON
2009 NOV 23 A 8:45

## GUIDES TO CORRECTIVE ACTION

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

N/A

22. ADDITIONAL SUPERVISOR COMMENTS:

Normally not an area of personnel traffic. Uneven ground.

| 23. SUPERVISOR NAME (PRINT): | 24. SUPERVISOR SIGNATURE: | 25. DATE: |
|---|---|---|
| Leslie Tyree | [signature] | 19NOV09 |

## SAFETY COMMITTEE REVIEW

26. SAFETY COMMITTEE RECOMMENDATIONS:

| 27. SAFETY CHAIR SIGNATURE: | 28. DATE: |
|---|---|
| | |

K-Falls

WICC

# 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: Custodial | 3. DATE OF REPORT: Oct. 6, 2009 |
|---|---|---|
| 4. JOB TITLE: Custodial Coordinator | 5. TYPE OF INCIDENT/ACCIDENT/ILLNESS: Hurt Lower Back | |
| 6. EXTENT OF INJURY (Body part or location of pain): Strained Lower back muscles - sciatic pain was really bad, but has been ongoing since Aug. 09. | | |
| 7. LOCATION WHERE INJURY OCCURRED: Supply Building # 223 | | |
| 8. DATE & TIME OF INCIDENT/ACCIDENT/ILLNESS: September 30, 09 4:45 PM approx. | really felt intense continuous pain + shooting pain down leg + access | |
| 11. DATE REPORTED: Sept. 29, 09 | 12. REPORTED TO WHOM: Don Moore - only that I was having to have back treatment due to ongoing pain. | |

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):

Have had ongoing chronic pain in my lower back since 1998 when I had first injured it at work. I have used exercises, ice, pain meds otc etc. to keep it under control but since Aug. 09 the methods of previous reties haven't worked + I saw my family Dr. The pain is caused by pushing, pulling, lifting and carrying, bending + stretching and shoots from my lumbar area across to the left + down my left leg and became really bad when I tried to furnish the floors at our Supply Bldg. on Sept. 30, 09 and s

15. DESCRIBE FIRST AID/MEDICAL TREATMENT:

Ibuprophen + ice until Aug. 6 when I 1st saw my Dr. and afterward at until Dr. Weaner gave me an anti-inflamatory on Sept. 18, 09. An MRI was done Sept. 25, 09 + I was told on Oct. 2 I have a herniated disc 2 places.

| 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:

- ☐ 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: _____

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?

UN Known

## GUIDES TO CORRECTIVE ACTION

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

USE PROPER lifting Twisting and bending

22. ADDITIONAL SUPERVISOR COMMENTS:

Was not notified when Incident happened or what was cause

| 23. SUPERVISOR NAME (PRINT): | 24. SUPERVISOR SIGNATURE: | 25. DATE: |
|---|---|---|
| Donald L Moore | Donald L Moore | 10/6/09 |

## SAFETY COMMITTEE REVIEW

26. SAFETY COMMITTEE RECOMMENDATIONS:

| 27. SAFETY CHAIR SIGNATURE: | 28. DATE: |
|---|---|
| | |

YCK

WIC ✓

# 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. CLASS/PLATOON: NJA | 3. DATE OF REPORT: 11/22/09 |
| 4. JOB TITLE: Cook | 5. TYPE OF INCIDENT/ACCIDENT/ILLNESS: CUT Middle Finger LEFT HAND | |
| 6. EXTENT OF INJURY(Body part or location of pain): LEFT HAND MIDDLE FINGER | | |
| 7. LOCATION WHERE INJURY OCCURRED: DFAC | | |
| 8. DATE & TIME OF INCIDENT/ACCIDENT/ILLNESS: 11-22-09 @ 17:20 | | |
| 11. DATE REPORTED: 11-22-09 | 12. REPORTED TO WHOM: MR. McNEil / Supervisor on Duty | |

| 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):

OCCURRED IN THE DFAC While Slicing the Pizza BREAD TO Serve CADET. I CUT MY LEFT MIDDLE Finger WITH A SERRADED KNIFE. THERE WAS THROBBING PAIN When it GOT CUT.

15. DESCRIBE FIRST AID/MEDICAL TREATMENT:

MR. McNEil CLEANED It With Peroxide AND PUT GAUZE AND TAPE AROUND FINGER TO STOP THE BLEEDING

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

| 16. WHERE WAS INDIVIDUAL SENT (IF TRANSPORTED): | 17. MEANS OF TRANSPORTATION: |
|---|---|
| TO Clinic AFTER leaving DYCP | PICK UP BY MY BROTHER |

18. INJURED INDIVIDUALS WRITTEN COMMENTS:

THIS SIDE TO BE COMPLETED BY SUPERVISOR

19. CONTRIBUTING FACTORS OF INCIDENT/ACCIDENT/ILLNESS:

UNSAFE ACTIONS:

- ☐ 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: _____

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

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

All Cook are now required to wear cut proof Gloves during prep & Serve if using a knife.

22. ADDITIONAL SUPERVISOR COMMENTS:

Make Sure you know where all your fingers are and not in they way of the knife

| 23. SUPERVISOR NAME (PRINT): | 24. SUPERVISOR SIGNATURE: | 25. DATE: |
|---|---|---|
| Marte Stanley | Marte Stanley | 11-23-09 |

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

| 27. HEALTH CARE PROVIDER'S SIGNATURE: | 28. DATE: |
|---|---|
| | |

29. COMMANDANT COMMENTS:

| 30. COMMANDANT SIGNATURE: | 31. DATE: |
|---|---|
| | |

32. SAFETY COMMITTEE RECOMMENDATIONS:

| 33. SAFETY CHAIR SIGNATURE: | 34. DATE: |
|---|---|
| | |

YCK

WIC 1

# 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. CLASS/PLATOON: 2 / GLC-2 | 3. DATE OF REPORT: 11-6-09 |
| 4. JOB TITLE: GLC-2 | 5. TYPE OF INCIDENT/ACCIDENT/ILLNESS: LACERATION | |
| 6. EXTENT OF INJURY(Body part or location of pain): Left Hand | | |
| 7. LOCATION WHERE INJURY OCCURRED: La Pine State Park | | |
| 8. DATE & TIME OF INCIDENT/ACCIDENT/ILLNESS: 11-6-09 | | |
| 11. DATE REPORTED: 11-6-09 | 12. REPORTED TO WHOM: Mr Shirkins | |
| 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 occured (weather, clothing, safety equipment, etc), and describe how it felt to the individual when it occurred):

While chopping wood at La Pine State Park on a S2C Project Mr Bontrager was holding a piece of wood w/ his left Hand. Using his right hand to wield the Axe and brought it down on his left Hand.

15. DESCRIBE FIRST AID/MEDICAL TREATMENT:

Applied pressure, then cleand with Hydrogen Peroxide, the applied a pressure dressing.

NURSE WAS NOTIFIED (circle one)? YES NO

| | |
|---|---|
| 16. WHERE WAS INDIVIDUAL SENT (IF TRANSPORTED): | 17. MEANS OF TRANSPORTATION: |

18. INJURED INDIVIDUALS WRITTEN COMMENTS:

I was chopping kneeling holding it on the chopping block with my left hand and chopping with my right hand. As I came down the axe ended up on my left palm cutting it.

