



Department of Defense INSTRUCTION

NUMBER 6055.01
October 14, 2014

USD(AT&L)

SUBJECT: DoD Safety and Occupational Health (SOH) Program

References: See Enclosure 1

1. PURPOSE. In accordance with the authority in DoD Directive (DoDD) 5134.01 (Reference (a)) and the guidance in DoDD 4715.1E (Reference (b)), this instruction reissues DoD Instruction (DoDI) 6055.1 (Reference (c)) to:

a. Implement the provisions of section 668 of Title 29, United States Code (U.S.C.); Executive Order 12196; part 1960 of Title 29, Code of Federal Regulations (CFR); and section 7902 of Title 5, U.S.C. (References (d), (e), (f), and (g)).

b. Update established policy and assigned responsibilities for administering a comprehensive DoD SOH program in accordance with Reference (b).

2. APPLICABILITY. This instruction:

a. Applies to:

(1) OSD, the Military Departments, the Office of the Chairman of the Joint Chiefs of Staff and the Joint Staff, the Combatant Commands, the Office of the Inspector General of the Department of Defense, the Defense Agencies, the DoD Field Activities, and all other organizational entities within the DoD (referred to collectively in this instruction as the "DoD Components").

(2) DoD contractor personnel deploying with the force only where contract terms specify DoD responsibility for the safety and health of contractor personnel in accordance with DoDI 3020.41 (Reference (h)).

b. Does **not** apply to DoD contractor personnel and contractor operations. The contractor is directly responsible for complying with federal and State occupational safety and health (OSH) standards for its employees.

3. POLICY. It is DoD policy to:
 - a. Protect DoD personnel from accidental death, injury, or occupational illness.
 - b. Apply this instruction to all personnel at all operations worldwide, with certain limitations detailed in section 2 of Enclosure 3.
 - c. Apply risk management strategies to eliminate occupational injury or illness and loss of mission capability and resources both on and off duty.
 - d. Use SOH management systems across all military operations and activities, including acquisition, procurement, logistics, and facility management.
 - e. Apply this instruction to off-duty military personnel, except for OSHA standards as described in Reference (f).
4. RESPONSIBILITIES. See Enclosure 2.
5. PROCEDURES. See Enclosures 3 through 5.
6. INFORMATION COLLECTION REQUIREMENTS. The DoD Annual Occupational Safety and Health Report to the Secretary of Labor, referred to in paragraphs 2i and 6i of Enclosure 2 of this instruction, has been assigned report control symbol DD-AT&L(A) 2557 in accordance with the procedures in Volume 1 of DoD Manual 8910.01 (Reference (i)).
7. RELEASABILITY. **Cleared for public release**. This instruction is available on the Internet from the DoD Issuances Website at <http://www.dtic.mil/whs/directives>.
8. EFFECTIVE DATE. This instruction:
 - a. Is effective October 14, 2014.
 - b. Will expire effective October 14, 2024 if it hasn't been reissued or cancelled by this date in accordance with DoDI 5025.01 (Reference (j)).



Frank Kendall

Under Secretary of Defense for
Acquisition, Technology, and Logistics

Enclosures

1. References
2. Responsibilities
3. DoD SOH Program Requirements and Procedures
4. DoD Standards Other Than OSHA
5. SOH Risks from DoD Contractor Operations

