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

AGP

December 27, 2010

MEMORANDUM FOR RECORD

Subject: Safety Meeting for December, 2010

The Oregon Military Department Safety Committee met on 15 December 2010, at the Military Department in room 219. The meeting convened at 1:30 PM. The status of Member attendance was as follows:

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

1. Review of Minutes: The first order of business was to review the Safety Meeting minutes from the October 12, 2010 meeting. A motion to approve the minutes was given by Jeff Beck and a second by John Unger.

2. Committee Member Update: Owen Pence has left our employ which vacated the Chairman spot. No one was interested in filling it so Jeff Beck was volunteered with Tim Gilbert as his alternate. Russell Turner has volunteered for Region 6 and Mark Fillman for Region 7. All new members will become effective January 1, 2010.

3. Review of Accident/Incident Reports for the Agency for October/November: A CAD person in AGI cut their finger while removing the soap dispenser in the men's restroom. The question was why maintenance wasn't called. In the future employees should alert maintenance. The next one was a SMW in Grants Pass who pinched their skin above the left knee when performing work with hedge trimmers. The committee's recommendation was to wear additional PPE, possibly chaps. Another recommendation was to put the handle in a different position. The remainder reports for other locations

were reviewed and discussed. No recommendations were required or given by this committee.

4. Hazard/Non Hazard Log Review: At the last meeting it was discussed on how we get the information onto these logs. It was decided that any issues on the Quarterly Safety Reports should be transposed onto these logs. Jeff will send Robin a list of those issues as they arise for posting on the log for Safety Committee review each month.

5. Quarterly Safety Reports - October: There were two, both for LaGrande. Both were reviewed, all looked ok. John asked if we were using the new Quarterly Inspection sheet yet, Tim indicated that they are close to finalizing 420-10 which is where the new form is located.

6. November & December Safety Topics: Safety Topics were reviewed by the committee.

7. New Business:

a. **Policies – Jennifer Losson** – Jennifer discussed Environmental has an Environmental Compliance Notebook on line that has a Hazardous Materials Program. The Notebook covers the basics and the how to, it does not go into detail on the Haz Com Program. ORARNGR 420-47 goes into detail on how to manage Hazardous Materials. She suggested that both federal and state have one program to eliminate confusion. Robin will contact COL Deckert to come up with one program that covers both federal and state. Tim indicated that we need to put together something that references the federal program as our policy. Jennifer suggested reviewing 385-10 and some other PAM's out there. The current AGI-O policy will be eliminated and requested that any AGI-O policies related to this needs to be pulled from all Armory binders. We have the program; we don't have the cover sheet that pulls it all together.

   Jennifer indicated the Environmental Compliance Notebook covers mostly compliance, some training type stuff, hazardous materials, air quality, water quality, sold waste recycling, things that contaminate the air, water and land. It's an active book, so it means it changes all the time. Its facility specific so when you go to each facility it will have its own information captured.

   Robin also brought up the Asbestos Policy she re-wrote last summer. We need to re-look at it again.

b. **Indoor Air Quality**: SAIF Corporation did an Air Quality test of the SRC on Monday, October 4th. A couple of employees had raised a flag about possible air quality issues so Robin requested a testing from SAIF. Robin shared the report with the committee and all employees in the SRC. The report indicates the CO2 levels were a little elevated due to the number of people in small

spaces but not much else. SAIF's suggestion was to open windows to let in fresh air occasionally.

c. **Fire Dept. Walkthrough**: Robin indicated she is still working with Salem Fire Dept. The person she was working with has been out sick for a few months but should be getting it scheduled soon.

d. **2011 Safety Committee Topics**: Robin indicated she has revised the 2010 HQ Safety Committee Topics. ARC Flash training was taken off for January. Tim indicated this is a required annual training and appointed Jeff and Bruce to perform the training when they are out on their travels throughout the state. Robin indicated that she would like to see the topics be more toward policies than just information out of a book. She will work on that issue.

e. **Injury Rates for 2010:** Robin passed out two charts that Paul put together off of our SAIF website. 2010 YTD chart is for all of 2010 and the other chart is the top 15 claims for the last 5 years. We broke each chart down by supervisor. Our biggest cost for 2010 was Strains at $18,084 and over the last 5 years, Fractures were our most costly at $901,498.

f. **Tri-Care Office – OSHA Visit:** Robin indicated an OSHA Compliance Officer was here due to a complaint by a federal contractor who was in that office as to the cramped space. Robin explained to the Officer that all of those contractors where let go due to budget cuts and that we have no physical control over them. He indicated he would file a report and send Robin a copy.

g. **2010 year in Review:** Covered under 'e'.

h. **Safety Page Website:** Robin reminded everyone that there is a safety page website on the AGP site. There are two pages, one for committee minutes and committee related stuff and the other is safety related stuff. As of the first of the year when she gets minutes from everyone in the agency they will be posted on this site.

I. Due outs:

a. Information for Hazard Logs/Non Hazard Logs
b. Schedule ARC Flash training
c. Robin to work with Deckert on HazCom Policy
d. Update 420-10 with Quarterly Safety Inspection Sheet

8. Next Meeting: The next meeting is scheduled for Tuesday at 1:30 PM, January 11, 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

AGENDA

JFHQ & Readiness Centers, Region 2 thru 8

Safety Committee Meeting

Location: JFHQ Conf. Room 219

Date: Wednesday, December 15, 2010

Time: 1:30 PM

1. Review and approve October meeting minutes (No November mtg) – All
2. Committee Member Update
3. Review of Accident/Incident Reports for October & November
4. Hazard Log Review/Non Hazard Log - How do we get items on the Hazard Log?
5. Quarterly Safety Inspections - October
6. November & December Safety Topics
7. New Business

    a. Policies – Jennifer Losson
    b. Indoor Air Quality Testing – SRC
    c. Fire Dept. walk through – SRC
    d. 2011 Safety Committee Topics
    e. Injury Rates for 2010
    f. Tri-Care Office – OSHA visit
    g. 2010 Year in Review
    h. Safety Page Website

8. Next Meeting Date

HQ STATE SAFETY COMMITTEE

Date: December 15, 2010

PRINT NAME	LOCATION
✓Timothy Gilbert	OMD AGI-O
✓mike wilvey	AGI-O - Springfield
✓Bruce Vollstedt	AGI-O Region 6-8
Ryan A Palmer	OREGON COUNTERDRUG
✓JEFF BECK	OMD AGI-O
Jennifer Lesson	AGI-ENV
✓Chana Cline	OEM
✓ Robin Webb	ACOP
/ John Unger	Omd AGI-O Grants POS

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: AGI-S	3. DATE OF REPORT: 26 OCT 2010
4. JOB TITLE: CAD / GIS ADMINISTRATOR	5. TYPE OF INCIDENT/ACCIDENT/ILLNESS: LACERATION	
6. EXTENT OF INJURY(Body part or location of pain): RIGHT INDEX FINGER BELOW FIRST KNUCKLE		
7. LOCATION WHERE INJURY OCCURRED: JFHQ SALEM, MEN'S LOCKER ROOM, SINK AREA		
8. DATE & TIME OF INCIDENT/ACCIDENT/ILLNESS: 25 OCT 2010 10AM		
11. DATE REPORTED: 26 OCT 2010	12. REPORTED TO WHOM: [redacted]	

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):

SOAP DISPENSER WAS STEADILY LEAKING, CREATING A LARGE PINK PUDDLE ON THE FLOOR. AFTER GETTING A MOP BUCKET TO PLACE UNDER THE DISPENSER, I TRIED TO STOP THE FLOW FROM THE NOZZLE. I DECIDED TO REMOVE THE DISPENSER RESERVOIR FROM THE WALL MOUNT. UPON SLIDING THE RESERVOIR UP TO DISLODGE FROM THE WALL, I CUT MY FINGER ON THE MOUNTING PLATE - WHICH HAD A SHARP, PLASTIC EDGE. IT HURT. IT BLED.