## THIS SIDE TO BE COMPLETED BY SUPERVISOR

19. CONTRIBUTING FACTORS OF INCIDENT/ACCIDENT/ILLNESS:

UNSAFE ACTIONS:

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

UNSAFE CONDITIONS:

- ☐ 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

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

22. ADDITIONAL SUPERVISOR COMMENTS:

23. SUPERVISOR NAME (PRINT): SHIELDS

24. SUPERVISOR SIGNATURE:

25. DATE: 11-9-03

26. OYCP PHYSICIAN COMMENTS:

27. PHYSICIAN SIGNATURE:

28. DATE:

29. COMMANDANT COMMENTS:

STAFF needs to be more situationally aware when working Sharp Tools.

30. COMMANDANT SIGNATURE:

31. DATE: 11-9-03

32. SAFETY COMMITTEE RECOMMENDATIONS:

33. SAFETY CHAIR SIGNATURE:

34. DATE:

1 FIND

# 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: 142 CAS Stenciling | 3. DATE OF REPORT: 07 DEC 2009 |
|---|---|---|
| 4. JOB TITLE: Facilities Maintenance Specialist | 5. TYPE OF INCIDENT/ACCIDENT/ILLNESS: Bruise to Back of Hand | |
| 6. EXTENT OF INJURY(Body part or location of pain): (R) Hand Bruised Knuckles First Two | | |
| 7. LOCATION WHERE INJURY OCCURRED: 471 | | |
| 8. DATE & TIME OF INCIDENT/ACCIDENT/ILLNESS: 1030 7 Dec 09 | | |
| 11. DATE REPORTED: 7 Dec 09 | 12. REPORTED TO WHOM: Scott Lusted | |

| 13. WITNESS (attach statement if necessary) | WITNESS (attach statement if necessary) |
|---|---|
| RELATIONSHIP: [redacted] | RELATIONSHIP: |
| SUPERVISOR, CO-WORKER, ETC. | SUPERVISOR, CO-WORKER, ETC. |
| NAME: [redacted] | 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):

opening Pocket door on outside. Held on to door handle and did not let go, because I didnt let go of the handle my hand was smashed between the door handle and the door Jamb.

15. DESCRIBE FIRST AID/MEDICAL TREATMENT:

None

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

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<br>☐ OPERATING WITHOUT AUTHORITY<br>☐ MAKING SAFETY DEVISES INOPERATIVE<br>☐ TAKING UNSAFE POSITION<br>☐ FAILURE TO USE PERSONAL PROTECTIVE DEVICES<br>☒ OTHER: Failure to pay Attention and let go of door handle | ☐ INADEQUATE SUPERVISION<br>☐ DEFECTIVE TOOLS, EQUIPMENT, OR SUBSTANCE<br>☐ HAZARDOUS ARRANGEMENT<br>☐ SUB-STANDARD PHYSICAL CONDITIONING<br>☐ UNSAFE CLOTHING<br>☐ PREVIOUS INJURY<br>☐ HAZARDOUS OBSTACLES<br>☐ 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:

22. ADDITIONAL SUPERVISOR COMMENTS:

| 23. SUPERVISOR NAME (PRINT): | 24. SUPERVISOR SIGNATURE: | 25. DATE: |
|---|---|---|
| Scott Lusted | Scott Lusted | 07 DEC 09 |

## SAFETY COMMITTEE REVIEW

26. SAFETY COMMITTEE RECOMMENDATIONS:

| 27. SAFETY CHAIR SIGNATURE: | 28. DATE: |
|---|---|
| | |

Withy

# 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: Supply | 3. DATE OF REPORT: 11/23/09 |
|---|---|---|
| 4. JOB TITLE: Labor | 5. TYPE OF INCIDENT/ACCIDENT/ILLNESS: Head trauma | |
| 6. EXTENT OF INJURY(Body part or location of pain): forehead hit by bar | | |
| 7. LOCATION WHERE INJURY OCCURRED: Outside of J compound | | |
| 8. DATE & TIME OF INCIDENT/ACCIDENT/ILLNESS: 11/23/09 1:30 pm | | |
| 11. DATE REPORTED: 11/23/09 | 12. REPORTED TO WHOM: [redacted] Gairy Reynolds 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

SUPERVISOR, CO-WORKER, ETC.

NAME: [redacted] Reynolds

PHONE: [redacted]

14. DESCRIBE INCIDENT/ACCIDENT/ILLNESS FULLY (Include how it occurred, conditions when it occurred (weather, clothing, safety equipment, etc), and describe how it felt to the individual when it occurred):

I was dealing with a crane boom and was setting the supports and bent down and hit my head on a bar that was sticking out and recieved a swell on the head

15. DESCRIBE FIRST AID/MEDICAL TREATMENT:

Ice pack was applied to the head

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

18. INJURED INDIVIDUALS WRITTEN COMMENTS:

bent down and bump my head

**THIS SIDE TO BE COMPLETED BY SUPERVISOR**

19. CONTRIBUTING FACTORS OF INCIDENT/ACCIDENT/ILLNESS:

| UNSAFE ACTIONS: | UNSAFE CONDITIONS: |
|---|---|
| ☐ DISTRACTION, TEASING, HORSEPLAY<br>☐ OPERATING WITHOUT AUTHORITY<br>☐ MAKING SAFETY DEVISES INOPERATIVE<br>☐ TAKING UNSAFE POSITION<br>☐ FAILURE TO USE PERSONAL PROTECTIVE DEVICES<br>☐ OTHER: _____ | ☐ INADEQUATE SUPERVISION<br>☐ DEFECTIVE TOOLS, EQUIPMENT, OR SUBSTANCE<br>☐ HAZARDOUS ARRANGEMENT<br>☐ SUB-STANDARD PHYSICAL CONDITIONING<br>☐ UNSAFE CLOTHING<br>☐ PREVIOUS INJURY<br>☑ HAZARDOUS OBSTACLES<br>☐ 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?

Member bent down to put blocking blocks under boom, inadvertenly bumped his head on overhanding suport bar on boom.

## GUIDES TO CORRECTIVE ACTION

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

observe for Hazardous obstacles, wear proper safety gear ie hard hat.

22. ADDITIONAL SUPERVISOR COMMENTS:

| 23. SUPERVISOR NAME (PRINT): | 24. SUPERVISOR SIGNATURE: | 25: DATE: |
|---|---|---|
| Gairy Reynolds | Gairy Reynolds | 11/25/09 |

## SAFETY COMMITTEE REVIEW

26. SAFETY COMMITTEE RECOMMENDATIONS:

| 27. SAFETY CHAIR SIGNATURE: | 28. DATE: |
|---|---|
| | |

WC

# 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: ALLIED TRADES | 3. DATE OF REPORT: 23/NOV/09 |
|---|---|---|
| 4. JOB TITLE: PAINTER | 5. TYPE OF INCIDENT/ACCIDENT/ILLNESS: WORK | |
| 6. EXTENT OF INJURY(Body part or location of pain): RIGHT SIDE LOWER BACK PAIN | | |
| 7. LOCATION WHERE INJURY OCCURRED: CAMP WITHYCOMBE | | |
| 8. DATE & TIME OF INCIDENT/ACCIDENT/ILLNESS: 23/NOV 10:00AM | | |
| 11. DATE REPORTED: 23/NOV/009 | 12. REPORTED TO WHOM: RICKY ROZZELL | |

| 13. WITNESS (attach statement if necessary) | WITNESS (attach statement if necessary) |
|---|---|
| RELATIONSHIP: CO-WORKER | RELATIONSHIP: |
| SUPERVISOR, CO-WORKER, ETC. | SUPERVISOR, CO-WORKER, ETC. |
| NAME: [redacted] | NAME: |
| PHONE: [redacted] | 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 WEARING PROPER PPE WHILE BENDING OVER TRAILER GRINDING & SANDING. I PULLED MY BACK & THE PAIN KNOCKED ME TO THE GROUND.

