



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

AGP

November 8, 2011

MEMORANDUM FOR RECORD

Subject: Safety Meeting for October 4, 2011

The Oregon Military Department Safety Committee met on 4 October 2011, 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
Bruce Vollstedt	AGI	Vice Chair	Present
Robin Webb	AGP	Safety Manager/Recorder	Present
Bryce Dohrman	AGC	Risk Manager	Absent
Terri Kroeker	DS-Air	Member	Present
Terry Sevey	Trng Sites (RTI/Camp Adair)	Member	Absent
Dave Provost	AGI	Member	Present
George Wilson	Region 2 (cw)	Member	Present
Mark Duncan	Region 3	Member	Absent
Ted Thornley	Region 4	Member	Present
John Unger	South (Region 5)	Member	Absent
Russell Turner	Central (Region 6)	Member	Present
Mark Fillman	East (Region 7/8)	Member	Absent
David Stuckey	OEM	Member	Absent
Cherie Cline	OEM	Alternate for OEM	Present
Robert Fraser	SSO	Member	Present

1. Review of Minutes: First order of business is to review the minutes from the September meeting. There was one correction under #2, second to last sentence. The word "barley" should be "barely". A motion was made to approve the minutes with the correction as noted by Bruce Vollstedt and a second was given by Terri Kroeker.

2. Review of Accident/Incident Reports for September: The first accident/incident was a Procurement Specialist at Camp Withycombe. This was a bee sting incident and the conclusion was that they are somewhat unpreventable. Jeff indicated this last month was really bad for Bee's and Wasps. The second one is a Firefighter at Klamath Falls. This person hurt their lower back while doing stretch exercises after lifting a water tanker pond onto the truck. Robin indicated this is a two man lift and two people where doing the lifting. Both of these are outside our safety committee review so the above comments are for this committee only.

The third one was for a Facilities Maintenance employee who fell and hurt his right and left knee. The employee tripped on the edge of the sidewalk and fell. This was just

outside of the fence area of the ARC. The employee indicated he was not paying attention so the corrective action here would be to be more alert to his surroundings and take time to work safely.

3. Hazard Log: Robin indicated she has received the new updated list of who is covering what region so she will make those changes to the log and update the last of the Inspections that Marc Snook has sent to her. She indicated that in her travels to Eastern Oregon with Marc, there was a gas leak found at the Baker City Armory. Bruce indicated it has been taken care of. She stated there was another propane smell that was strong at the Burns Armory. She also stated that there was a loading dock at the Ontario Armory that has a chain across it, when pushed it moves out about 2 feet. Bruce indicated it has been turned in but has not been corrected due to funding. Robin also indicated that she took pictures of confined spaces while she was out and made notes.

4. September Safety Topics: The Safety Topics for October were reviewed by the committee. Topics were Lockout/Tagout, Accident Prevention and Foul Weather Driving. Robin indicated that she and Marc have revamped the Incident/Accident Report form. It's now a four page document with a flow chart and is being "test driven" by Aaron Hochstrasser at Camp Withycombe. This form will drill down to the root causes of an accident. The feedback she has received back from Aaron has been pretty positive. This form should help us with the "near miss" rates.

5. Safety Committee Trng date reschedule: Robin indicated the Safety Committee training and Safety Manager training have been scheduled for January but does not have a specific date yet for either class. She will have a date at the next meeting. She also wanted to remind everyone there is an AED/CPR class on October 26th at the ARC and a full day certification class on November 2nd. Maximum class size is 20 people. Robin indicated there will be another Health and Wellness Fair also at the Salem Auditorium on January 20th.