15. DESCRIBE FIRST AID/MEDICAL TREATMENT:

I IRRIGATED THE LACERATION WITH WARM WATER, SQUEEZED THE SITE TO ENCOURAGE BLOOD-FLOW. DRIED HANDS W/ PAPER TOWEL, WRAPPED FINGER WITH TOWEL. APPLIED NEOSPORIN AND BANDAGE. APPLIED SURGICAL TAPE AT BORDERS OF BANDAGE. KEPT DRY. CHANGED BANDAGE WHEN ARRIVING HOME. NEW BANDAGE/NEOSPORIN THIS A.M.

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

18. INJURED INDIVIDUALS WRITTEN COMMENTS:

ON EXPLAINING THE INJURY TO MY WIFE, SHE ASKED IF I FILLED OUT AN ACCIDENT REPORT... SO, HERE IT IS.
MY LACERATION IS DOING FINE, WITH NO INFECTION AND MINOR DISCOMFORT, ALTHOUGH A MEDICAL LEAVE TO MAZATLAN MIGHT SPEED THE HEALING PROCESS ☺

THIS SIDE TO BE COMPLETED BY SUPERVISOR

19. CONTRIBUTING FACTORS OF INCIDENT/ACCIDENT/ILLNESS:

UNSAFE ACTIONS: None.

UNSAFE CONDITIONS: None.

- ☐ 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. Individual was taking actions to prevent someone else from slipping on the floor and mitigate injury potential.

GUIDES TO CORRECTIVE ACTION

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

Notified the maintenance worker of the mounting plate's sharp edge for future reference when re-filling the soap dispenser.

22. ADDITIONAL SUPERVISOR COMMENTS:

23. SUPERVISOR NAME (PRINT):	24. SUPERVISOR SIGNATURE:	25: DATE:
Dennis Ruth	Dennis Ruth	10/26/10

SAFETY COMMITTEE REVIEW

26. SAFETY COMMITTEE RECOMMENDATIONS:

27. SAFETY CHAIR SIGNATURE:	28. DATE:

REPORT OF INCIDENT/ACCIDENT/ILLNESS

- PRINT OR TYPE ONLY. TO BE COMPLETED BY THE INJURED EMPLOYEE OR ATTENDING STAFF
- 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: AGI OPS/MAINT	3. DATE OF REPORT: 21 SEPT 10
4. JOB TITLE: STATE MAINTENANCE WORKER	5. TYPE OF INCIDENT/ACCIDENT/ILLNESS: MINOR ABRASION	
6. EXTENT OF INJURY(Body part or location of pain): PINCHING ABRASION JUST ABOVE THE LEFT KNEE		
7. LOCATION WHERE INJURY OCCURRED: GRANTS PASS READINESS CENTER		
8. DATE & TIME OF INCIDENT/ACCIDENT/ILLNESS: 20 SEPT 10 9:40 AM		
11. DATE REPORTED: 21 SEPT 10	12. REPORTED TO WHOM: [redacted]	

13. WITNESS (attach statement if necessary)	WITNESS (attach statement if necessary)
RELATIONSHIP: R/	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 SAFETY GLASSES, GLOVES AND EARPLUGS. I WAS PERFORMING HEDGE TRIMMING OPERATIONS WITH A GAS POWERED TRIMMER. THE TRIMMER HANDLE WAS IN THE HORIZONTAL POSITION WHEN I SWUNG THE TRIMMER AWAY FROM THE JUNIPER BUSH AND THE BLADE (STILL MOVING) CAUGHT ME IN THE LEG. THE BLADE PINCHED MY SKIN AND CAUSED A BLOOD BLISTER AND ABRASION.

15. DESCRIBE FIRST AID/MEDICAL TREATMENT:

CLEANED WOUND AND RETURNED TO WORK

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

18. INJURED INDIVIDUALS WRITTEN COMMENTS:

THIS INJURY WAS DUE TO A MOMENTARY LAPSE IN PAYING ATTENTION AND NOT PAYING PROPER RESPECT/CAUTION IN THE TOOL USED.

THIS SIDE TO BE COMPLETED BY SUPERVISOR

19. CONTRIBUTING FACTORS OF INCIDENT/ACCIDENT/ILLNESS:

UNSAFE ACTIONS: WRONG HANDLE POSITION UNSAFE CONDITIONS:

- ☐ 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?

NO

GUIDES TO CORRECTIVE ACTION

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

DISCUSSION WITH EMPLOYEE ON SAFE USE OF TOOLS AND PAYING ATTENTION

22. ADDITIONAL SUPERVISOR COMMENTS:

NONE

23. SUPERVISOR NAME (PRINT):	24. SUPERVISOR SIGNATURE:	25: DATE:
JEFFERY A. BECK		21 SEPT 10

SAFETY COMMITTEE REVIEW

26. SAFETY COMMITTEE RECOMMENDATIONS:

27. SAFETY CHAIR SIGNATURE:	28. DATE:

~~OR-00174352~~

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: 10/25/10
4. JOB TITLE: Part Specialist 2	5. TYPE OF INCIDENT/ACCIDENT/ILLNESS:	
6. EXTENT OF INJURY(Body part or location of pain): Cut on right index Finger		
7. LOCATION WHERE INJURY OCCURRED: Electronic Supply Room		
8. DATE & TIME OF INCIDENT/ACCIDENT/ILLNESS: 10/25/10 1635		
11. DATE REPORTED: 10/25/10	12. REPORTED TO WHOM: [redacted] / [redacted]	
13. WITNESS (attach statement if necessary) NOPE 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):

Cut right index finger on sharp edge on drawer divider

15. DESCRIBE FIRST AID/MEDICAL TREATMENT: Member Using first aid kit treated cut with antibiotic ointment & bandage.

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

18. INJURED INDIVIDUALS WRITTEN COMMENTS:

Cut finger on drawer while placing parts in drawer.