15. DESCRIBE FIRST AID/MEDICAL TREATMENT:

WENT TO KAISER HAD TO WEAR BACK BRACE AND TAKE PAIN MEDS.

| 16. WHERE WAS INDIVIDUAL SENT (IF TRANSPORTED): TO KAISER | 17. MEANS OF TRANSPORTATION: CAR |
|---|---|

18. INJURED INDIVIDUALS WRITTEN COMMENTS:

NOTE I HAVE TO PREFORM STRECHING EXERCISES BEFORE AND AFTER WORK TO WORK OUT HAMSTRINGS STOMACH MUSCLES INSTEAD OF PUTTING STRAIN ON LOWER BACK MUSCLES.

**THIS SIDE TO BE COMPLETED BY SUPERVISOR**

19. CONTRIBUTING FACTORS OF INCIDENT/ACCIDENT/ILLNESS:

| UNSAFE ACTIONS: | UNSAFE CONDITIONS: |
|---|---|
| ☐ DISTRACTION, TEASING, HORSEPLAY<br>☐ OPERATING WITHOUT AUTHORITY<br>☐ MAKING SAFETY DEVISES INOPERATIVE<br>☐ TAKING UNSAFE POSITION<br>☐ FAILURE TO USE PERSONAL PROTECTIVE DEVICES<br>☒ OTHER: _____ | ☐ INADEQUATE SUPERVISION<br>☐ DEFECTIVE TOOLS, EQUIPMENT, OR SUBSTANCE<br>☐ HAZARDOUS ARRANGEMENT<br>☒ SUB-STANDARD PHYSICAL CONDITIONING<br>☐ UNSAFE CLOTHING<br>☐ PREVIOUS INJURY<br>☐ HAZARDOUS OBSTACLES<br>☐ 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?

Employee needs to stretch muscles before working

## GUIDES TO CORRECTIVE ACTION

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

employee should stretch muscles before working or moving around equipment

22. ADDITIONAL SUPERVISOR COMMENTS:

| 23. SUPERVISOR NAME (PRINT): | 24. SUPERVISOR SIGNATURE: | 25: DATE: |
|---|---|---|
| Rickey L Rozzell Rickey L Rozzell | Rickey L Rozzell | 9 Dec 09 |

## SAFETY COMMITTEE REVIEW

26. SAFETY COMMITTEE RECOMMENDATIONS:

| 27. SAFETY CHAIR SIGNATURE: | 28. DATE: |
|---|---|
| | |

**Webb Robin M** Withy ✓

**From:** Webb Robin M
**Sent:** Monday, December 07, 2009 10:22 AM
**To:** 'Neet, Darrell D CIV NG ORARNG'; Geck Paul A
**Cc:** Swafford, Roy D. MAJ Ret CIV ORARNG
**Subject:** RE: Possible back strain injury (UNCLASSIFIED)

Darrell, I need an actual Incident Report form filled out as it asks several questions and comments that this email does not touch on. Did [redacted] end up seeking medical treatment for this?

-----Original Message-----
From: Neet, Darrell D CIV NG ORARNG [mailto:darrell.neet@us.army.mil]
Sent: Thursday, November 12, 2009 11:34 AM
To: Geck Paul A
Cc: Webb Robin M; Swafford, Roy D. MAJ Ret CIV ORARNG
Subject: Possible back strain injury (UNCLASSIFIED)

Classification: UNCLASSIFIED
Caveats: NONE

[redacted] just reported to me this morning that he strained his back Tuesday moving a safe. He may seek medical attention for it.

Please accept this email as an incident report.

Serving Soldiers of the Oregon National Guard.

Darrell D. Neet
Facility Manager
Oregon Military Department
Installations: Oregon Region II Facilities & Camp Withycombe
10101 SE Clackamas Rd.
Clackamas, OR 97015

503-557-5369
503-314-0062
Classification: UNCLASSIFIED
Caveats: NONE

- Has not sought any txmt-

W/C

# REPORT OF INCIDENT/ACCIDENT/ILLNESS

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

| 1. NAME OF INDIVIDUAL: [redacted] | 2. Section: Automotive | 3. DATE OF REPORT: 12.4.09 |
|---|---|---|
| 4. JOB TITLE: Heavy Equipment Mechanic | 5. TYPE OF INCIDENT/ACCIDENT/ILLNESS: | |
| 6. EXTENT OF INJURY(Body part or location of pain): Left Elbow | | |
| 7. LOCATION WHERE INJURY OCCURRED: 10101 S.E. Clackamas, Oregon. Bldg 6480 | | |
| 8. DATE & TIME OF INCIDENT/ACCIDENT/ILLNESS: 12.2.09 / 2pm | | |
| 11. DATE REPORTED: 12.4.09 | 12. REPORTED TO WHOM: | |
| 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):

Braking loose A. oil filter on forklift & hit left elbow on metal frame

15. DESCRIBE FIRST AID/MEDICAL TREATMENT:

None

| 16. WHERE WAS INDIVIDUAL SENT (IF TRANSPORTED): Sunny Side Kaiser | 17. MEANS OF TRANSPORTATION: own car |
|---|---|

18. INJURED INDIVIDUALS WRITTEN COMMENTS:

**THIS SIDE TO BE COMPLETED BY SUPERVISOR**

19. CONTRIBUTING FACTORS OF INCIDENT/ACCIDENT/ILLNESS:

UNSAFE ACTIONS:

- ☐ 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 [illegible]
- ☐ 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?

Location of filter requires care when removing

## GUIDES TO CORRECTIVE ACTION

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

Use caution when removing filter

22. ADDITIONAL SUPERVISOR COMMENTS:

No real solution but to be cautious when removing

| 23. SUPERVISOR NAME (PRINT): | 24. SUPERVISOR SIGNATURE: | 25: DATE: |
|---|---|---|
| Aaron Hochstrasser | | 12/6/09 |

## 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: SFOC/ PANGB | 3. DATE OF REPORT: 4DEC09 |
|---|---|---|
| 4. JOB TITLE: FPL | 5. TYPE OF INCIDENT/ACCIDENT/ILLNESS: FALL | |
| 6. EXTENT OF INJURY(Body part or location of pain): KNEE-RT SIDE, THI-LEG-RT SIDE | | |
| 7. LOCATION WHERE INJURY OCCURRED: BLDG 145, WAREHOUSE | | |
| 8. DATE & TIME OF INCIDENT/ACCIDENT/ILLNESS: 4DEC09, 1325 | | |
| 11. DATE REPORTED: 4DEC09 | 12. REPORTED TO WHOM: DAN KANE | |

| 13. WITNESS (attach statement if necessary) | WITNESS (attach statement if necessary) |
|---|---|
| RELATIONSHIP: SUPERVISOR, FLT SGT (SUPERVISOR, CO-WORKER, ETC.) | RELATIONSHIP: (SUPERVISOR, CO-WORKER, ETC.) |
| NAME: J. SCHROEDER | NAME: |
| PHONE: 503-335-4757 | 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):

WHILE CARRING A BOX OF UNIFORMS, TRIPPED OVER A CONTAINER ON THE FLOOR, FELL DOWN, KNEE STRUCK BOX I WAS CARRYING, RIGHT LEG STRUCK CONCRETE FLOOR.