6. Due Outs:

- a. AED Status & Maint. Update:** Robin stated she delivered AED Pads to the following locations: Hood River; Bend; Burns; Baker City; LaGrande; Milton Free-Water; Hermiston; Ontario; and Pendleton. She still needs pads for the following: Albany, Corvallis; Coos Bay; Salem Armory; AASF (2 sets); Ashland; Grants Pass; Roseburg and The Dallas.
- b. Confined Space list update:** Robin stated she is still working this issue. As she stated while her and Marc where on the road she was taking pictures and documenting spaces. She hopes to have more info at the next meeting.
- c. Review of Membership Update:** Robin indicated last month we talked about people who were not attending the meetings. Jeff indicated Marc Duncan has expressed an interest but is on vacation this week. Cherie stated she is there as the alternate for OEM and probably will be until the vacant position Dave

Stuckey is filling has been filled. Robin asked if there should be another person from the ARC on the committee as Cherie only represents OEM. Cherie said there is no "Safety" committee at the ARC, there is a Tenant meeting and they do address safety and security issues. Jeff stated he has attended those in the past. Jeff indicated this committee is really representing both buildings as the Regions covered falls under AGI and Cherie can represent OEM and ensures all employees over there in OEM get copies of the minutes. Robin stated Ryan Palmer indicated he would like to remain on the email list for minutes so that he can keep up on topics that might affect him. If he sees something he will join us at a meeting.

- d. **CPR/AED Training Reminder:** Jeff indicated this was already covered under "5".

7. New Business:

- a. **Fire Drill for JFHQ:** Robin indicated we were on the schedule for another Fire drill for this fall but time has gotten away and now we are pushing into November. It was decided to wait until spring time (May) for the next fire drill.

- b. **Fact Sheet on Compressed Air Piping:** Bruce indicated the facility we are about to take over in Umatilla underwent a remodel in 2001/2002 in which they put cheap PVC in as their fire system. Bruce states he is going to look into this as he doesn't think this system at Umatilla is up to code.

- c. **Memorial Fountain at Camp Withycombe:** George indicated that they have a Memorial Fountain in the center of the complex with two rather large vaults that are underground. One is a containment of water that is re-circulated to the fountain and the other one has all the pumps and filters, electrical with fixed ladder access. It has exhausted and air intake, and testing is done on a daily basis inside this vault for chlorine. The question is, is this considered a confined space? Robin suggested there is a checklist on the Confined Space policy to help make that determination. George stated that it's designed for human occupancy to run the chlorine tests so thinks maybe it's not a permit required confined space. Jeff indicated that the one with powered exhaust is a "non permit" confined space and one with solution would be a "Permit required" confined space.

- d. **Drivers' Safety Course:** Robin indicated she received an email from Georganne Pfnishter about a DSP Course being offered through AARP. For the month of November AARP is offering free classes to anyone in the military, a veteran or family member of a current military or veteran as their way of saying "thank you" for their service to our country. Robin emailed her back and said she was interested and Georganne is supposed to get back with her on dates, locations and times.

e. Indoor firing range: COL Frasier indicated that General Rees is looking to see what is happening on the maintenance side of indoor firing ranges. He wants to make sure they have the proper vacuum system as the built in ones are not sufficient. Soldiers are putting things in areas where they are blocking air flow etc. A combination of the soldiers and full time staff need to be working together.

f. Next Meeting date: Jeff indicated he has a scheduling conflict on the second Tuesday of each month. Therefore, he would like to propose changing the meeting date to be every 4th Tuesday of each month at the same time, 1:30 PM. Members agreed that the 1:30 time still works best for everyone.

8. Next Meeting Date: The next meeting is scheduled for Tuesday at 1:30 PM, November 22nd, 2011 in the JAG Conference room 219. The conference call number is 866-308-7464 and password is 244952. Meeting adjourned at about 2:30 PM.