THIS SIDE TO BE COMPLETED BY SUPERVISOR

19. CONTRIBUTING FACTORS OF INCIDENT/ACCIDENT/ILLNESS:

UNSAFE ACTIONS:	UNSAFE CONDITIONS:
☐ DISTRACTION, TEASING, HORSEPLAY ☐ OPERATING WITHOUT AUTHORITY ☐ MAKING SAFETY 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: sharp edge on drawer divider

20. BACKGROUND:
ARE THERE ANY CONTRIBUTING FACTORS, SUCH AS LEVEL OF TRAINING, PERSONAL CHARACTERISTICS, HABITS, FAILURE TO ADHERE TO SAFETY POLICIES, ETC. THAT CAUSED THE INCIDENT/ACCIDENT/ILLNESS?

N/A

GUIDES TO CORRECTIVE ACTION

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

Remove drawer dividers & replace them with new dividers

22. ADDITIONAL SUPERVISOR COMMENTS:

N/A

23. SUPERVISOR NAME (PRINT):	24. SUPERVISOR SIGNATURE:	25: DATE:
Gaiy Reynolds	[signature]	10/25/10

SAFETY COMMITTEE REVIEW

26. SAFETY COMMITTEE RECOMMENDATIONS:

27. SAFETY CHAIR SIGNATURE:	28. DATE:

REPORT OF INCIDENT/ACCIDENT/ILLNESS

- PRINT OR TYPE ONLY. TO BE COMPLETED BY THE INJURED EMPLOYEE OR ATTENDING STAFF
- 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: 11-29-10
4. JOB TITLE: Facility Specialists	5. TYPE OF INCIDENT/ACCIDENT/ILLNESS: Broke middle Finger	
6. EXTENT OF INJURY (Body part or location of pain): Left middle finger 2ND joint to 1ST		
7. LOCATION WHERE INJURY OCCURRED: Ciding at Large Conference Room		
8. DATE & TIME OF INCIDENT/ACCIDENT/ILLNESS: ~~11/600~~ 11/23/10 1900		
11. DATE REPORTED: ~~11-23-10~~ Rownsley by Phone 1900	12. REPORTED TO WHOM: [redacted]	

13. WITNESS (attach statement if necessary)	WITNESS (attach statement if necessary)
RELATIONSHIP:	RELATIONSHIP:
SUPERVISOR, CO-WORKER, ETC. SECURITY	SUPERVISOR, CO-WORKER, ETC.
NAME: Unk / Camera	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):

While turning water off to front outside water head in the ciding, Aluminin latter Bracing bent, Causing latter to shift, I was OK until I tried to Straighten latter with my foot which was no stable, Causing me to hang on Fire System pipe when I let go I came down on latter hurting finger.

15. DESCRIBE FIRST AID/MEDICAL TREATMENT:

Home until I arrived at home and my finger had Swell and I thought it was a good Idea to go to emergency

16. WHERE WAS INDIVIDUAL SENT (IF TRANSPORTED): No where Individuals declined	17. MEANS OF TRANSPORTATION: Personal Vehicle

18. INJURED INDIVIDUALS WRITTEN COMMENTS:

" See Above "

THIS SIDE TO BE COMPLETED BY SUPERVISOR

19. CONTRIBUTING FACTORS OF INCIDENT/ACCIDENT/ILLNESS:

UNSAFE ACTIONS: Using Cheap Ladder
KR standing on top rung of ladder.

- ☐ DISTRACTION, TEASING, HORSEPLAY
- ☐ OPERATING WITHOUT AUTHORITY
- ☐ MAKING SAFETY DEVICES INOPERATIVE
- ☐ TAKING UNSAFE POSITION KR
- ☐ FAILURE TO USE PERSONAL PROTECTIVE DEVICES
- ☒ OTHER: No Standing Still

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, FAILU
TO ADHERE TO SAFETY POLICIES, ETC. THAT CAUSED THE INCIDENT/ACCIDENT/ILLNESS?
No Spotter / Under Weight Limit Ladder
STANDING ON TOP RUNG OF LADDER

GUIDES TO CORRECTIVE ACTION

21. IF AN UNSAFE ACTION AND/OR CONDITION WAS IDENTIFIED, LIST CORRECTIVE ACTION TAKEN:
Replace with Stronger Ladder
one that meets weight Limits

22. ADDITIONAL SUPERVISOR COMMENTS:

23. SUPERVISOR NAME (PRINT):	24. SUPERVISOR SIGNATURE:	25: DATE:
KAREN RAWNSLEY	Karen Rawnsley	11-29-11

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. CLASS/PLATOON: 2010-7 3rd	3. DATE OF REPORT: 10/21/10
4. JOB TITLE: Group Life Coordinator 3	5. TYPE OF INCIDENT/ACCIDENT/ILLNESS: mononucleosis	
6. EXTENT OF INJURY (Body part or location of pain): n/A		
7. LOCATION WHERE INJURY OCCURRED: Oregon youth challenge bldg.		
8. DATE & TIME OF INCIDENT/ACCIDENT/ILLNESS: 10/22/10 diagnosed		
11. DATE REPORTED: 10/21/10	12. REPORTED TO WHOM: [redacted]	

13. WITNESS (attach statement if necessary)

RELATIONSHIP: _____ SUPERVISOR, CO-WORKER, CADET ETC.

NAME: _____

PHONE: _____

WITNESS (attach statement if necessary)

RELATIONSHIP: _____ SUPERVISOR, CO-WORKER, CADET ETC.

NAME: _____

PHONE: _____

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

on 10/4/10 I transported a sick cadet to the E.R. A blood test on 10/5/10 confirm the cadet had mononucleosis. This cadet also had a fever which indicates a contagious stage. I began feeling unwell within a couple days and symptoms per for weeks. On 10/11/10 I informed my obstetrician I had been exposed to mono at work. On 10/22/10 the results of an ordered blood test confirmed I had mono. I called on 10/21/10 to inform my employer I was going in for a te

15. DESCRIBE FIRST AID/MEDICAL TREATMENT:

lab work on 10/22/10 at the Health Center. 10/22/10 positive result. Seen at St. Ch Immediate Care, 4 days off from work. Then seen on 10/27/10 at Latine Com healthcare off work until 11/3/10. Seen again on 11/22/10 and put on reduce schedule for the next 2-3 months

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

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

18. INJURED INDIVIDUALS WRITTEN COMMENTS:

See above. I'm currently [redacted]. Another co-worker was exposed, was out sick and had to get tested shortly after exposure to the same cadet. There were actua 2 cadets in the platoon that tested positive for mono and were sent home.

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

HAZARD NUMBER	DESCRIPTION/ LOCATION	REPORTED BY	DATE REPORTED	CORRECT BY	RESPONSIBLE SUPERVISOR	DATE CORRECTED & REPORTED BY	REASON NOT CORRECTED

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

HAZARD NUMBER	DESCRIPTION/ LOCATION	REPORTED BY	DATE REPORTED	CORRECT BY	RESPONSIBLE SUPERVISOR	DATE CORRECTED & REPORTED BY	REASON NOT CORRECTED

Oregon Military Department
Quarterly Workplace Safety Inspection

Location: La Grande FMS Date: 2 Oct 2010 Prepared by: Jack Cassity FMS

YES NO N/A

HOUSEKEEPING

☒ ☐ ☐ 1) Is proper housekeeping maintained? (No trip, slip, or fire hazards)?