Glossary

TABLE OF CONTENTS

ENCLOSURE 1: REFERENCES.....7

ENCLOSURE 2: RESPONSIBILITIES.....9

 UNDER SECRETARY OF DEFENSE FOR ACQUISITION, TECHNOLOGY, AND LOGISTICS (USD(AT&L)).....9

 DEPUTY UNDER SECRETARY OF DEFENSE FOR INSTALLATIONS AND ENVIRONMENT (DUSD(I&E)).....9

 UNDER SECRETARY OF DEFENSE FOR PERSONNEL AND READINESS (USD(P&R)).....10

 ASSISTANT SECRETARY OF DEFENSE FOR HEALTH AFFAIRS.....10

 DIRECTOR, WASHINGTON HEADQUARTERS SERVICE (WHS).....10

 DOD COMPONENT HEADS.....10

ENCLOSURE 3: SOH PROGRAM REQUIREMENTS AND PROCEDURES.....12

 GOALS, OBJECTIVES, AND TARGETS12

 LEGAL APPLICABILITY OF SOH STANDARDS12

 Nonmilitary-unique DoD Operations12

 Uniquely Military Equipment, Systems, Operations, or Workplaces.....12

 Military and Civilian Personnel.....12

 Locations Outside of the United States.....12

 Joint-use Facilities13

 Joint Bases13

 Emergency Temporary Standards (ETS).....13

 New SOH Standards13

 ROLES AND RESPONSIBILITIES13

 Safety and Health Official13

 Management Responsibility.....13

 Responsibilities and Rights for All Personnel14

 RESOURCES15

 COUNCILS.....16

 FACOSH.....16

 Field Federal Safety and Health Councils16

 SOH Councils16

 TRAINING, EDUCATION, AND QUALIFICATIONS16

 Commanders and Senior Management Officials17

 Supervisors.....17

 Full-Time SOH Staff.....17

 Collateral or Additional Duty SOH Personnel.....18

 Employee Representatives18

 All Personnel.....18

 Local-Area Hazard Safety Briefing18

OSHA INSPECTIONS AND OTHER EVALUATIONS	19
Federal Standards for Inspections	19
Hazardous Duty and Environmental Differential Pay Evaluations	20
Injury Compensation Claim Evaluations	20
RISK MANAGEMENT.....	20
Risk Management Principles	20
Risk Management Process	21
Special Considerations in the Risk Management Process	24
Risk Management in Military Training Operations.....	24
Risk Management in the Defense Acquisition System.....	24
Risk Management in Procurement.....	25
Risk Management in Facilities.....	25
Risk Management of Contractor Operations	25
PROGRAM ASSESSMENT	25
DoD Program Assessment	25
DoD Component Program Review	25
Report to the DUSD(I&E)	27
Subordinate Command Assessment Procedures	27
Individual Personnel Performance.....	27
PROGRAMMATIC IMPROVEMENTS	27
APPENDIX	
DETERMINING RACs	28
ENCLOSURE 4: DoD STANDARDS OTHER THAN OSHA.....	32
APPENDIX	
IMPLEMENTING GUIDANCE FOR CONTROLLING SURFACE CONTAMINATION IN OPERATIONS USING LEAD, HEXAVALENT CHROMIUM, AND CADMIUM.....	34
ENCLOSURE 5: SOH RISKS FROM DoD CONTRACTOR OPERATIONS	35
GENERAL.....	35
ENFORCEMENT INSPECTIONS OF CONTRACTOR OPERATIONS	35
Inspection Administration.....	35
Resolving Issues.....	36
NIOSH HEALTH HAZARD EVALUATIONS	36
GLOSSARY	38
PART I: ABBREVIATIONS AND ACRONYMS	38
PART II: DEFINITIONS.....	39
TABLES	

1. RAC Matrix	28
2. Exposure Points Assessed.....	29
3. Medical Effects Points Assessed	29
4. Determining the HHSC.....	29
5. Duration and Frequency of Exposure Points Assessed	30
6. Number of Exposed Personnel Points Assessed.....	30
7. Determining the EPC	30
8. Determining the RAC for Health Hazards.....	30
9. Severity and Probability Multiplier	31

FIGURE

SOH Management System Implementation Rate	25
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ENCLOSURE 1

REFERENCES

- (a) DoD Directive 5134.01, "Under Secretary of Defense for Acquisition, Technology, and Logistics (USD(AT&L)),” December 9, 2005, as amended
- (b) DoD Directive 4715.1E, "Environment, Safety, and Occupational Health (ESOH),” March 19, 2005
- (c) DoD Instruction 6055.1, "DoD Safety and Occupational Health (SOH) Program,” August 19, 1998 (hereby cancelled)
- (d) Title 29, United States Code
- (e) Executive Order 12196, "Occupational Safety and Health Programs for Federal Employees,” February 26, 1980, as amended
- (f) Title 29, Code of Federal Regulations
- (g) Title 5, United States Code
- (h) DoD Instruction 3020.41, "Operational Contract Support (OCS),” December 20, 2011
- (i) DoD Manual 8910.01 Volume 1, "DoD Information Collections Manual: Procedures for DoD Internal Information Collections ,” June 30, 2014
- (j) DoD Instruction 5025.01, "DoD Issuances Program,” June 6, 2014
- (k) DoD Directive 5124.02, "Under Secretary of Defense for Personnel and Readiness (USD(P&R)),” June 23, 2008
- (l) DoD Instruction 1010.10, "Health Promotion and Disease Prevention,” April 28, 2014
- (m) DoD Directive 5110.04, "Washington Headquarters Services (WHS),” March 27, 2013
- (n) DoD Instruction 1438.5, "Civilian Employees’ Occupational Health and Medical Services Program,” December 4, 1997
- (o) Part 20 of Title 10, Code of Federal Regulations
- (p) Title 21, Code of Federal Regulations
- (q) DoD Directive 5106.01, "Inspector General of the Department of Defense (IG DoD),” April 20, 2012, as amended
- (r) DoD Instruction 1400.25, "DoD Civilian Personnel Management System,” date varies by volume
- (s) DoD Instruction 6050.05, "DoD Hazard Communication (HAZCOM) Program,” August 15, 2006
- (t) DoD Instruction 6055.05, "Occupational and Environmental Health (OEH),” November 11, 2008
- (u) Occupational Safety and Health Administration Directive Number CPL 02-00-150, "OSHA’s Field Operations Manual (FOM),” April 22, 2011
- (v) Section 532.511 of Title 5, Code of Federal Regulations
- (w) DoD Instruction 6055.07, "Mishap Notification, Investigation, Reporting, and Record Keeping,” June 6, 2011
- (x) DoD Manual 6055.05, "Occupational Medical Examinations and Surveillance Manual,” May 2, 2007, as amended
- (y) DoD Directive 1404.10, "DoD Civilian Expeditionary Workforce,” January 23, 2009
- (z) DoD Directive 3000.10, "Contingency Basing Outside the United States,” January 10, 2013