/s/

Robin Webb
Safety Manager & Recorder

AGENDA

JFHQ & Readiness Centers, Region 2 thru 8

Safety Committee Meeting

Location: JFHQ Conf. Room 219

Date: Tuesday, October 4, 2011

Time: 1:30 PM

1. Review and approve September meeting minutes
2. Review of Accident/Incident Reports for September
3. Hazard Log Update
4. October Safety Topics
5. Safety Committee Trng date reschedule update - Robin
6. Due Outs:
 - a. AED Status & Maint. update – Robin
 - b. Confined Space list update – Robin
 - c. Review of Membership update – Robin
 - d. CPR/AED Training Reminder
7. New Business
 - a. Fire Drill for JFHQ
8. Next Meeting 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: XXXXXXXXXX		2. Section: <u>RSMS</u> <u>SUPPLY</u>	3. DATE OF REPORT: <u>9-20</u>
4. JOB TITLE: <u>Procurement Specialist</u>		5. TYPE OF INCIDENT/ACCIDENT/ILLNESS: <u>Bee-sting</u>	
6. EXTENT OF INJURY (Body part or location of pain): <u>Left arm</u>			
7. LOCATION WHERE INJURY OCCURRED: <u>Parking lot</u>			
8. DATE & TIME OF INCIDENT/ACCIDENT/ILLNESS: <u>9-19-11 12:35pm</u>			
11. DATE REPORTED: <u>9-19-11</u>		12. REPORTED TO WHOM: <u>Gairy Reynolds</u>	
13. WITNESS (attach statement if necessary) RELATIONSHIP: <u>Supervisor</u> SUPERVISOR, CO-WORKER, ETC. NAME: <u>Gairy Reynolds</u> PHONE: <u>503-307-4819</u>		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): <u>Stung by a bee in parking lot.</u>			
15. DESCRIBE FIRST AID/MEDICAL TREATMENT: <u>Took Diphenhydramine 25mg.</u>			
16. WHERE WAS INDIVIDUAL SENT (IF TRANSPORTED): <u>Providence Clackamas</u>		17. MEANS OF TRANSPORTATION: <u>GSA</u>	
18. INJURED INDIVIDUALS WRITTEN COMMENTS: 			

THIS SIDE TO BE COMPLETED BY SUPERVISOR

19. CONTRIBUTING FACTORS OF INCIDENT/ACCIDENT/ILLNESS:

UNSAFE ACTIONS: N/A UNSAFE CONDITIONS: N/A

<input type="checkbox"/> DISTRACTION, TEASING, HORSEPLAY <input type="checkbox"/> OPERATING WITHOUT AUTHORITY <input type="checkbox"/> MAKING SAFETY DEVICES INOPERATIVE <input type="checkbox"/> TAKING UNSAFE POSITION <input type="checkbox"/> FAILURE TO USE PERSONAL PROTECTIVE DEVICES <input type="checkbox"/> OTHER: _____	<input type="checkbox"/> INADEQUATE SUPERVISION <input type="checkbox"/> DEFECTIVE TOOLS, EQUIPMENT, OR SUBSTANCE <input type="checkbox"/> HAZARDOUS ARRANGEMENT <input type="checkbox"/> SUB-STANDARD PHYSICAL CONDITIONING <input type="checkbox"/> UNSAFE CLOTHING <input type="checkbox"/> PREVIOUS INJURY <input type="checkbox"/> HAZARDOUS OBSTACLES <input type="checkbox"/> OTHER: _____
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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 contributing factors

GUIDES TO CORRECTIVE ACTION

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

22. ADDITIONAL SUPERVISOR COMMENTS:

STUNG BY BEE UN preventable.

23. SUPERVISOR NAME (PRINT): <u>Gairy W Reynolds</u>	24. SUPERVISOR SIGNATURE: <u>Gairy W Reynolds</u>	25. DATE: <u>9-20-2011</u>
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SAFETY COMMITTEE REVIEW