PERSONAL PROTECTIVE EQUIPMENT

☒ ☐ ☐ 2) Is PPE being used?
☒ ☐ ☐ 3) Is all required PPE functional and in good repair?
☒ ☐ ☐ 4) Is PPE being stored properly when not in use?
☐ ☐ ☒ 5) Is a fall arrest system in place and being used?

LOCKOUT/TAGOUT

☒ ☐ ☐ 6) Are correct lockout/tagout procedures in use?
☒ ☐ ☐ 7) Are suspended loads on potential energy (such as compressed springs, hydraulics, or jacks) controlled to prevent hazards?

ELECTRICAL SYSTEMS

☒ ☐ ☐ 8) Is there a 36-inch clearance and 30-inch width maintained in front of electrical panels and are panel doors closed?
☒ ☐ ☐ 9) Are disconnecting switches and circuit breakers clearly labeled to indicate their use or equipment served?
☒ ☐ ☐ 10) Are circuit breakers accessible to personnel, protected from physical damage and located away from ignitable material?
☒ ☐ ☐ 11) Are portable electrical tools and equipment and fixed electrical equipment grounded or of the double insulated type?
☒ ☐ ☐ 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: La Grande FMS Date: 1 Oct 2010 Prepared by: Jack Cassity FMS

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

Copies to: ☒ Supervisor ☒ Safety Committee ☒ Unit ☒ Other: AGI web site

Oregon Military Department
Quarterly Workplace Safety Inspection

Location: La Grande RC | Date: 1 October 2010 | Prepared by: Jack Cassity FMS

YES NO N/A

HOUSEKEEPING

☒ ☐ ☐ 1) Is proper housekeeping maintained? (No trip, slip, or fire hazards)?

PERSONAL PROTECTIVE EQUIPMENT

☒ ☐ ☐ 2) Is PPE being used?
☒ ☐ ☐ 3) Is all required PPE functional and in good repair?
☒ ☐ ☐ 4) Is PPE being stored properly when not in use?
☐ ☐ ☒ 5) Is a fall arrest system in place and being used?

LOCKOUT/TAGOUT

☒ ☐ ☐ 6) Are correct lockout/tagout procedures in use?
☐ ☐ ☒ 7) Are suspended loads on potential energy (such as compressed springs, hydraulics, or jacks) controlled to prevent hazards?

ELECTRICAL SYSTEMS

☒ ☐ ☐ 8) Is there a 36-inch clearance and 30-inch width maintained in front of electrical panels and are panel doors closed?
☒ ☐ ☐ 9) Are disconnecting switches and circuit breakers clearly labeled to indicate their use or equipment served?
☒ ☐ ☐ 10) Are circuit breakers accessible to personnel, protected from physical damage and located away from ignitable material?
☒ ☐ ☐ 11) Are portable electrical tools and equipment and fixed electrical equipment grounded or of the double insulated type?
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Please complete Workplace Inspection Report on reverse.

Location: _____ Date: _____ Prepared by: _____

Observation						Action and Follow-up			
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			☐	☐	☐				☐
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			☐	☐	☐				☐

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

Feel Good About Ergonomics

Every year, thousands of American workers are disabled by musculoskeletal disorders (MSDs). Jobs that expose workers to excessive repetitive motion, force, awkward postures, contact stress, or vibration are a major cause of this problem.

Ergonomics concentrates on making the job fit the employee, rather than forcing the employee to fit the job. It involves accommodating workers through design of tasks, work schedules, work stations, controls, tools, and equipment. In addition, it involves engineering and designing equipment that reduces a job's MSD risk.

How Ergonomics Affects You

Everyday, your body is subject to tasks which could cause it harm. Some types of tasks or work conditions which may affect you include:

Regular repetitive tasks.	Forceful exertions.	Inappropriate tools.
Vibrations from power tools.	Poor body mechanics.	Restrictive work stations.
Awkward postures.	Lifting heavy or awkward objects.	

Exposure Effects

Being exposed to ergonomic hazards can cause a variety of disorders and illnesses.

MSDs are injuries and disorders of the muscles, nerves, tendons, ligaments, joints, cartilage, and spinal discs. Examples of MSDs include:

Tendinitis.	Tenosynovitis.	De Quervain's disease.
Trigger finger.	Raynaud's syndrome.	Carpal tunnel syndrome.
Tarsal tunnel syndrome.	Carpet layers knee.	Rotator cuff syndrome.
Epicondylitis.	Sciatica.	Herniated spinal disc.
Low back pain.		

The symptoms of MSDs can include a dull aching sensation, discomfort with specific movements, tenderness to the touch, a burning sensation, pain, tingling, cramping, or stiffness. Symptoms often appear gradually and may disappear during rest. Symptoms usually become more severe as exposure continues (for example, tingling continues after work ends, numbness makes it difficult to perform the job, and finally, pain becomes is so severe that the employee can no longer perform the job).

Back disorders can result from heavy, awkward, overexerted lifting, and by twisting, reaching, bending, and remaining in one position for an extended period of time.

Handling Ergonomic Problems

Employers have several options to choose from when controlling ergonomic hazards:

Engineering controls — Redesigning tools, work stations, or equipment.

Administrative controls — Reducing the duration, frequency, and severity of exposure to ergonomic stressors.

Good work practice controls — Using proper work techniques, training, conditioning, monitoring, and feedback.

A medical management program helps to control MSDs through early identification and treatment.

Time Change and Smoke Alarms

It's time for the bi-annual routine of changing our clocks, and another chance to remind Oregonians when adjusting your clocks to Pacific Standard Time Sunday, November 7th, to recommend you test your smoke alarms before automatically changing the batteries.

Oregon law requires ionization-only alarms that are solely battery-powered, to come equipped with a hush feature and a 10-year battery. Because of these requirements, the national slogan "Change your clock, Change your battery" may not apply to many Oregon residents who have this type of alarm.

Adding to the confusion is that many other types of smoke alarms are now sold with a 10-year battery. This means if a household member follows the national slogan they could be replacing a good battery at extra expense.

"Fire safety products and manufacturing methods continue to evolve," says Oregon State Fire Marshal Randy Simpson. "With the increased use of 10-year batteries it's time to encourage our citizens to take a closer look at their smoke alarms and follow the manufacturer's instructions when testing and maintaining them."

Oregonians are also encouraged to replace any smoke alarm 10-years-old or older because the sensing devices deteriorate over time.

"The Oregon fire service should stress at least these three main themes with residents," urged Simpson.

Test smoke alarms before automatically changing the battery.

Follow manufacturer instructions when testing and maintaining alarms.

Replace all smoke alarms 10-years-old or older.

Visit the Oregon State Fire Marshall's website at http://www.oregon.gov/OSP/SFM/index.shtml to view other fire safety related materials and other information.

Slips, Trips, & Falls

Slips

Slips can be caused by wet surfaces, spills, or weather hazards like ice or snow. Slips are more likely to occur when you hurry or run, wear the wrong kind of shoes, or don't pay attention to where you're walking.