- (aa) Interim DoD Instruction 5000.02, "Operation of the Defense Acquisition System," November 25, 2013
- (ab) Chairman of the Joint Chiefs of Staff Instruction 3170.01H, "Joint Capabilities Integration and Development System," January 10, 2012
- (ac) DoD Instruction 6490.03, "Deployment Health," August 11, 2006
- (ad) DoD Instruction 6055.12, "Hearing Conservation Program (HCP)," December 3, 2010
- (ae) Section 272 of Title 15, United States Code
- (af) Section 3704 of Title 40, United States Code
- (ag) Title 48, Code of Federal Regulations
- (ah) Part 85 of Title 42, Code of Federal Regulations
- (ai) Joint Publication 1-02, "Department of Defense Dictionary of Military and Associated Terms," current edition

ENCLOSURE 2

RESPONSIBILITIES

1. UNDER SECRETARY OF DEFENSE FOR ACQUISITION, TECHNOLOGY, AND LOGISTICS (USD(AT&L)). The USD(AT&L) oversees the implementation of this instruction.

2. DEPUTY UNDER SECRETARY OF DEFENSE FOR INSTALLATIONS AND ENVIRONMENT (DUSD(I&E)). Under the authority, direction, and control of the USD(AT&L), the DUSD(I&E):

a. Serves as the DoD designated agency safety and health official in accordance with Reference (b).

b. Develops defense planning guidance for the DoD Component SOH programs to promote sufficient resources in the DoD Components' budgets to implement the provisions of this instruction.

c. Represents DoD SOH interests to:

(1) Congress. Communications with representatives of the Legislative Branch must be conducted through the Office of the Assistant Secretary of Defense for Legislative Affairs, except for communications with the Defense Appropriations Committees, which are coordinated with the Office of the Under Secretary of Defense (Comptroller)/Chief Financial Officer, Department of Defense, and must be consistent with the DoD legislative program.

(2) Federal agencies. DUSD(I&E) is the sole interface with the Occupational Safety and Health Administration (OSHA) national office for policy issues.

(3) The public.

d. Develops SOH recommendations for regulations and legislation.

e. Develops policies and provides direction to the DoD Components.

f. Develops SOH goals, objectives, guidance, and procedures.

g. Conducts oversight of the SOH Program.

h. Establishes the SOH Integrating Committee, comprised of SOH representatives from the DoD Components, to provide advice on SOH. The SOH Committee will convene working groups as needed to address specific SOH-related issues.

i. Prepares the DoD Annual Occupational Safety and Health Report to the Secretary of Labor in accordance with section 668(a)(5) of Reference (d) and section 1960.71 of Reference (f).

3. UNDER SECRETARY OF DEFENSE FOR PERSONNEL AND READINESS (USD(P&R)). In accordance with DoDD 5124.02 (Reference (k)), the USD(P&R):

- a. Develops personnel and readiness policies and direction for mishap prevention activities.
- b. Provides strategic direction for health promotion, disease and injury prevention, and population health goals and objectives in the DoD in accordance with DoDI 1010.10 (Reference (l)).
- c. Performs analysis of safety and occupational data to highlight high-risk behaviors and facilitate risk-reduction measures.
- d. Engages at the operational level to seek initiatives and projects to reduce risk in areas of concern common to all Military Services.

4. ASSISTANT SECRETARY OF DEFENSE FOR HEALTH AFFAIRS. Under the authority, direction, and control of the USD(P&R), the Assistant Secretary of Defense for Health Affairs programs, budgets, and monitors execution of Defense Health Program resources for Military Department occupational and environmental health programs to implement the provisions of this instruction.