26. SAFETY COMMITTEE RECOMMENDATIONS:

27. SAFETY CHAIR SIGNATURE:	28. DATE:
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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: XXXXXXXXXX	2. Section: C5555	3. DATE OF REPORT: 9-4-11
4. JOB TITLE: Firefighter	5. TYPE OF INCIDENT/ACCIDENT/ILLNESS: strain	
6. EXTENT OF INJURY (Body part or location of pain): lower back		
7. LOCATION WHERE INJURY OCCURRED: Base gym		
8. DATE & TIME OF INCIDENT/ACCIDENT/ILLNESS: 8/27/11 approx 17:30 - 18:00		
11. DATE REPORTED: 8/27/11	12. REPORTED TO WHOM: XXXXXXXXXX	
13. WITNESS (attach statement if necessary) RELATIONSHIP: XXXXXXXXXX SUPERVISOR, CO-WORKER, ETC. NAME: XXXXXXXXXX PHONE: XXXXXXXXXX	WITNESS (attach statement if necessary) RELATIONSHIP: XXXXXXXXXX SUPERVISOR, CO-WORKER, ETC. NAME: XXXXXXXXXX PHONE: XXXXXXXXXX	
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): At approximately 16:00 XXXXXXXXXX and I flipped the water tanker pond, which was drying from previous training, and lifted it and placed it back on the tender. I believe I used proper lifting techniques at this time. At approx 17:30 at the base gym, my lower back seemed tight as I began to stretch before exercise. I tried to use the rowing machine which was very painful. I stopped exercise and reported back problem to XXXXXXXXXX . → see work		
15. DESCRIBE FIRST AID/MEDICAL TREATMENT: ice therapy, Ibuprofen, stretching exercises as permitted by pain.		
16. WHERE WAS INDIVIDUAL SENT (IF TRANSPORTED): NA	17. MEANS OF TRANSPORTATION: NA	
18. INJURED INDIVIDUALS WRITTEN COMMENTS: see no. 14 above. At time of lifting tanker pond I did not have pain. As of 9-4-11 pain is still intense and movement limited.		

THIS SIDE TO BE COMPLETED BY SUPERVISOR

19. CONTRIBUTING FACTORS OF INCIDENT/ACCIDENT/ILLNESS:	
UNSAFE ACTIONS:	UNSAFE CONDITIONS:
<input type="checkbox"/> DISTRACTION, TEASING, HORSEPLAY <input type="checkbox"/> OPERATING WITHOUT AUTHORITY <input type="checkbox"/> MAKING SAFETY DEVICES INOPERATIVE <input type="checkbox"/> TAKING UNSAFE POSITION <input type="checkbox"/> FAILURE TO USE PERSONAL PROTECTIVE DEVICES <input type="checkbox"/> OTHER: _____	<input type="checkbox"/> INADEQUATE SUPERVISION <input type="checkbox"/> DEFECTIVE TOOLS, EQUIPMENT, OR SUBSTANCE <input type="checkbox"/> HAZARDOUS ARRANGEMENT <input type="checkbox"/> SUB-STANDARD PHYSICAL CONDITIONING <input type="checkbox"/> UNSAFE CLOTHING <input type="checkbox"/> PREVIOUS INJURY <input type="checkbox"/> HAZARDOUS OBSTACLES <input type="checkbox"/> OTHER: _____

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

GUIDES TO CORRECTIVE ACTION

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

22. ADDITIONAL SUPERVISOR COMMENTS:

23. SUPERVISOR NAME (PRINT):	24. SUPERVISOR SIGNATURE:	25. DATE:
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SAFETY COMMITTEE REVIEW

26. SAFETY COMMITTEE RECOMMENDATIONS:

27. SAFETY CHAIR SIGNATURE:	28. DATE:
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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	3. DATE OF REPORT: Sept 14, 2011
4. JOB TITLE: Maintenance	5. TYPE OF INCIDENT/ACCIDENT/ILLNESS: fall	
6. EXTENT OF INJURY (Body part or location of pain): Right Knee Strain / Left Knee Bruise		
7. LOCATION WHERE INJURY OCCURRED: Andersen Readiness Center		
8. DATE & TIME OF INCIDENT/ACCIDENT/ILLNESS: Mon. Sept. 12, 2011		
11. DATE REPORTED: Sept. 14	12. REPORTED TO WHOM: Dave PROVOST	
13. WITNESS (attach statement if necessary) RELATIONSHIP: [REDACTED] SUPERVISOR, CO-WORKER, ETC. NAME: [REDACTED] 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): Comming out of land scraped area on the Hawthorn St side of the Building I tripped on the edge of the sidewalk & fell		
15. DESCRIBE FIRST AID/MEDICAL TREATMENT: N/A		
16. WHERE WAS INDIVIDUAL SENT (IF TRANSPORTED):	17. MEANS OF TRANSPORTATION:	
18. INJURED INDIVIDUALS WRITTEN COMMENTS: AT this time I am monitering injured areas and feel they are going to recover		

THIS SIDE TO BE COMPLETED BY SUPERVISOR

19. CONTRIBUTING FACTORS OF INCIDENT/ACCIDENT/ILLNESS:

UNSAFE ACTIONS:

- DISTRACTION, TEASING, HORSEPLAY
- OPERATING WITHOUT AUTHORITY
- MAKING SAFETY DEVICES INOPERATIVE
- TAKING UNSAFE POSITION
- FAILURE TO USE PERSONAL PROTECTIVE DEVICES
- OTHER: *Not paying close attention to surroundings*

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

GUIDES TO CORRECTIVE ACTION

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

Pay attention to your surroundings (work area) take the time to work safely

22. ADDITIONAL SUPERVISOR COMMENTS:

23. SUPERVISOR NAME (PRINT):

David M Provost

24. SUPERVISOR SIGNATURE:

[Signature]

25. DATE:

9-30-2011

SAFETY COMMITTEE REVIEW

26. SAFETY COMMITTEE RECOMMENDATIONS:

27. SAFETY CHAIR SIGNATURE:

[Signature]

28. DATE:

9 09 2011

OBEY *LOCKOUT/TAGOUT*



PROTECT your coworkers

ACCIDENT PREVENTION



NEAR MISS - THE ONE THAT ALMOST HAPPENED

Webster defines it as: "A result that is nearly, but not quite, successful." What does this mean to industry? It simply means that a serious accident *almost* occurred. Someone trips over a pallet, but doesn't fall. Two forklifts *almost* collide at a corner. A tool is dropped, but toes are missed...this time.

Statistics tell us that for every 300 near misses there is one serious injury. According to the Bureau of Labor Statistics (BLS), 4.2 million recordable injuries occurred during 2005. If we multiply each injury by 300, the result is 1.2 billion *near misses* for 2005 alone. This equals about 9.5 near misses per worker in 2005. So what does this tell us about accidents? Look at the figures. If you reduce the number of near misses, probability tells us you will then reduce the number of injuries that happen.

The Same Things That Cause Accidents Cause Near Misses:

- Unsafe acts, such as improper lifting; walking under an overhead load; cutting, grinding, or chipping without safety glasses; not using proper Personal Protective Equipment, etc.
- Unsafe conditions, such as poorly maintained equipment, oil or grease on floors, welding leads that have been laid in walkways, trash and boxes that have been left in hallways, etc.
- Hurrying and taking risks to get a project done faster, or to wrap up a job at quitting time.
- Distractions or not concentrating on the task that is being performed.

Report Near Misses *Before* They Become Accidents:

- Once a near miss occurs, report it immediately to the nearest foreman or supervisor. The potential for such incidents exists all over the workplace, so *all* employees—not just supervisors-- must help identify them.
- If the near miss is a result of an unsafe condition, don't continue to work under that condition until the problem has been corrected and your supervisor gives the okay to proceed.
- If the incident is a result of unsafe acts, be certain that everyone involved has been alerted to their actions before they continue with the job.

Near Misses Are A Warning:

Letting a near miss go unreported provides an opportunity for a serious accident to occur. Correcting these actions or conditions will enhance the safety within your facility and provide a better working environment for everyone involved. Don't let yourself or coworkers become statistics--report near misses to your supervisor.

Prevent An Accident That's About To Happen!

FOUL WEATHER DRIVING



It's almost that time of the year again when Oregon goes from sunny to rainy in just a few short days. Here are some winter driving tips from the Oregon Department of Transportation.

Rain creates a variety of dangerous conditions: visibility is reduced, traction between tires and the road is reduced and your car handles with less predictability than in dry-road conditions. Take precautionary measures: start by allowing additional time to reach your destination.

- **Slow down**, especially through high water. Driving through several inches of water at high speed can cause you to lose control of the car. Driving fast through puddles could splash water into the engine and stall it. Lowering your speed helps you prepare for sudden stops caused by disabled cars, debris and other wet-weather hazards.
- **Turn on your headlights** to improve visibility.
- **Disengage your cruise control.**
- **Keep your distance.** A car needs two to three times more stopping distance on wet roads.