You can help avoid slips by following these safety precautions:

- Practice safe walking skills. Take short steps on slippery surfaces to keep your center of balance under you, and point your feet slightly outward.
- Clean up or report spills right away. Even minor spills can be very dangerous.
- Don't let grease accumulate at your work place.
- Be extra cautious on smooth surfaces such as newly waxed floors. Also be careful walking on loose carpeting.

Trips

Trips occur whenever your foot hits an object and you are moving with enough momentum to be thrown off balance. You can help avoid trips when you:

- Make sure you can see where you are walking. Don't carry loads that you cannot see over.
- Keep walking and working areas well lit, especially at night.
- Keep the workplace clean and tidy. Store materials and supplies in the appropriate storage areas.
- Arrange furniture and office equipment so that it doesn't interfere with walkways or pedestrian traffic in your area.
- Properly maintain walking areas, and alert appropriate authorities regarding potential maintenance related hazards.

Falls

To avoid falls consider the following measures:

- Don't jump off landings or loading docks. Use the stairs.
- Repair or replace stairs or handrails that are loose or broken.
- Keep passageways and aisles clear of clutter and well lit.
- Wear shoes with appropriate non-slip soles.

Hearing Protection

Noise is recognized by OSHA as a preventable cause of temporary or permanent hearing loss, stress, and other physical problems.

Noise is sound measured by its frequency (high or low pitch) and its intensity (loudness measured in decibels (dB)). High frequencies are most damaging. Workers may not be exposed to more than an average of 85 dB over an 8-hour period without hearing protection being provided.

There are three types of noise:

- wide band: wide frequency range (i.e., manufacturing engines).
- narrow band: narrow frequency range (i.e., power tools and saws).
- impulse: temporary pounding (i.e., jack hammer or power punch presses).

Hearing protection devices

Hearing protection devices (HPDs) do not block out sound completely, but they provide some protection by reducing the amount of sound reaching your ear. At the same time, you will be able to hear speech and important machinery sounds.

What must my employer do?

Hearing protection must be provided by your employer, but only after your employer assesses the noise in the workplace, and attempts to reduce that noise level using engineering and administrative changes. If there is still a hazardous noise level remaining, then HPDs are called for.

HPDs can be of several types including earplugs, canal caps, or earmuffs.

What must I do?

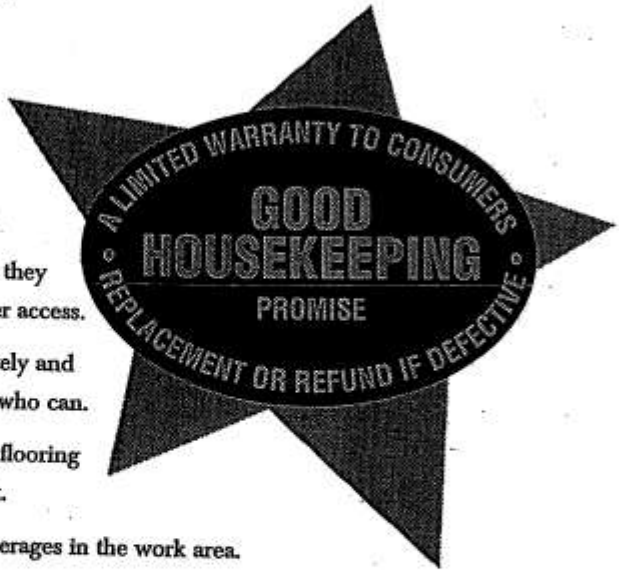
You are ultimately responsible for protecting your own hearing. Here are a few points to remember about protecting your sense of hearing:

- make sure earplugs fit properly.
- have an annual hearing test.
- keep HPDs in good condition. Obtain new ones as needed.
- wear HPDs properly as required.

WORK PLACE SAFETY

Good Housekeeping Is a Good Safety Practice

- Keep aisles, passage ways, stairways, and floors clear of tools, materials, boxes, cords, cables, air hoses, and trash.
- Close drawers.
- Put tools and materials away when you're not using them.
- Cover sharp edges of tools.
- Stack materials carefully, so they won't fall or block sprinkler access.
- Clean up all spills immediately and properly–or call someone who can.
- Report any loose or broken flooring or other broken equipment.



- Avoid keeping food and beverages in the work area.
- Place all trash in proper containers–closed metal containers for combustible waste.
- Don't let paper or other combustibles come in contact with lights or electrical equipment.
- Prevent dirt or grease buildup on machinery and equipment.
- Smoke only where permitted, and put out smoking materials in ashtrays.
- Keep flammable liquid containers closed when not in use.
- Don't place tools or equipment on the edges of shelves or tables.

HOLIDAY DÉCOR & FIRE SAFETY

Christmas Trees - What's a traditional Christmas morning scene without a beautifully decorated tree? If your household includes a natural tree in its festivities, take to heart the sales person's suggestion – "Keep the tree watered."

Christmas trees account for hundreds of fires annually. Typically, shorts in electrical lights or open flames from candles, lighters or matches start tree fires. Well-watered trees are not a problem. A dry and neglected tree can be.

Selecting a Tree for the Holidays - Needles on fresh trees should be green and hard to pull back from the branches, and the needles should not break if the tree has been freshly cut. The trunk should be sticky to the touch. Old trees can be identified by bouncing the tree trunk on the ground. If many needles fall off, the tree has been cut too long and, has probably dried out, and is a fire hazard.

Caring for Your Tree -Do not place your tree close to a heat source, including a fireplace or heat vent. The heat will dry out the tree, causing it to be more easily ignited by heat, flame or sparks. Be careful not to drop or flick cigarette ashes near a tree. Do not put your live tree up too early or leave it up for longer than two weeks. Keep the tree stand filled with water at all times.

Disposing of Your Tree - Never put tree branches or needles in a fireplace or wood-burning stove. When the tree becomes dry, discard it promptly. The best way to dispose of your tree is by taking it to a recycling center or having it hauled away by a community pick-up service.

Holiday Lights, Maintain Your Holiday Lights - Inspect holiday lights each year for frayed wires, bare spots, gaps in the insulation, broken or cracked sockets, and excessive kinking or wear before putting them up. Use only lighting listed by an approved testing laboratory.

Do Not Overload Electrical Outlets - Do not link more than three light strands, unless the directions indicate it is safe. Connect strings of lights to an extension cord before plugging the cord into the outlet. Make sure to periodically check the wires – they should not be warm to the touch. Do not leave holiday lights on unattended!

Holiday Decorations - Use Only Nonflammable Decorations. All decorations should be nonflammable or flame-retardant and placed away from heat vents. If you are using a metallic or artificial tree, make sure it is flame retardant.

Don't Block Exits -Ensure that trees and other holiday decorations do not block an exit way. In the event of a fire, time is of the essence. A blocked entry/exit way puts you and your family at risk.

Never Put Wrapping Paper in the Fireplace - Wrapping paper in the fireplace can result in a very large fire, throwing off dangerous sparks and embers that may result in a chimney fire.