5. DIRECTOR, WASHINGTON HEADQUARTERS SERVICES (WHS). Under the authority, direction, and control of the Director of Administration and Management, in addition to the responsibilities in section 6 of this enclosure, and in accordance with DoDD 5110.04 and DoDI 1438.5 (References (m) and (n)), the Director, WHS:

a. Provides a comprehensive SOH program implementing the requirements and procedures of this instruction for the OSD, Joint Staff, and DoD Components serviced by WHS.

b. Establishes and publishes procedures to assist the DoD Components in identifying and abating hazardous conditions in:

- (1) DoD-occupied, General Services Administration-controlled administrative space.
- (2) DoD common-support facilities in the National Capital Region (NCR).

6. DoD COMPONENT HEADS. The DoD Component heads:

- a. Establish programs that implement the requirements and procedures of this instruction as described in Enclosures 3 through 5.
- b. Institute SOH management systems that address all management levels.
- c. Include in their planning, programming, budgeting, and execution process sufficient resources to effectively implement the DoD Component's SOH program in accordance with this instruction.
- d. Coordinate with the Director, WHS, the SOH program for:
 - (1) The Pentagon Reservation.
 - (2) Other WHS-managed facilities in the NCR.
- e. Institute procedures to manage SOH risks to visitors and the public from DoD operations.
- f. Report to the DUSD(I&E) any situation resulting from compliance with procedures in this instruction that could impair the defense mission or adversely affect national security.
- g. Provide comments to the DUSD(I&E) on proposed SOH legislation and regulations.
- h. Establish procedures for communicating with OSHA national office for technical issues, and establish guidelines for contact with OSHA at the regional and local levels.
- i. Provide an annual Occupational Safety and Health Report to the DUSD(I&E) for development of the DoD Annual Occupational Safety and Health Report to the Secretary of Labor.
- j. Report, by an annual in-progress review (IPR), the status of their SOH programs to the DUSD(I&E).
- k. Appoint representatives to the SOH Integrating Committee and its working groups.
- l. When requested, provide subject matter experts on various Federal Advisory Council on Occupational Safety and Health (FACOSH) committees and subcommittees.
- m. Support the FACOSH Field Safety and Health Councils.
- n. Support the OSH Advisory Council for Construction Safety and Health.

ENCLOSURE 3

SOH PROGRAM REQUIREMENTS AND PROCEDURES

1. GOALS, OBJECTIVES, AND TARGETS

a. The DoD goal is the elimination of on- and off-duty mishaps and related deaths, injuries, occupational illnesses, and lost mission capability and resources.

b. The USD(AT&L), in coordination with the USD(P&R), establishes DoD objectives and targets toward meeting the DoD goal.

2. LEGAL APPLICABILITY OF SOH STANDARDS

a. Nonmilitary-unique DoD Operations. The DoD Components must comply with the federal regulatory standards distributed by OSHA in Reference (f) at all nonmilitary-unique DoD operations and workplaces, and with regulatory requirements of part 20 of Title 10, CFR (Reference (o)), part 1040 and sections 1040.10 and 1040.11 of Title 21, CFR (Reference (p)). Any conflicts between regulatory standards are referred to the DUSD(I&E) who will resolve the matter with the appropriate regulatory official.

b. Uniquely Military Equipment, Systems, Operations, or Workplaces. Uniquely military equipment, systems, operations, or workplaces are excluded from the federal regulatory standards distributed by OSHA in Reference (f). However, the DoD Components must apply OSHA and other regulatory safety and health standards to uniquely military equipment, systems, operations, or workplaces, in whole or in part, as practicable. When military design, specifications, or deployment requirements render compliance with existing SOH standards infeasible or inappropriate, or when no standard exists for such military application, the DoD Components must apply risk management procedures. The results of the risk management decision must be communicated to all affected personnel.

c. Military and Civilian Personnel. While military personnel are excluded from the definition of “employee” in federal regulatory standards distributed by OSHA in Reference (f), the DoD Components must apply these OSHA standards to military personnel in nonmilitary-unique workplaces. In uniquely military workplaces when compliance with existing SOH standards for military and civilian personnel is impracticable, infeasible, or inappropriate, or when no standard exists for such military application, the DoD Components must apply risk management procedures. The results of the risk management decision must be communicated to all affected personnel.

d. Locations Outside of the United States. Federal regulatory standards distributed by OSHA in Reference (f) only apply within the United States and certain U.S. territories. DoD Components still must apply these OSHA standards to all DoD workplaces, including outside of the United States, where feasible, subject to the limitations noted in this section.