Vehicle maintenance during wet weather

The most common vehicle deficiencies include weak batteries, worn or damaged wiper blades, clogged air filters, low washer fluid, dirty or low motor oil and low anti-freeze levels. In low-visibility conditions, the windshield wipers and defroster help keep your view clear. Check them both to make sure they are working properly and replace the wipers if brittle or damaged.

- **Check your brakes.** After driving through a puddle, check that brakes are working properly by tapping them gently a few times.
- **Check your tires.** Make sure tires are in good condition and are at the recommended inflation level. Tires should have at least 1/32 of an inch tread depth at any two adjacent grooves, the minimum allowable by law. Driving on over-inflated or under-inflated tires is dangerous on wet pavement.

Watch out for hydroplaning conditions

Hydroplaning occurs when your front tires surf on a film of water. It can occur at speeds as low as 35 miles per hour, especially if tires are worn. If you hydroplane, ease off the gas, gently apply the brakes and steer straight ahead.

Oregon's weather can change quickly and without warning. For road conditions in Oregon, call 511 or (800) 977-ODOT (6368). Outside Oregon, dial (503) 588-2941. Reports are available 24 hours a day.

Visit www.TripCheck.com for information on road and weather conditions, incidents and traffic delays. Links to cameras on many mountain passes and major routes give real-time views of road conditions. The site also provides links to bus, train and airport information.

Compressed air piping systems

OAR 437
Division 2/M
Division 2/P
Division 2/Z
Division 3/I
Division 4/M
Division 4/Z

Compressed air piping systems

Website:

www.orosha.org

Salem Central Office
350 Winter St. NE, Rm. 430
Salem, OR 97301-3882

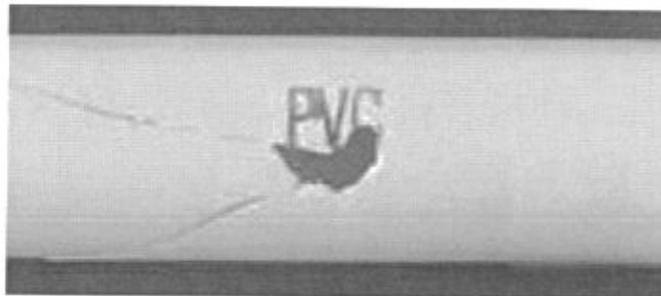
Phone: 503-378-3272
Toll-free: 800-922-2689
Fax: 503-947-7461



Is your business using a piping system designed for compressed air? Is it safe? Learn more about Oregon OSHA's requirements for compressed air piping systems in this fact sheet.

Compressed air piping systems must be of adequate design and strength

Compressed air piping systems and their component parts must be able to withstand the pressure placed on them. The pressure must not exceed the allowable stress for the material used in their construction. Keep the design and operating specifications for the system as long as you use it.



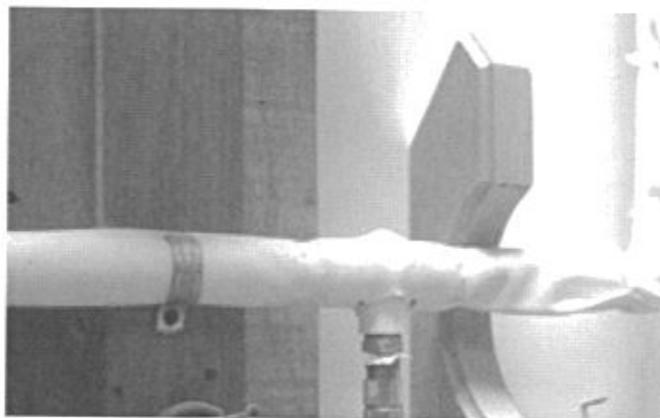
PVC pipe can shatter or explode under pressure.

Plastic pipe used for compressed air service must be designed for such service by the manufacturer. Examples of such pipe include high-density polyethylene (HDPE) and Acrylonitrile Butadiene Styrene (ABS). Compressed air piping systems that use plastic pipe must also be "project specific" – i.e., suited for a particular application or project – and installed by a competent person.

Polyvinyl chloride (PVC) pipe must not be used in compressed air systems unless it is buried or encased.

PVC pipes are unsafe when they're used for compressed air service because they can shatter or explode under pressure or from an external force. Sunlight (the UV component) can also reduce the impact resistance of PVC pipe.