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INDUSTRIAL HYGIENE SERVICES

October 4, 2010

Robin Webb
HR Analyst II
Oregon Department of Military
1776 Militia Way SE
PO Box 14350
Salem, OR 97309-5047

Policy No: 155927
Policy Dates: 7/1/2009 to 6/30/2010

Dear Robin:

This letter and attached report follow up on the site visit conducted by Dan Stuckrath CIH and myself on October 04, 2010 at the Oregon Department of Military SRC facility located at 775 Airport Road SE Salem, OR. Dan and I met with you at this location about 7:15 AM for a brief tour of the facility and introductions to the staff members with whom we would be interfacing. The monitoring device was placed in the Minor Construction Program Office and monitoring was conducted for these indoor air indices: carbon dioxide (CO_2), carbon monoxide (CO), relative humidity (%RH), and temperature ($^{\circ}F$)

The executive summary of the results is followed by recommendations for your review. For additional information regarding this investigation, please see the associated Industrial Hygiene Sampling Report.

Executive Summary
Indoor air indices recorded from the Construction Department office were within the American Society of Heating, Refrigerating, and Air-Conditioning Engineers (ASHRAE) and the United States Environmental Protection Agency (US EPA) guidelines for indoor air quality for the components measured.

Recommendations

2010-10-04.1	Share these results with affected employees and your safety committee.
2010-10-04.2	Offices should keep windows open to bring in fresh air to help keep CO_2 levels at low as possible.
2010.10.04.3	Provide means for suitable air exchange between building interior and exterior. The optimal performance metric for fresh air is 20 cubic feet per minute (cfm) per building occupant (ASHRAE 62-2001).
2010.10.04.4	Retain a copy of this report for your records for at least 30 years, in accordance with OAR 437-002-360 (29 CFR 1910.1020(d) (1) (ii), pertaining to recordkeeping requirements for employee exposure records. SAIF recommends retaining a copy of this report indefinitely.

Robin, I hope you find this report helpful in protecting the safety and health of your workforce. If you have any questions regarding this report please feel free to contact me directly.

Sincerely,

Gordon Baldwin

Gordon Baldwin, CUSA, Sr. Safety Management Consultant
SAIF Corporation | State Agency Customer Service Team
400 High St SE | Salem, Oregon 97312
Phone: 503.373.8104
Fax: 503.584.8104
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Attachments: Industrial Hygiene Sampling Report, pp 4-5
QuestSuite Professional software report, pp 6-9
Photographs, pp 10-11

C: Policy file

saif corporation

Industrial Hygiene Sampling Report
Prepared for: Oregon Department of Military
Date of Site Visit: October 4, 2010
Date of Report: October 4, 2010

SRC Facility
This is an older two story concrete block building. Most of the interior is comprised of the "drill floor" which is an open two-story area of about 6000 sq. ft. Offices are located along north and east walls. A lunch room and restrooms/locker rooms/shower facilities occupy the west wall.

HVAC
A boiler and baseboard radiators provide heating for offices. Forced air heats the drill floor area. There is no cooling system. Some offices have widows which can be opened for passive air exchange. There are no fans within offices, unless provided by individual workers.

Sampling Location
Sampling was done in the Minor Construction Program Office which is located on the ground floor approximately in the middle of the east wall. The office windows and the large roll-up door were kept closed during the sampling, which lasted for 8 hours, 17 minutes.

Complaints
Fifteen employees provided feedback using the Indoor Air Quality Occupant Questionnaire. Forty-seven percent of IAQ survey respondents reported symptoms. Most complaints are related to comfort issues such as: too hot and stuffy environment. A few individuals reported health symptoms such as: headache, cough, and sneezing.

Dan Stuckrath and I observed no signs of water intrusion along walls or ceilings. The men's restroom/locker room/shower facility was clean, dry, and free from water stains and mold growth. Nothing was observed that could be causing health problems.

Sampling Apparatuses

Indoor Air Indices – Temperature, Humidity and Carbon Dioxide
Carbon dioxide is often used as an indicator of dilution ventilation. Carbon dioxide is a normal constituent of exhaled breath and is typically found in outdoor atmospheres at concentrations of 300-400 parts per million (ppm). Carbon dioxide levels are typically higher inside buildings than outside due to human occupancy. According to the American Society of Heating, Refrigeration, and Air-Conditioning Engineers (ASHRAE 62-2001), it is desirable for CO_2 levels to remain below 700 ppm above outdoor readings (e.g., inside < 700 ppm +outside). If concentrations exceed this, it is indicative that adequate amounts of outdoor air are not being provided for dilution ventilation and comfort. This recommendation does not mean that exceeding 700 ppm plus outdoor readings is "hazardous," but rather that complaints may arise and hence, that additional outdoor make-up air needs to be provided to the building. The OR-OSHA Permissible Exposure Limit for CO_2 is 5,000 ppm. Testing for carbon dioxide, carbon monoxide, temperature, and relative humidity was conducted with a Quest AQ-5000 Pro which data logs the above information, plus dew point.

Prior to the survey, both gas sensors (CO_2 and CO) in the AQ-5000 test instrument were zeroed and spanned according to the manufacturer's instructions. The CO_2 sensor was zeroed and spanned on 9/27/10 using nitrogen gas as the zero gas and CO_2 at 1000 ppm as the span gas. Carbon monoxide (CO) was monitored during the survey. The CO sensor was calibrated prior to the survey on 9/27/10 using nitrogen gas as the zero gas and CO gas at 50 ppm as the span gas.

Standards

IAQ Indices (Temperature, Humidity and Carbon Dioxide)
Although there are no specific laws governing the quality of indoor air, certain professional organizations and research agencies make general recommendations. Acceptable ranges for temperature, relative humidity and carbon dioxide for indoor air were obtained from the American Society for Heating, Refrigerating and Air Conditioning Engineers (ASHRAE).

The acceptable range for temperature in the winter time is from 69 degrees Fahrenheit (°F) - 75°F and in the summer time from 72°F - 79°F. Relative humidity readings should range between 30 and 60 percent. Carbon Dioxide (CO_2) is an odorless, colorless gas that is a normal component of exhaled air. CO_2 levels are widely used as an indicator to determine whether an adequate quantity of outdoor air, for comfort and dilution, is being introduced into a building or space in reference to the number of occupants in that area. ASHRAE recommends that the ventilation rate be set so that CO_2 levels do not exceed 700 parts per million (ppm) more than outdoor levels to satisfy odor and comfort criteria. For occupational exposures the Oregon Occupational Safety and Health Division (OR-OSHA) permissible exposure limit (PEL) for CO_2 is 5,000 ppm as an eight-hour time weighted average. The PELs are the legal exposure limit, while the ASHRAE limits are only recommended values for assessing the adequacy of outdoor air ventilation.