e. Joint-use Facilities. When personnel of different DoD Components or of DoD Components and other federal agencies work in workplaces at the same installation, the DoD Components and other federal agencies involved are governed by OSHA standards in Reference (f), including approved alternate standards, as a minimum, and host-agency standards. When other agency standards conflict with OSHA standards, the DoD Components must refer the matter to the DUSD(I&E).

f. Joint Bases. The Military Department for a joint-base supporting command will provide SOH services to the supported command in accordance with the joint-base implementation guidance and memorandums of agreement or support for the joint bases.

g. Emergency Temporary Standards (ETS). The DoD Components must implement OSHA ETS on the effective date established, subject to the limitations noted in this section.

h. New SOH Standards

(1) Review of Proposed National Standards. The DoD Components should review proposed safety and health standards or standards criteria published for comment by regulatory agencies, the National Institute for Occupational Safety and Health (NIOSH), and consensus standards organizations. Submit comments directly to the agency proposing the standard, unless a consolidated DoD response is requested by the DUSD(I&E).

(2) Developing Additional Standards. Procedures for developing and applying standards more stringent, alternate, and supplemental to OSHA standards are provided in Enclosure 4.

3. ROLES AND RESPONSIBILITIES

a. Safety and Health Official. Each DoD Component head must designate a safety and health official at no lower level than a Military Department Assistant Secretary or Defense Agency Deputy Director. The official must have the authority and responsibility to represent the DoD Component head in meeting the responsibilities as the designated agency safety and health official in accordance with section 1960.6(a) of Reference (f). The Component head must:

(1) Provide sufficient headquarters staff with the necessary training, experience, and appropriate access to the senior official.

(2) Within 60 days of appointing the senior official, have the DoD Component's headquarters staff brief the official on the history and current status of SOH efforts. This briefing will include the DoD and DoD Component goals and initiatives planned toward achieving those goals.

b. Management Responsibility. Commanders, managers, and supervisors at all management levels are responsible for the on- and off-duty safety and protection of personnel, resources, and mission capability under their supervision.

(1) Officials at each management level will include their SOH management system within their overall management approach.

(2) Officials must provide their personnel with safe and healthful working conditions, ensure safe work practices, and provide SOH information, education, and training that will enable personnel to effectively use risk management on and off duty.

(3) Commanders, managers, and supervisors will recognize subordinates for their contribution to safe and healthful work practices, and must hold subordinates accountable when they do not comply with required responsibilities and practices.

(4) Officials will encourage military personnel apply risk management strategies to off-duty activities.

c. Responsibilities and Rights for All Personnel. In all DoD operations and DoD workplaces, all DoD personnel must follow safe practices including, but not limited to, compliance with workplace SOH standards; proper use of equipment, tools, and personal protective equipment (PPE); compliance with medical surveillance program requirements; and prompt reporting to management any unsafe conditions or work practices.

(1) Protection Against Reprisal

(a) DoD personnel must be protected from coercion, discrimination, or reprisals for participation in the SOH program including provisions to ensure:

1. Individual anonymity, when requested.
2. Prompt, impartial investigation of allegations of reprisal.
3. Administrative actions when such allegations are substantiated.

(b) The use of inspector general channels to investigate allegations of reprisal is appropriate for military and civilian complaints in accordance with DoDD 5106.01 (Reference (q)).

(c) Civilian personnel complaints must be processed through a negotiated grievance procedure, if available; otherwise, through an administrative grievance procedure in accordance with Volumes 771 and 2014 of DoDI 1400.25 (Reference (r)).

(d) In accordance with part 1960 of Reference (f), civilians have the right to decline to perform an assigned task because of a reasonable belief that, under the circumstances, the task poses an imminent risk of death or serious bodily harm and there is insufficient time to seek effective redress through normal hazard-reporting and abatement procedures. In this situation, both the affected personnel and local management are entitled to the considered opinion of a qualified industrial hygiene, safety engineer, health physicist, safety, fire prevention, or health professional, as applicable, on the extent of the hazard.

(2) Access to Information

(a) General Information. Personnel must be provided access to and informed of the location, availability, and procedures to obtain SOH information. SOH information includes the location and means to contact the local SOH representative, technical data, applicable regulations, basic reference standards, and specialized consultations. A poster with the core text described in section 1960.12(c) of Reference (f) must be conspicuously placed in the workplace as part of meeting this requirement. An electronic copy of the poster that may be tailored to individual use is available on the OSHA Website at www.osha.gov.