15. DESCRIBE FIRST AID/MEDICAL TREATMENT:

| 16. WHERE WAS INDIVIDUAL SENT (IF TRANSPORTED): NO | 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<br>☐ OPERATING WITHOUT AUTHORITY<br>☐ MAKING SAFETY DEVISES INOPERATIVE<br>☐ TAKING UNSAFE POSITION<br>☐ FAILURE TO USE PERSONAL PROTECTIVE DEVICES<br>☒ OTHER: Carrying a box too Big to see around. | ☐ INADEQUATE SUPERVISION<br>☐ DEFECTIVE TOOLS, EQUIPMENT, OR SUBSTANCE<br>☐ HAZARDOUS ARRANGEMENT<br>☐ SUB-STANDARD PHYSICAL CONDITIONING<br>☐ UNSAFE CLOTHING<br>☐ PREVIOUS INJURY<br>☒ HAZARDOUS OBSTACLES<br>☐ 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?

1. Carrying a box too big to see around for obstacles. Tripped over a Hand weapons case.
2. Corridor too small. People were entering carrying boxes while People were carrying to control more Boxes.

## GUIDES TO CORRECTIVE ACTION

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

1. only Carry a box you can see ground.
2. make sure pathway is clear of obstacles

22. ADDITIONAL SUPERVISOR COMMENTS:

| 23. SUPERVISOR NAME (PRINT): | 24. SUPERVISOR SIGNATURE: | 25: DATE: |
|---|---|---|
| DANIEL E. KANE, CIV, ORANG<br>142 SFS OPERATIONS MANAGER | D.E.K. | 04DEC09 |

## SAFETY COMMITTEE REVIEW

26. SAFETY COMMITTEE RECOMMENDATIONS:

Clean up AREA & Floor before moving, GET Help if box to big to see Around. Pay attention to surrounding AREA and any obsticals that are present.

| 27. SAFETY CHAIR SIGNATURE: | 28. DATE: |
|---|---|
| | 16 Dec 09 |

# 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: RANGE CONTROL | 3. DATE OF REPORT: 12-16-09 |
|---|---|---|
| 4. JOB TITLE: TROOPER MAINTS SPL. | 5. TYPE OF INCIDENT/ACCIDENT/ILLNESS: EMPLOYEE SLIPPED ON WET ROCKS | |
| 6. EXTENT OF INJURY(Body part or location of pain): SPRAIN LEFT KNEE | | |
| 7. LOCATION WHERE INJURY OCCURRED: CAMP RILEA | | |
| 8. DATE & TIME OF INCIDENT/ACCIDENT/ILLNESS: 12-15-09 - 200 | | |
| 11. DATE REPORTED: 12-16-09 | 12. REPORTED TO WHOM: SHEBER | |

| 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):

SLIPED ON ROCKES WILL WORKING SECOND CAUSEWAY WITH THE BACK HO

15. DESCRIBE FIRST AID/MEDICAL TREATMENT:

TRY TO STAY OFF OF THE KNEE. THEN WHEN TO DOC OFFICE

| 16. WHERE WAS INDIVIDUAL SENT (IF TRANSPORTED): | 17. MEANS OF TRANSPORTATION: POV |
|---|---|

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<br>☐ OPERATING WITHOUT AUTHORITY<br>☐ MAKING SAFETY DEVISES INOPERATIVE<br>☐ TAKING UNSAFE POSITION<br>☐ FAILURE TO USE PERSONAL PROTECTIVE DEVICES<br>☒ OTHER: No unsafe action or due cause, Wet conditions caused Fall. | ☐ INADEQUATE SUPERVISION<br>☐ DEFECTIVE TOOLS, EQUIPMENT, OR SUBSTANCE<br>☐ HAZARDOUS ARRANGEMENT<br>☐ SUB-STANDARD PHYSICAL CONDITIONING<br>☐ UNSAFE CLOTHING<br>☐ PREVIOUS INJURY<br>☐ HAZARDOUS OBSTACLES<br>☒ OTHER: WET conditions |

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:

None

22. ADDITIONAL SUPERVISOR COMMENTS:

| 23. SUPERVISOR NAME (PRINT): | 24. SUPERVISOR SIGNATURE: | 25: DATE: |
|---|---|---|
| James D. Cross | | 15 Dec 09 |

## SAFETY COMMITTEE REVIEW

26. SAFETY COMMITTEE RECOMMENDATIONS:

| 27. SAFETY CHAIR SIGNATURE: | 28. DATE: |
|---|---|
| | |

# 155927 - Oregon Military Department & 517078 Emergency Personnel

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

saif corporation

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

| FY Beg 7/1 | Total Clm Cnt | Accepted Clm Cnt | % Denied | Incurred Losses | Avg Inc Losses | Paid Losses | Avg Pd Losses | TL Clm Cnt | TL Days | Avg TL Days | Paid TL Losses | Avg TL Paid |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 2009 | 8 | 6 | 13% | $8,961 | $1,120 | $4,510 | $564 | 2 | 27 | 13.5 | $1,732 | $866 |

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

| FY Beg 7/1 | Total Clm Cnt | Accepted Clm Cnt | % Denied | Incurred Losses | Avg Inc Losses | Paid Losses | Avg Pd Losses | TL Clm Cnt | TL Days | Avg TL Days | Paid TL Losses | Avg TL Paid |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 2008 | 47 | 32 | 32% | $223,321 | $4,752 | $108,755 | $2,314 | 13 | 155 | 11.9 | $16,008 | $1,231 |
| 2007 | 37 | 30 | 19% | $351,659 | $9,504 | $222,426 | $6,012 | 7 | 518 | 74.0 | $47,174 | $6,739 |
| 2006 | 39 | 37 | 5% | $388,607 | $9,964 | $258,879 | $6,638 | 9 | 527 | 58.6 | $48,502 | $5,389 |
| 2005 | 32 | 24 | 25% | $126,845 | $3,964 | $68,250 | $2,133 | 10 | 176 | 17.6 | $14,634 | $1,463 |
| 2004 | 32 | 28 | 13% | $36,754 | $1,149 | $29,466 | $921 | 11 | 49 | 4.5 | $4,049 | $368 |

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

| FY Beg 7/1 | Total Clm Cnt | Accepted Clm Cnt | % Denied | Incurred Losses | Avg Inc Losses | Paid Losses | Avg Pd Losses | TL Clm Cnt | TL Days | Avg TL Days | Paid TL Losses | Avg TL Paid |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 2008 | 2,526 | 2,012 | 20% | $13,121,302 | $5,194 | $6,931,290 | $2,744 | 629 | 16,681 | 26.5 | $1,509,681 | $2,400 |
| 2007 | 2,525 | 2,048 | 19% | $11,001,628 | $4,357 | $6,580,005 | $2,606 | 625 | 16,544 | 26.5 | $1,399,601 | $2,239 |
| 2006 | 2,450 | 2,059 | 16% | $11,400,133 | $4,653 | $6,286,951 | $2,566 | 600 | 16,309 | 27.2 | $1,425,386 | $2,376 |
| 2005 | 2,630 | 2,149 | 18% | $10,143,499 | $3,857 | $5,552,325 | $2,111 | 560 | 14,378 | 25.7 | $1,182,019 | $2,111 |
| 2004 | 2,596 | 2,147 | 17% | $9,592,179 | $3,695 | $5,018,528 | $1,933 | 523 | 14,014 | 26.8 | $1,079,282 | $2,064 |