Results

Table 1
Indoor Air Indices
Oregon Department of Military
October 4, 2010

Location/Sampling Time	CO_2 Levels (ppm)	Temperature (°F)	RH (%)	CO (ppm)
Test 1 Minor Construction Program Office 7:48AM-4:05PM 8H:17M	677-1175ppm Avg=856ppm	71.7-74.2°F Avg=72.9°F	46.1-52.5% Avg=47.5%	0-1ppm Avg=0ppm
Test 2 Outside Reference South Parking Lot 4:08-4:21PM 0H:13M	406-487ppm Avg=449ppm	58.9-61.4°F Avg=59.8°F	46.0-59.5% Avg=57.8%	0-3ppm Avg=0ppm
Recommended Ranges	**<700ppm above background (<1080 ppm) ASHRAE (For comfort and dilution.)**	**69-75°F Winter 72-79°F Summer**	**30-60%**	**9 ppm National Ambient Air Quality Standard (NAAQS)**

ppm – parts per million RH – Relative Humidity

Discussion

These results are representative of this day of sampling. Factors such as rain, wind direction, and outside temperature may influence these results.

Indoor Ambient air measurements indicate that carbon dioxide (CO_2), carbon monoxide (CO), relative humidity (RH), and temperature (°F) were within recommended ranges for an office environment as established by the American Society of Heating, Refrigerating, and Air-Conditioning Engineers (ASHRAE) and the United States Environmental Protection Agency (US EPA).

The Carbon Dioxide levels were within guidelines at less than 1000ppm versus the maximum allowable level of 5000ppm. Although the measurements were within the ASHRAE and EPA guidelines, it has been documented that occupant complaints are more prevalent when carbon dioxide levels exceed 800 ppm (*Industrial Ventilation, 25th Edition, ACGIH*).

Figure 1
QuestSuite® Professional Datalog Chart
Oregon Department of Military
Minor Construction Program Office, Test 1
Date of Sampling: October 4, 2010

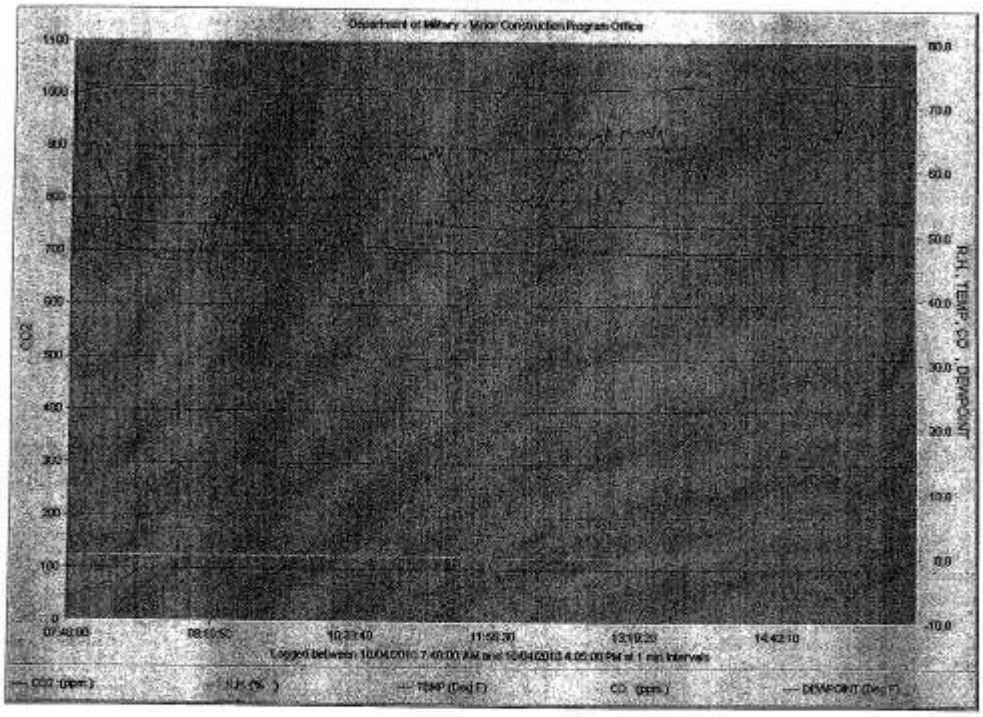


Figure 2
QuestSuite® Professional Datalog Chart
Oregon Department of Military
Outside Reference, Test 2
Date of Sampling: October 4, 2010

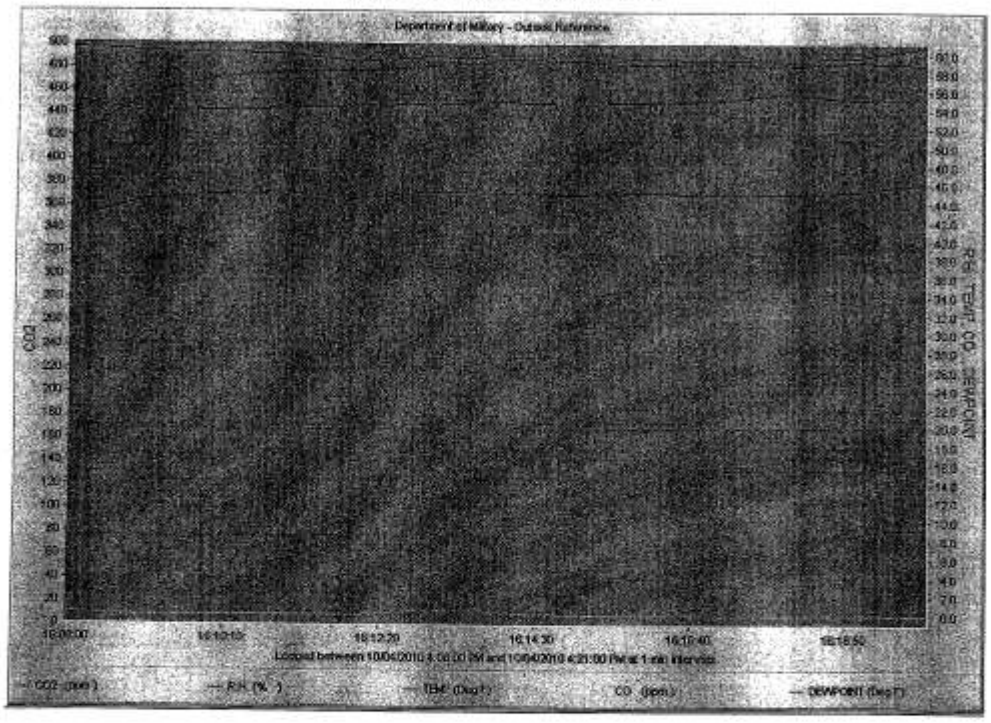


Figure 3
QuestSuite Professional Report for AQ5000
Oregon Department of Military-SRC
Date of Sampling: October 4, 2010