(b) Workplace Information. Personnel must have ready access to results of job safety and health analyses, workplace visit reports, specific work safety and health procedures, precautions regarding hazards, planned corrective actions for hazards and interim protective measures, and hazard reporting forms. Information on workplace hazards must be in accordance with section 1910.1200 of Reference (f) and DoDIs 6050.05 and 6055.05 (References (s) and (t)).

(c) Access to Exposure and Medical Records

1. Civilian personnel have the right of access to their exposure and medical records in accordance with section 1910.1020 of Reference (f).

2. DoD personnel must be informed at the time of employment, and annually thereafter, of the existence, location, and availability of any records covered by this section; the person responsible for maintaining and providing access to records; and each employee's rights of access to these records.

(d) Language Barriers. All SOH information dissemination will accommodate workforce language and literacy barriers.

4. RESOURCES. Commanders, managers, and supervisors:

a. Plan, program, and budget for resources required to implement SOH program requirements, and to manage the SOH risks in their organizations and during mission execution.

b. Provide SOH staffing of sufficient quantities and technical competencies to assist in implementing the requirements of this instruction.

c. Assign qualified SOH personnel to serve as SOH advisors to identify hazards and recommend elimination or mitigation, develop mishap prevention policies and programs, monitor safety performance; and to serve as points of contact for SOH matters. Staffing considerations include:

(1) Quantity and mix of professional staffs.

(2) Whether to assign SOH responsibility as a primary or collateral duty.

(3) Professional qualifications. DoD recognizes licensure and professional certification as evidence of competency and supports all eligible DoD personnel to obtain and maintain licenses and accredited certifications appropriate to their assigned duties.

(4) The military rank or civilian grade levels of SOH officials.

(5) Whether to use DoD personnel or contract for SOH services. Certain SOH functions are inherently governmental in nature and may not be outsourced to the private sector (e.g., a commander's intrinsic mishap, injury, and illness prevention obligations). In general, SOH positions providing policy making and direct advice to commanders, deployment and military contingency operations, and contracting officer technical representatives will not be contracted out. Where SOH services are contracted out, DoD personnel providing quality assurance oversight must have the necessary technical competencies for this oversight.

d. Authorize expenses to obtain and maintain professional credentials in accordance with section 5757 of Reference (g).

(1) Payment of costs associated with obtaining and renewing professional credentials including professional accreditation, State-imposed and professional licenses, and professional certifications, and examinations to obtain such credentials is authorized. If funding is available, an activity may pay for professional credentials that are necessary or beneficial for the person in the performance of official duties.

(2) Payment for licenses and certifications and their subsequent renewals may include, at the discretion of the activity and command, additional expenses such as dues or fees required by the licensing or certifying agency, fees for preparation for examinations, examinations, registration fees, and travel and per diem costs. Payment may not include a person's membership fees in societies or associations.

5. COUNCILS

a. FACOSH. DoD will participate in FACOSH. The DUSD(I&E) will represent the interests of the DoD to FACOSH. When requested, the DoD Components will provide subject matter experts on FACOSH committees and subcommittees.

b. Field Federal Safety and Health Councils. The DoD Components will support these councils; promote membership and participation (including appropriate employee representative participation); and make available, where possible, facilities for meetings and educational resources (training materials, libraries, or guest speakers).

c. SOH Councils. The DoD Components will establish procedures to form SOH councils at each management level.

6. TRAINING, EDUCATION, AND QUALIFICATIONS. The DoD Components must provide personnel with the SOH training and education necessary to competently fulfill their roles and responsibilities for implementing SOH program management and for SOH risk management.

a. Commanders and Senior Management Officials

(1) Provide education to executive-level leaders on SOH policies, procedures, and initiatives in their organization and parent organizations; the history and trends of SOH performance within their organization; the impact of SOH performance on mission readiness and execution, personnel, and resources; opportunities and methods for improvement; and the impact of leadership actions on organizational culture.

(2) Train commanders and supervisors at all levels to apply risk management principles, tools, and techniques to inform decision making in DoD operations, activities, and workplaces.

b. Supervisors. Provide training in the risk management skills needed to implement the DoD Component's and organization's SOH policies and programs. These skills include fostering a workplace where:

(1) Hazards are identified, eliminated, or mitigated to an acceptable level.

(2) Subordinates can identify and are aware of hazards and understand controls required to eliminate or mitigate the hazards both on and off duty.

(3) Personnel are aware of appropriate risk acceptance levels and who has responsibility to make risk acceptance decisions as circumstances change.

(4) Personnel are motivated to work in a safe and healthful manner.

(5) Mishaps are promptly reported and investigated.

(6) Personnel are provided opportunities to develop other skills needed to implement the DoD Component's SOH program.