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

| Timely Filing Band | Your Clm Cnt | Your % Timely | Timely Filing Band | All State % Timely |
|---|---|---|---|---|
| 0-5 | 40 | 71% | 0-5 | 79% |
| 6-14 | 15 | 27% | 6-14 | 18% |
| 15-30 | 1 | 2% | 15-30 | 2% |
| **Totals** | **56** | **100%** | 31+ | 1% |
| | | | | **100%** |

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

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

***EAIP Pmnts***

| FY Beg 7/1 | Your EAIP Paid |
|---|---|
| 2008 | $35,275 |
| 2007 | $8,762 |
| 2006 | $4,975 |
| 2005 | $9,925 |
| 2004 | $19,464 |
| **Total** | **$78,401** |

Report: S:\!Wendy's Imprompt2 Reports\DAS Reports\Directors Reports\Military Directors Report 10-16-9.imr
Includes policies: 155927 Military Department - State of Oregon & 517078 OR Military Dept Emergency Personnel

Data as of 11/02/2009

# 155927 - Oregon Military Department & 517078 Emergency Personnel

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

saif corporation

***Year to Date as of 9/30/2009***

| FY Beg 7/1 | Total Clm Cnt | Accepted Clm Cnt | % Denied | Incurred Losses | Avg Inc Losses | Paid Losses | Avg Pd Losses | TL Clm Cnt | TL Days | Avg TL Days | Paid TL Losses | Avg TL Paid |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 2009 | 7 | 5 | 14% | $1,245 | $178 | $1,245 | $178 | 1 | 3 | 3.0 | $286 | $286 |

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

| FY Beg 7/1 | Total Clm Cnt | Accepted Clm Cnt | % Denied | Incurred Losses | Avg Inc Losses | Paid Losses | Avg Pd Losses | TL Clm Cnt | TL Days | Avg TL Days | Paid TL Losses | Avg TL Paid |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 2007 | 37 | 30 | 19% | $351,659 | $9,504 | $222,426 | $6,012 | 7 | 518 | 74.0 | $47,174 | $6,739 |
| 2006 | 39 | 37 | 5% | $388,607 | $9,964 | $258,879 | $6,638 | 9 | 527 | 58.6 | $48,502 | $5,389 |
| 2005 | 32 | 24 | 25% | $126,845 | $3,964 | $68,250 | $2,133 | 10 | 176 | 17.6 | $14,634 | $1,463 |
| 2004 | 32 | 28 | 13% | $36,754 | $1,149 | $29,466 | $921 | 11 | 49 | 4.5 | $4,049 | $368 |
| 2003 | 41 | 31 | 24% | $220,320 | $5,374 | $156,745 | $3,823 | 15 | 386 | 25.7 | $21,095 | $1,406 |

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

| FY Beg 7/1 | Total Clm Cnt | Accepted Clm Cnt | % Denied | Incurred Losses | Avg Inc Losses | Paid Losses | Avg Pd Losses | TL Clm Cnt | TL Days | Avg TL Days | Paid TL Losses | Avg TL Paid |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 2007 | 2,525 | 2,048 | 19% | $11,001,628 | $4,357 | $6,580,005 | $2,606 | 625 | 16,544 | 26.5 | $1,399,601 | $2,239 |
| 2006 | 2,450 | 2,059 | 16% | $11,400,133 | $4,653 | $6,286,951 | $2,566 | 600 | 16,309 | 27.2 | $1,425,386 | $2,376 |
| 2005 | 2,630 | 2,149 | 18% | $10,143,499 | $3,857 | $5,552,325 | $2,111 | 560 | 14,378 | 25.7 | $1,182,019 | $2,111 |
| 2004 | 2,596 | 2,147 | 17% | $9,592,179 | $3,695 | $5,018,528 | $1,933 | 523 | 14,014 | 26.8 | $1,079,282 | $2,064 |
| 2003 | 2,697 | 2,124 | 21% | $9,912,722 | $3,675 | $5,033,470 | $1,866 | 518 | 13,513 | 26.1 | $1,010,121 | $1,950 |

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

| Timely Filing Band | Your Clm Cnt | Your % Timely | Timely Filing Band | All State % Timely |
|---|---|---|---|---|
| 0-5 | 39 | 71% | 0-5 | 79% |
| 6-14 | 15 | 27% | 6-14 | 18% |
| 15-30 | 1 | 2% | 15-30 | 2% |
| **Totals** | **55** | **100%** | 31+ | 1% |
| | | | | **100%** |

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

| FY Beg 7/1 | Nature | Work Status | TL Days | Incurred Losses | Paid Losses |
|---|---|---|---|---|---|
| 2007 | Fracture | Modified work - eai | 462 | $453,465 | $212,866 |
| 2007 | Laceration | Modified work - new | 252 | $270,905 | $60,822 |
| 2008 | Strain | Modified work - eai | 42 | $42,542 | $10,756 |
| 2007 | Dislocation | Regular work - eai | 18 | $39,543 | $25,024 |
| 2008 | Strain | Modified work - eai | 16 | $30,767 | $9,305 |
| 2008 | Strain | Modified work - eai | 12 | $34,273 | $15,461 |
| 2009 | Strain | Not working | 3 | $286 | $286 |
| 2007 | Strain | | 0 | $23,035 | $17,894 |
| 2008 | Strain | Modified work - eai | 0 | $2,081 | $2,081 |

***EAIP Pmnts***

| FY Beg 7/1 | Your EAIP Paid |
|---|---|
| 2008 | $35,275 |
| 2007 | $8,762 |
| 2006 | $4,975 |
| 2005 | $9,925 |
| 2004 | $19,464 |
| **Total** | **$78,401** |

Report: S:\!Wendy's Improhpt2 Reports\DAS Reports\Directors Reports\Military Directors Report 3-13-9.lmr
Includes policies: 155927 Military Department - State of Oregon & 517078 OR Military Dept Emergency Personnel

Data as of 10/01/2009

# JFHQ & Readiness Centers, Region 2 Thru 8, Safety Committee Hazard Tracking Log - 2009

| HAZARD NUMBER | DESCRIPTION/ LOCATION | REPORTED BY | DATE REPORTED | CORRECT BY | RESPONSIBLE SUPERVISOR | DATE CORRECTED & REPORTED BY | REASON NOT CORRECTED |
|---|---|---|---|---|---|---|---|
| | | | | | | | |
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# JFHQ & Readiness Centers, Region 2 Thru 8, Safety Committee Non-Hazard Tracking Log -2009

| HAZARD NUMBER | DESCRIPTION/ LOCATION | REPORTED BY | DATE REPORTED | CORRECT BY | RESPONSIBLE SUPERVISOR | DATE CORRECTED & REPORTED BY | REASON NOT CORRECTED |
|---|---|---|---|---|---|---|---|
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# 2010 HQ SAFETY COMMITTEE TOPICS

| | | |
|---|---|---|
| **January 2010**<br>Lockout/Tagout<br>Emergency Action Plan Review | **February 2010**<br>Powered Platforms<br>Workplace Fire Safety | **March 2010**<br>CPR/First Aid Trng<br>PPE |
| **April 2010**<br>Earthquake Drill<br>Electrical Safety | **May 2010**<br>Fire Drill & Radio Check<br>Hazcom | **June 2010**<br>Fire Extinguisher Trng<br>Heat Exhaustion |
| **July 2010**<br>Confined Spaces | **August 2010**<br>Machine Safety | **September 2010**<br>Fire Drill & Radio Check<br>Asbestos |
| **October 2010**<br>Driving Safety | **November 2010**<br>Slips, Trips & Falls | **December 2010**<br>Holiday Reminders/Fire Hazards<br>Near Misses |