QuestSuite Professional- Dept of Mil SRC 10-04-10			
aq-5000P Indoor Air Quality Monitor			
FW Version:	1.02		Serial Number: 0088
Company:	Oregon Department of Military		
Work Area:	Minor Construction Program Office		
Description:	2 tests conducted. Test 1 for 8H:17M in Minor Construction Program Office Test 2 for 13M Outside Reference south parking lot		
Test Information			
CO_2 FULL SCALE RANGE:			5,000 ppm
INSTRUMENT MODE:			Data Logging
MEMORY MODE:			Stop When Full
STORAGE PERIOD:			1 minute average
TEST STARTED ON:			10/04/2010 at 7:48:00
TOTAL DURATION:			0 DAYS 08:33:00
TOTAL DURATION (in periods):			513
Sensor Calibration Information			
CO_2			
ZERO:	0	ppm	09/27/2010 15:44:26
SPAN:	1,000	ppm	09/27/2010 15:49:56
CO		SN	062754
ZERO:	0	ppm	09/27/2010 15:52:21
SPAN:	50	ppm	09/27/2010 15:56:41
Overall Statistics For Test Number			**1**
CO_2			
MIN:	677	ppm	10/04/2010 8:52:02 AM
AVG:	856	ppm	
MAX:	1,175	ppm	10/04/2010 7:48:06 AM
R.H.			
MIN:	46.1	%	10/04/2010 2:01:39 PM
AVG:	47.5	%	
MAX:	52.5	%	10/04/2010 7:48:05 AM
TEMP			
MIN:	71.7	DegF	10/04/2010 7:49:32 AM
AVG:	72.9	DegF	
MAX:	74.2	DegF	10/04/2010 4:04:58 PM

CO			
MIN:	0	ppm	10/04/2010 7:48:00 AM
AVG:	0	ppm	
MAX:	1	ppm	10/04/2010 9:04:38 AM
STEL:	0.1	ppm	10/04/2010 9:04:38AM
TWA:	0.0	ppm	
DEWPOINT			
MIN:	51.0	DegF	10/04/2010 12:05:00PM
AVG:	51.7	DegF	
MAX:	53.0	DegF	10/04/2010 7:48:00AM
Overall Statistics For Test Number			**2**
CO_2			
MIN:	406	ppm	10/04/2010 4:09:57 PM
AVG:	449	ppm	
MAX:	487	ppm	10/04/2010 4:08:00 PM
R.H.			
MIN:	46.0	%	10/04/2010 4:08:00 PM
AVG:	57.8	%	
MAX:	59.5	%	10/04/2010 4:19:42 PM
TEMP			
MIN:	58.9	DegF	10/04/2010 4:12:37 PM
AVG:	59.8	DegF	
MAX:	61.4	DegF	10/04/2010 4:08:00 PM
CO			
MIN:	0	ppm	10/04/2010 4:08:03 PM
AVG:	0	ppm	
MAX:	3	ppm	10/04/2010 4:13:52 PM
STEL:	0.0	ppm	
TWA:	0.0	ppm	
DEWPOINT			
MIN:	42.2	DegF	10/04/2010 4:08:00PM
AVG:	44.8	DegF	
MAX:	46.3	DegF	10/04/2010 4:20:00PM

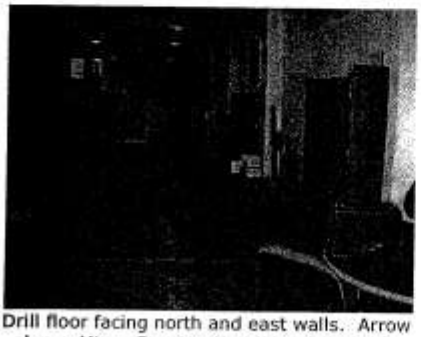
Photographs

775 Airport Way SE south side. (Entrance door left of truck and roll-up door).

Drill floor facing south toward roll-up door.

Drill floor west wall.

Drill floor facing north wall.



Drill floor facing north and east walls. Arrow shows Minor Construction Program Office.

Minor Construction Program Office facing north-east.

Minor Construction Program Office facing north-west.

Minor Construction Programs Office with aq-500P on drafting table, east wall.

Minor Construction Programs Office with aq-500P on drafting table, east wall.

Example showing clean condition of men's restroom.

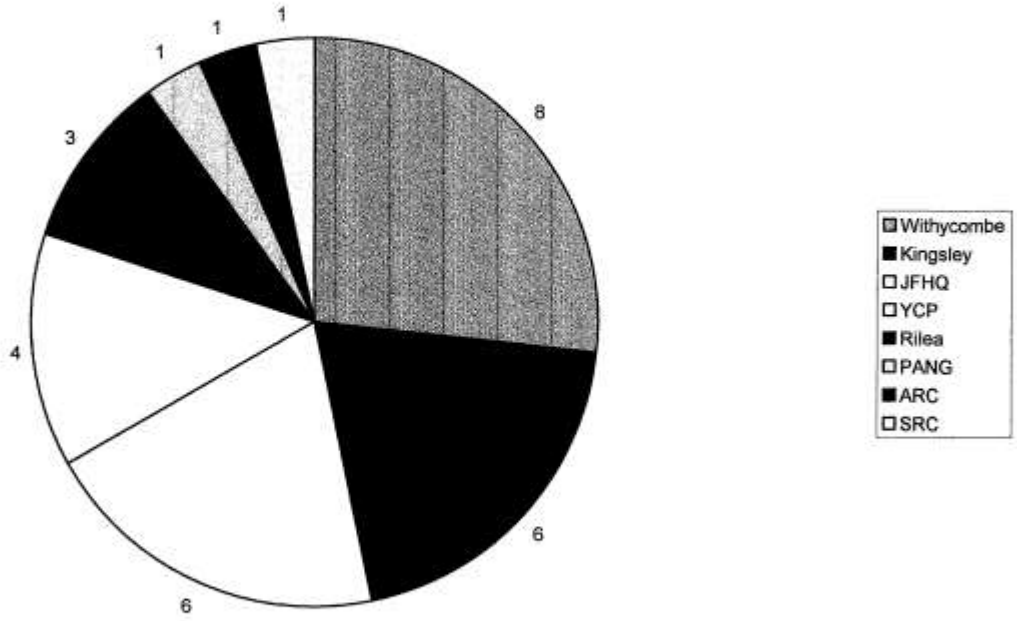
Example showing clean condition of men's locker area.

Example showing clean condition of men's locker/restroom/shower facility.

2011 HQ SAFETY COMMITTEE TOPICS

January 2010 Safety Committee Member Review Emergency Action Plan Review Cold Weather Work	**February 2010** Powered Platforms/Elevated Work Workplace Fire Safety Forklift/Jacks	**March 2010** CPR/First Aid Trng PPE Daylight Savings/Smoke Alarm Batteries
April 2010 Earthquake Drill Electrical Safety Removal of Studded Tires	**May 2010** Fire Drill & Radio Check Hazcom Safety Day	**June 2010** Fire Extinguisher Trng Heat Exhaustion Ladder Safety
July 2010 Confined Spaces Hazard ID & Control	**August 2010** Machine Safety Carbon Monoxide Detection Vehicle Safety	**September 2010** Fire Drill & Radio Check Asbestos Safety Awareness Workplace Violence
October 2010 Driving Safety Lockout/Tagout Accident Prevention	**November 2010** Slips, Trips & Falls Daylight Savings/Smoke Alarm Batteries Ergonomics	**December 2010** Holiday Reminders/Fire Hazards Near Misses Hearing Safety Workplace Safety

2010 YTD # by Location (33 Total)



2010 YTD Cost by Injury Type Paid $49,857 + (Reserves $63,837) = $113,694