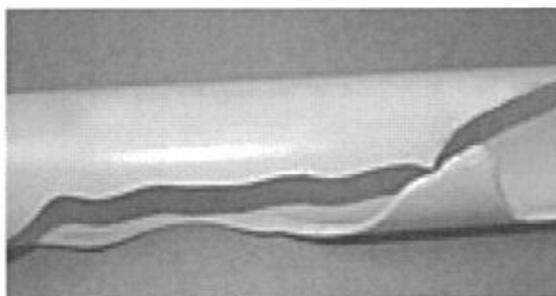
Oregon OSHA's Rules for Compressed Air and Compressed Gas Equipment prohibit you from using PVC pipe in above-ground compressed air systems unless the pipe is completely enclosed in a conduit or casing strong enough to provide protection from external damage and deterioration.



PVC pipe is prohibited in above-ground systems unless it is completely enclosed. Photo credit: Owen Smith, Oregon OSHA

Compressed air piping systems must be labeled

Identify the contents of compressed air piping systems with a label that says "compressed air." The label can be taped, marked, or stenciled on the pipe. Ensure that the label is durable and visible.



Instead of a label, you can use signs, placards, process sheets, batch tickets, operating procedures, or other written materials. The piping system must be clearly identified and the written materials must be readily accessible to employees in their work areas during each shift.

Compressed air systems must not be used for cleaning unless the pressure is reduced to less than 30 psi

Compressed air must not be used for cleaning unless the pressure is reduced to less than 30 psi at the nozzle; chip guards and appropriate personal protective equipment are also required. The air at the nozzle must remain below 30 psi for all static conditions. This prevents a back-pressure buildup if the nozzle is obstructed or dead ended. "Dead ended" means the airflow is restricted at the discharge end of the pipe or nozzle.



Compressed air piping systems with internal pressures at 30 psi or greater may be used for cleaning provided there is a relief device or air ports within the system that will drop the pressure below 30 psi at the nozzle when the system is dead ended. Relief ports at the nozzle or at least two 1/16-inch holes anywhere near the nozzle will usually reduce the pressure below 30 psi.

Employees must not use compressed air to clean off their clothes while they are wearing them.

Applicable rules

- **Additional Oregon Rules for Compressed Air and Compressed Gas Equipment**
 - Division 2, Subdivision M, 437-002-0210
- **Hand and Portable Powered Tools and Equipment** – Division 2, Subdivision P, 1910.242
- **Oregon Rules for Pipe Labeling** – Division 2, Subdivision Z, 437-002-0378
- **Power Operated Hand Tools** – Division 3, Subdivision I, 1926.302
- **Air Receivers and Pressure Systems** – Division 4, Subdivision M, 437-004-1505
- **Pipe Labeling** – Division 4, Subdivision Z, 437-004-9850

Webb Robin M

From: Georganne Pfnister [g_pfnister@q.com]
Sent: Monday, October 03, 2011 11:33 PM
To: Webb Robin M
Subject: DSP Course

Hi Robin,

Hope this finds everything going well for you and Ed. With your being the Wellness person for the military, I thought you might find this information helpful. Not sure if you are aware of it or not, but in my free time (whatever that is) I volunteer for AARP teaching their Driver's Safety Course. Anyone can take this, and usually participants 55 and older will be given a discount on his/her car insurance premiums for doing so. Some insurance companies have been known to give a discount to those younger than 55 as well. I just wanted to let you know that AARP will be offering this class free of charge to anyone in the military, a veteran or family members of current military or veterans in November just as a way of saying thank you for his/her service to our country. You could either host a class yourself, (I'd be willing to teach it for you) or just pass the information on so anyone interested can contact me or our district supervisor to find a class that would fit into his/her schedule. Does this sound like anything you think the department would be interested in? Classes can be tailored to fit i.e. a one day class for 6 hours, 2 - 3 hour days, 3 - 2 hour days etc. just as long as the manual is covered in at least 6 hours. Let me know what you think. Hope to talk to you soon.

Georganne

*Interested - would we host?
Can our civilian emps?
attend*