AGENDA

JFHQ & Readiness Centers, Region 2 thru 8

Safety Committee Meeting

Location: JFHQ VTC Room

Date: Tuesday, December 22, 2009

Time: 1:30 PM

1. Review and approve November meeting minutes – All
2. Review of Accident/Incident Reports for August - Robin
3. Claim Statistics & Workers Comp Statistics – Robin
4. Hazard Log Review/Non Hazard Log – Robin
5. CPR/First Aid Training & Distro List – Robin
6. 2010 Safety Topics – Robin
7. Renter Policy Manual – Tim & Owen
8. New Business
    a. Safety Issue – Garbage - Robin & Jeff
    b. DAS Holiday Decoration Policy
    c. Executive Safety Committee Minutes for October 2009
    d. Quarterly Inspections
    e. Federal Safety Minutes – 4th Quarter
9. Next Meeting Date

DAS DEPARTMENT OF ADMINISTRATIVE SERVICES

Statewide Policy

| | | |
|---|---|---|
| **SUBJECT:** Holiday Decorations and Lights | **NUMBER:** | 107-011-130 |
| **DIVISION:** Facilities | **EFFECTIVE DATE:** | 5-01-2009 |
| **APPROVED:** | | |

**POLICY / PURPOSE:** Establish guidelines to promote resource conservation during holiday seasons.

**AUTHORITY:** ORS 276.900, ORS 459A.010; Executive Order 06-02; OAR 107-011-010

**APPLICABILITY:** State agencies that own, operate or lease buildings as defined in this policy.

**DEFINITIONS:**

**Agency:** Any state agency, board, commission, department, division, and any member of the Oregon University System.
**Agency Coordinator:** Person appointed by an agency director to facilitate and coordinate the resource conservation efforts within an agency.
**Facility Manager:** Single point of contact for tenants in a state-owned building.
**Holiday Seasons:** December 1 through the first working day after January 1; and the week in which any state holiday occurs.
**Site Coordinator:** Person located at a branch or other agency location who works with the Agency Coordinator on resource conservation.

**GUIDELINES:**

I. **Holiday Decorations**

A. **Natural Christmas Trees**
Freshly cut trees naturally resist flame due to their high water content, but become extremely flammable when permitted to dry out. Indoors, heat and low humidity accelerate the drying process. (For artificial trees, refer to sections C and D below.)

1. Do not apply fire-retardant, flocking or other coatings to natural trees.
2. Saw off at an angle, at least one inch above the original cut.
3. Mount securely in a tree stand, pail, tub, or other water holder or reservoir.
4. Add fresh water daily to maintain the water level above the cut.

B. **Natural Decorations**
Remove decorations made of natural materials, including trees, at first sign of dryness, such as brittleness, loss of color, fallen needles.

C. **Artificial Decorations**
Use electrical devices in artificial decorations in the manner and capacity designed by the manufacturer. *Exception: Do not use artificial decorations made with metal surfaces together with any type of electrical devices, decorations or appliances.*

**D. All Decorations**

1. Choose decorations with natural fire retardant or items treated with a flame retardant that complies with O.U.F.C. 1103.3.3 and O.U.F.C. 1103.3.4.2 (1998 edition). *Exception: do not apply fire retardant to natural trees.*
2. Outside Holiday Seasons, use only non-electrical decorations.
3. Refer to the State Fire Marshal's Web site for further information. http://oregon.gov/OSP/SFM/Home_Fire_Safety_Campaign.shtml

**II. Holiday Lights**

Use holiday lights within the following restrictions:

- Use only in common areas, such as reception areas, lobbies or break rooms.
- Operate from 8 a.m. to 5 p.m. only.
- Install only during defined Holiday Seasons.
- Use only UL-listed miniature or LED lights.
- Use only heavy-duty, UL-listed extension, grounded cords (14-gauge minimum, 15-amp minimum).
- Remove electrical lights and extension cords that show physical damage.

**III.** All other energy conservation measures and waste prevention guidelines apply to holiday decorations as outlined in statewide policy 107-011-010, Resource Conservation: http://oregon.gov/DAS/OP/docs/policy/state/107-011-010.pdf.

**IV. Safety Considerations**

Follow the safety guidelines below when adding or removing decorations:

- Use only wooden or fiberglass ladders around electrical lines. Metal ladders conduct electricity, which causes shocks.
- Never work alone; a second person should hold the ladder.
- Ensure the correct ladder height for the project.
- Never set a ladder on an unstable surface.
- Never exceed a ladder's weight limit and never stand on its bucket shelf.
- Never carry equipment while climbing.
- Face the ladder when climbing up or down. Always keep your body centered between the rails.
- Keep cords out of walking aisles, but not under rugs where they could cause a fire or tripping hazard.
- Never block doorways or foot paths.
- Place decorations away from heat sources.

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

AGP

8 October, 2009

MEMORANDUM FOR RECORD

Subject: Executive Safety Management Committee Meeting for 1 October, 2009

The Oregon Military Department Executive Safety Management Committee met on 1 October, 2009, at the Military Department in Room 200. The meeting was convened at 10:00 AM. The status of the Member attendance was as follows:

| | | | |
|---|---|---|---|
| **Mike Caldwell** | **AGDD** | **Chairman** | **Present** |
| **Rock Chilton** | **AGI** | **Member** | **Present** |
| **Dan Radabaugh** | **YCP** | **Member** | **Present** |
| Steve Petit | AGP | Member | Absent |
| **Paul Geck** | **AGP** | **Alternate** | **Present** |
| Ron Kessinger | DASA | Member | Absent |
| **Norm Olson** | **DASA** | **Alternate** | **Present** |
| Mark Rathburn | Cmp Withy | Member | Absent |
| **Steve Courtain** | **Cmp Withy** | **Alternate** | **Present** |
| **Karl Jorgenson** | **AGC** | **Member** | **Present** |
| **Robin Webb** | **AGP** | **Safety Off/Rcdr** | **Present** |
| John Sneed | OEM | Member | Absent |
| **Cherie Zastoupil** | **OEM** | **Alternate** | **Present** |
| **Tim Deckert** | **SSO** | **Member** | **Present** |
| **Marc Snook** | | **Guest** | **Present** |

1. Minutes from the last meeting in April were reviewed and approved.

2. **Implementation of Executive Charter:** Mike signed off on the Executive Safety Committee Charter that was previously approved by the committee in April.

3. **Training Plans Feedback Schedule:** Karl indicted the plans looked good to him. Similar to the OSHA training and management plan. Dan stated he agreed with Karl so Mike requested we move ahead with the training. Robin and Marc will work with managers to set up the scheduling.

4. **Federal Safety Committee Update:** Tim indicated at this point most of the AED's have been distributed. There are now two kinds of AED's in the state, the new Life Packs and the older yellow ones. There is collaboration between OHM who bought them, his office that is facilitating the distribution and communication around them, and

COL Mouw's office who bought all new batteries for the old AED's. There are probably several locations that should have two. The question is do we want one building to have two different types? The decision was made to have the same kind in one building. COL Bond was very clear that the federal side will continue to maintain those, buy the batteries and the pads. Once they are distributed the State side needs to be involved as it relates to mounting them to the walls. The question is who is the person each month that is responsible for checking the batteries and what is the communication process as DOL has not volunteered to take that on. The Occupational Health Nurse said he does not want to be the person who does that either. Mike indicate the federal side has trained personal so it would be logical that they be the ones to make sure they are working and that DOL pay for the batteries as COL Bond stated the federal side will maintain them. Dan indicated YCP does their own monthly and yearly inspections on theirs and training in January. Mike suggested other units in those locations go over to YCP and get the same training and for Tim and Dan to coordinate. Tim indicated the federal side has trained over 200 personnel on the AED and CPR/First Aid. He also indicated about 200 people went through the Motorcycle training this year. COL Hokanson has requested extra seats for next year when the solders return from deployment. Robin stated she has received positive feedback from state employees who have taken the class and that she appreciates the federal side letting the state side participate.