(7) Supervisors hold personnel accountable for compliance with established safe work practices and procedures.

c. Full-Time SOH Staff

(1) Provide formal and informal training courses, educational programs, and other training to SOH staff to ensure they achieve and maintain the necessary professional technical specialty, management, and leadership competencies needed to advise and provide support to commanders and management officials and personnel. Competencies will include technical specialty skills in hazard identification and abatement strategies and safety management systems. Where feasible, offer personnel, through a competitive selection process, professional military education; graduate-level SOH education; and developmental assignments within their DoD

Component, other DoD Components, other federal agencies, and SOH professional organizations.

(2) Encourage attendance and participation of DoD personnel (including appropriate employee representatives) in federal and professional society safety and health conferences, seminars, and workshops. The DoD Components or major commands that plan to sponsor SOH seminars or workshops should consider scheduling such meetings in conjunction with a major federal or professional society safety and health conference to optimize SOH personnel exposure to a broad view of SOH topics and SOH professionals.

(3) Provide training and work assignments, and encourage professional SOH credentialing, for career development, and technical competency. DoD encourages all SOH staff (military and civilian) to obtain licensure, registration, or certification appropriate to their respective SOH disciplines.

d. Collateral or Additional Duty SOH Personnel. Provide risk management training as required for the performance of the duties specified in the DoD Component programs.

e. Employee Representatives. Provide risk management training to prepare such representatives to assist in the maintenance of safe and healthful workplaces.

f. All Personnel

(1) Provide all DoD personnel training in:

(a) Provisions of the DoD Component on- and off-duty SOH and risk management programs.

(b) Authorities and opportunities for participating in formal risk assessments.

(c) Managing workplace and off-duty risks, including hazard awareness, identification, and reporting.

(d) Reporting mishaps.

(e) Minimum required actions, including following required safety and health work practices and procedures.

(f) Consequences for not complying with established work practices and procedures.

(2) Provide all DoD personnel job-related and off-duty safety, health, and risk management training appropriate to the situation, to include hazards associated with on- and off-duty processes, applicable SOH standards, safe operating procedures, and required PPE. Accommodate workforce language and literacy barriers in providing training.

g. Local-area Hazard Safety Briefing. Develop and keep current pertinent safety and health hazard briefings for unique local-area and workplace conditions and practices to include overseas locations. Provide this briefing to all DoD personnel before being exposed to the hazards. Provide applicable installation-related information to non-DoD visitors in conjunction with obtaining an installation visitor pass.

7. OSHA INSPECTIONS AND OTHER EVALUATIONS

a. Federal Standards for Inspections

(1) Annual Inspections. Evaluations of workplaces must, at a minimum, meet the workplace inspection requirements in accordance with section 1960.25 of Reference (f). Evaluations must be conducted more frequently for operations or workplaces with higher risks or elevated mishap experience, for special emphasis programs, for changing operations or organizations, or for other events that indicate increased risk.

(2) U.S. Department of Labor (DOL) Inspections and Investigations of DoD Working Conditions. In accordance with sections 1960.31 and 1960.35 of Reference (f), OSHA and NIOSH officials, acting as representatives of the Secretary of Labor, are authorized to conduct announced or unannounced inspections of DoD workplaces except for uniquely military workplaces and operations, and nonmilitary-unique workplaces staffed exclusively by military personnel. The DoD Components are authorized to request through the DUSD(I&E) that NIOSH perform hazard evaluations. OSHA inspection procedures for federal agency workplaces are provided in OSHA Directive Number CPL 02-00-150 (Reference (u)).

(a) DOL Access. Admit DOL representatives without delay and at reasonable times. Escort the DOL representatives to the DoD Component commander or the commander's representative for the operation to be inspected. Provide access to all pertinent SOH information regarding workplaces consistent with national security requirements. Request identification and proof of security clearance as appropriate for the areas visited. The commander for the operation to be inspected will coordinate all phases of the inspection with the installation commander.

(b) Opening Conference. Personnel and their representatives have the right to fully participate in the inspections in accordance with section 1960.26 of Reference (f). The commander for the operation to be inspected will invite authorized representatives to attend the opening conference.

(c) Closing Conference. Before the DOL representative departs, arrange for a closing conference between the DOL representative and the commander for the operation inspected, or that commander's representative. The commander will invite authorized representatives of civilian personnel to attend the closing conference. If the DOL inspection is in response to the death of a DoD civilian employee, OSHA may authorize family members to act as the employee representative and include those members in the informal conference with the DoD activity. The DoD Components may challenge an OSHA decision to allow family members to act as the employee representative, and will decide who are appropriate employee representatives for participation in informal conferences between OSHA and the DoD activity.