5. **State Injury Update for 2009:** Robin indicated there are 45 SAIF/Incident claims for 2009, last year ended with 62. She passed out a SAIF report showing the claims so far for this year. Our State Active Duty claim for 2002 has been CDA'd along with a couple of other high end claims. She still does not have an injury report chart as she has not been successful in getting Pete to produce one. Karl indicated he will talk with Pete about producing the report and make it a recurring basis. Marc stated the value of the report is that the information will be broken down by employee base as some sections have smaller amounts of employees. Without that information it is harder to target areas. Robin also passed out a mailing she received from DCBS called Workers Compensation Claims Characteristics for 2008 which indicates a State overall reduction in claims. Mike stated at some point we need to look at what are we doing to help people prepare for certain types of work like YCP. YCP employees work out every morning before actually working out with the kids. We should work with the federal side to set up some stretching exercises that are done a couple of times a day. Mike also indicated if our highest percentage of injuries is strains/sprains it would be interesting to see what the age groups are. Robin stated that is the type of information the report Pete does would show. Mike suggested this group look at the data and then decide where to go from there.

6. **Safety Committee Updates:** Robin stated there is not a lot of new stuff going on. Camp Rilea has formed a functioning Safety Committee again. There were two OSHA Consultant visits since our last meeting. The first one was in July 2009 in which we requested a policy review to make sure we were OSHA compliant. Most of those polices are still in draft form. Overall, he referred us to an OSHA Industrial Hygienist. The IH Consultant who came out in August also looked over Camp Withycombe at Marc Snook's request. Most of the issues in that report are related to Camp Withycombe.

Overall he found a few issues with some of our programs such as Bloodborne Pathogens, in which he indicated we are not reviewing and updating the plan annually. I don't think he comprehended these polices were still in draft form. The feedback was given to Tralee Quick in AGI as she is working on these polices. Steve indicated from the Camp Withycombe side Confined Spaces has been taken care of as it relates to training. Hazards found in paint lockers, they are working on setting up classes. There is a mask program going on for federal employees, Ottaway is sending him the information. State employees are going through this training now. Marc indicated the consultants can come out anytime at our request and are a great resource. Mike brought up hearing protection. What type of training are we providing employees? Suggested finding some videos or brining in a professional to talk about eye and hearing protection. Robin will see what she can find. Mike suggested making a hearing and eye protection topic for a particular month. Something around an hour a couple of times a year.

7. **Eye Wash Stations:** Robin stated she and AGI worked together to eliminate chemicals that would require eye wash stations. AGI has removed those chemicals from the ordering list. Mike suggested to Tim that in areas where they don't need to use chemicals that would require an eye wash station to think about that. Tim indicated that is the preferred method on the federal side in areas where that is possible.

8. **Fire Evacuation/Fire Extinguisher Trng:** Robin stated the Fire Evacuation plan is in place. There was a drill performed in September. There were 15 employees who participated in Fire Extinguisher training. Evacuation maps are up on the walls with the exception of the second floor as Robin is waiting on AGI-Planning to get those completed. The vests and helmets have been received but are still waiting on the radios. COL Bond is working that issue. Mike asked if our plan included the ARC building and Robin indicated she believed the ARC had their own and falls under Kessinger. Mike requested she get in touch with Kessigner to see if one exists. Robin stated her only concern was that two of the offices who employees volunteered to be Evacuation Coordinators have not attended any meetings or picked up their stuff. If there really is an emergency, the employees in these two groups will not know what to do. Robin reminded everyone that there is another CPR/AED training scheduled for the 27th of this month. There are currently 15 people signed up. At the previous training there were 29 people from JFHQ and 29 at Withycombe.

9. **Health and Wellness Event:** Robin indicated the fair is scheduled for October 16th and 17th. She stated there are currently about 42 vendors signed up and about 20 people who have signed up for the Seasonal Flu Shot. Also, any free advertising would be great as she has no budget.

10. **Global Corporate Challenge (GCC):** Robin stated the GCC event ended on September 21st. The agency had four teams which consisted of 28 participates. The Agency's total steps were 38,917,082 which averaged out to 11,019 steps a day. The number one walker for the agency was Steve Petit and Robin was number two.

11. **Next Meet Date:** The next meeting date will be determined in the near future and emailed to everyone.

/s/
Robin Webb
Safety Manager & Recorder

**Oregon Military Department**
**Quarterly Workplace Safety Inspection**

Location: Hermiston | Date: 10/05/2009 | 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, walk-ways, 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 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: Hermiston  Date: 10/5/2009  Prepared by: Dan Hinkley

| Observation | | | | | | Action and Follow-up | | | |
|---|---|---|---|---|---|---|---|---|---|
| # | Item, Location, and Hazard(s) | Recommended Action | Priority A | Priority B | Priority C | Responsible Person | Action Taken | Estimated Completion | Done? ✔ |
| 34 | Fire alarm and fire extinguishers are overdue on the annual maintenance | Order service from contractor | ☐ | ☐ | ☐ | Ken Long | | | ☐ |
| | | | ☐ | ☐ | ☐ | | | | ☐ |
| | | | ☐ | ☐ | ☐ | | | | ☐ |
| | | | ☐ | ☐ | ☐ | | | | ☐ |
| | | | ☐ | ☐ | ☐ | | | | ☐ |
| | | | ☐ | ☐ | ☐ | | | | ☐ |
| | | | ☐ | ☐ | ☐ | | | | ☐ |
| | | | ☐ | ☐ | ☐ | | | | ☐ |

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

**Oregon Military Department**
**Quarterly Workplace Safety Inspection**

Location: Grants Pass REDCEN  Date: 30 September 2009  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?
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☐ ☐ ☒ 23) Are standard railings provided wherever aisle, walk-ways, 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**

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**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?
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**WELDING/COMPRESSED GAS STORAGE**

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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**

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☐ ☐ ☐ 49) Ladder Inspection Checklist
☐ ☐ ☐ 50) Fall Protection Systems & Hazards Checklist
☐ ☐ ☐ 51) Forklift Competency Evaluation Checklist

***Please complete Workplace Inspection Report on reverse.***

Location: Grants Pass REDCEN  Date: 30-Sep-09  Prepared by: John Unger

| Observation | | | | | | Action and Follow-up | | | |
|---|---|---|---|---|---|---|---|---|---|
| # | Item, Location, and Hazard(s) | Recommended Action | Priority A | Priority B | Priority C | Responsible Person | Action Taken | Estimated Completion | Done? ✔ |
| 17 | File cabinet blocking exit door in NBC STRM | Move file cabinet | ☐ | ☒ | ☐ | Spc Ortiz | Moved file cabinet. | 30 Sept 09 | ☒ |
| 37 | Spray paint cans stored in shopping basket in PLT Cage area. | Remove cans to POL shed or flammable storage locker. | ☒ | ☐ | ☐ | Spc Ortiz | Moved items to flam. Locker | 30 Sept 09 | ☒ |
| | | | ☐ | ☐ | ☐ | | | | ☐ |
| | | | ☐ | ☐ | ☐ | | | | ☐ |
| | | | ☐ | ☐ | ☐ | | | | ☐ |
| | | | ☐ | ☐ | ☐ | | | | ☐ |
| | | | ☐ | ☐ | ☐ | | | | ☐ |
| | | | ☐ | ☐ | ☐ | | | | ☐ |

Copies to: ☒ Supervisor ☒ Safety Committee ☒ Unit ☐ Other: BB

**Oregon Military Department**
**Quarterly Workplace Safety Inspection**

Location: Roseburg REDCEN  Date: 6 October 2009  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**

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**EXITS**

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**AISLES/WALKWAYS/WORKING SURFACES**

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☒ ☐ ☐ 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**

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**FIRE PROTECTION AND PREVENTION**

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**WELDING/COMPRESSED GAS STORAGE**

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**SUPERVISOR'S CHECKLISTS**

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☐ ☐ ☐ 49) Ladder Inspection Checklist
☐ ☐ ☐ 50) Fall Protection Systems & Hazards Checklist
☐ ☐ ☐ 51) Forklift Competency Evaluation Checklist

***Please complete Workplace Inspection Report on reverse.***

Location: Grants Pass REDCEN  Date: 6-Oct-09  Prepared by: John Unger

| Observation | | | | | | Action and Follow-up | | | |
|---|---|---|---|---|---|---|---|---|---|
| # | Item, Location, and Hazard(s) | Recommended Action | Priority A | Priority B | Priority C | Responsible Person | Action Taken | Estimated Completion | Done? ✔ |
| 1 | Supply Office in disarray. Backyard items need stowed. BBQ, Exercise mach, pallets etc. | Organize office | ☐ | ☐ | ☒ | SGT Lybarger | Organized office space. Still need to clean up back yard. | 19 Oct 09 | ☐ |
| 3 | Missing/degraded PPE (ear muffs, safety glasses, gloves) | Order PPE | ☒ | ☐ | ☐ | Jeff Beck | WO# 410495010 | 31 Oct 09 | ☐ |
| 14 | Kitchen garbage grinder receptacle should be GFCI | Order and replace receptacle with GFI type | ☐ | ☐ | ☒ | Jeff Beck | WO# 410495012 | 31 Oct 09 | ☐ |
| 15 | Broken/missing receptacle covers in recrtg, lkr rm, rm 112, (6 needed) | replace receptacle covers with stock on hand. Order if necessary. | ☐ | ☒ | ☐ | John Unger | | 31 Oct 09 | ☐ |
| 16 | Ext cord daisy chained to surge suppressor in Supply Office | Rearrange furniture or order surge supp. With long cord | ☐ | ☐ | ☒ | SGT Lybarger John Unger | | 30 Nov 10 | ☐ |
| 28 | MSDS' not available for supply office/flam locker. | Work with Supply SGT to obtain required MSDS. | ☐ | ☒ | ☐ | SGT Lybarger John Unger | | 1 Jun 10 | ☐ |
| 37 | Flam liquids found in rm 112 and USAR vault room. | Remove to Flam Locker | ☒ | ☐ | ☐ | SGT Lybarger | | 16 Oct 09 | ☐ |
| 37 | Flam liquids improperly stored in Supply Office | Remove to flam locker, remove incompatible items from flam locker. | ☒ | ☐ | ☐ | SGT Lybarger | On the spot corrections made. | 6 Oct 09 | ☒ |

Copies to: ☒ Supervisor ☒ Safety Committee ☒ Unit ☐ Other: _BB_____

# Oregon Military Department
## Quarterly Workplace Safety Inspection

Location: Baker City Rc | Date: 23 Oct 09 | 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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☒ ☐ ☐ 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?
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**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, walk-ways, 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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☒ ☐ ☐ 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: Baker City RC  Date: 23 Oct 09  Prepared by: Jack Cassity FMS

| Observation | | | | | | Action and Follow-up | | | |
|---|---|---|---|---|---|---|---|---|---|
| # | Item, Location, and Hazard(s) | Recommended Action | Priority A | Priority B | Priority C | Responsible Person | Action Taken | Estimated Completion | Done? ✔ |
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Copies to: ☐ Supervisor ☐ Safety Committee ☐ Unit ☐ Other: _____

**Oregon Military Department**
**Quarterly Workplace Safety Inspection**

Location: La Grande FMS | Date: 19 Oct 09 | 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?
☒ ☐ ☐ 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?
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YES NO N/A

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**Oregon Military Department**
**Quarterly Workplace Safety Inspection**

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Copies to: ☒ Supervisor ☒ Safety Committee ☒ Unit ☒ Other: AGI Sharepoint

**OREGON ARMY NATIONAL GUARD**
1776 Militia Way SE
P.O. Box 14350
Salem, OR 97309

SAO-S (385)

10 September 2009

MEMORANDUM FOR SEE DISTRIBUTION

SUBJECT: Minutes of the State Safety and Health Promotion Council, Fourth Quarter FY-09

1. The FY 2009 Fourth Quarter State Safety and Health Promotion Council meeting was convened at 0900, 10 September 2009 at the Oregon Military Department main conference room. The following personnel were present:

| | |
|---|---|
| COL Ferre | USPFO |
| CSM Conley | SCSM |
| CSM Jungling | 41 IBCT CSM |
| CW5 O'Donnell | CCWO/DCSPER |
| MAJ McReynolds | DOL/SMM |
| Msgt Myers | HRO |
| LTC Farmer | SAAO |
| MAJ Deckert | SAAO-S |
| Gerald Elliott | AGI/AGI-ENV |
| SPC Van Mourik | PAO |

The following Council Members were not present nor represented:

| | |
|---|---|
| BG Enyeart | ATAG |
| COL Bond | J CoS |
| COL Dunn | DSS |
| COL Rathburn | CSMS |
| LTC Smothers | DCSIM |
| COL Sundquist | DCSOPS |
| CPT Ottaway | DCSPER-OH |
| BG Yriarte | 41 BCT |
| LTC Appleton | 82 BDE |
| LTC Garren | JFHQ |
| David Payne | AFGE |
| Robin Webb | AGP |

SUBJECT: Minutes of the State Safety and Health Promotion Council, First Quarter FY-09

2. COL Ferre/MAJ Deckert welcomed members and representatives. Previous minutes were reviewed and approved.

3. Updates on old business issues were given:

a. Motorcycle Safety Program –150 riders trained. (100 Team Oregon/50 Latus Motors)

b. The Shoot-house is cleaned, operational and waiting for customers.

c. AED's 49 of 49 new AED's distro'd. 278 trained in CPR and 176 on AED operation.

4. The following new issues were discussed:

a. Change Council title to "State Safety and Occupational Health Council" to reflect changes in NGR 385-10 (4-5) 12 SEPT 08.

b. Safety Report Card for all MTOE organizations. IAW NGR 385-10 (2-13 and 8-3)

c. Accidents/Injuries. Safety office has not received AGAR for 1-186 AGR accident where soldier passed out driving on I-5 offramp.

d. Occupational Health injuries, trends, countermeasures. No report.

e. LOD, WTU, Suicide prevention. 2-162 (MAJ McReynolds) reported suicide prevention training disks hard to get, but they were able to make copies and accomplish the training.

d. Internal SOUM process (defective HMWWV hubs) is in place and functional.

5. Next SSHC meeting will be 3 DEC 09, 0900, Rm 236.

DAVID B. ENYEART
Brigadier General
Assistant Adjutant General – Army

DISTRIBUTION:
Chief – Joint Staff
B (Army)
AFGE
AGP
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