(d) Resolving Conflicts. Respond to DOL inspection reports and resolve conflicts in accordance with procedures in chapter 13 of Reference (u). Use the informal conference and appeals procedures to elevate unresolved conflicts through the DoD Component headquarters to the DUSD(I&E) and the OSHA national office for resolution.

(e) Hazard Abatement. Ensure prompt abatement of hazards and initiation of interim safeguards as a result of valid notices of violation issued by a DOL representative.

b. Hazardous Duty and Environmental Differential Pay Evaluations. Qualified SOH personnel must evaluate operations and workplaces in support of assessments for hazardous duty and environmental differential pay in accordance with section 532.511 of Title 5, CFR (Reference (v)) and Volume 550 of Reference (r). SOH personnel must provide the personnel office with a professional opinion on workplace conditions and worker practices and make recommendations for reducing risks to acceptable levels. The DoD Components must eliminate or reduce hazards identified.

c. Injury Compensation Claim Evaluations. In support of injury compensation claims administration, qualified SOH personnel must provide claims administrators with an assessment of the work-relatedness of reported injuries and illnesses. In support of return-to-work programs, qualified SOH personnel must provide the personnel office with a professional opinion on workplace conditions and worker practices appropriate for light-duty assignments.

8. RISK MANAGEMENT

a. Risk Management Principles

(1) Commanders, leaders, and personnel will use the risk management process to address SOH risks across all DoD operations and tasks, both on and off duty. The risk management process is a cyclical process involving hazard anticipation and identification, risk assessment, identifying control options, making risk decisions, mitigating risk including control implementation, and supervision and evaluation of risk mitigation and control measures.

(2) The standard for risk management is leadership at the appropriate level of authority making an informed decision to control hazards and to accept SOH risks.

(a) Making risk decisions is a commander's determination of which risks are acceptable and unacceptable from the standpoint of balancing the benefit against the potential for losses or harm (severity and likelihood of occurrence).

(b) Where local resources are not available to control risks, leaders will make conscious decisions to either accept the risk or elevate the risk acceptance decision to the next higher level of leadership.

(c) Front-line supervisors are responsible for investigating and correcting any hazardous condition or work practice they observe or have reported to them, reporting those

hazardous conditions or work practices beyond their control and ability to correct in a timely manner, and enforcing required work practices.

(3) The risk management process supplements, but does not supersede, compliance with federally mandated standards or regulations.

(a) When mission accomplishment and military necessity require overriding standards, such risk acceptance decisions are made at the appropriate level of authority.

(b) Risk acceptance decisions are based on fully informed consideration of the potential impacts to personnel, infrastructure, or materiel.

(c) The DoD Components must establish procedures to ensure these decisions are documented, archived, and reevaluated on a recurring basis.

b. Risk Management Process

(1) Identify Hazards. Establish procedures for identifying, reporting, and investigating hazards, unsafe conditions, unsafe actions, and noncompliance with standards.

(a) Risk Assessment Evaluations and Inspections. The DoD Components must conduct periodic SOH evaluations of all DoD operations and all workplaces where DoD personnel are regularly employed. Establish procedures for integrated periodic SOH evaluations by supervisors, personnel, and qualified SOH professionals. Qualified SOH personnel must assess every workplace at least annually. The nature of the assessment is at the discretion of the local leadership. Evaluations must be conducted more frequently for operations or workplaces with higher risks or elevated mishap experience, for changing operations or organizations, or for other events that indicate increased risk.

(b) Hazard Reporting. Establish procedures for personnel reporting to supervisors as the primary method for early hazard identification. Ensure personnel are trained and have ready access to hazard reporting methods in the workplace.

1. Inform all DoD personnel of their right and obligation to report hazardous situations to appropriate DoD officials and to OSHA, and to request a hazard evaluation from NIOSH.

2. Notify local DoD safety and health officials if immediate correction is not possible.

3. Protect the identity of the person making a report if that person does not want his or her name revealed.

4. Investigate hazard reports within 1 workday for imminent danger situations, 3 workdays for potentially serious situations, and 20 workdays for lesser conditions. Supervisors

must immediately stop work and withdraw exposed personnel until imminent danger situations are corrected.

5. Notify the reporting personnel of actions taken in response to their hazard report.

(c) Mishap Investigations. The DoD Components must establish procedures for identifying hazards from the results of mishap investigations and injury and illness reports in accordance with DoDI 6055.07 (Reference (w)), abnormal findings from occupational medical surveillance, risk assessments from similar work locations, epidemiological analysis, and other trend analyses.

(d) Job Hazard Analysis. Perform job hazard analyses for existing, new, and changed operations to identify hazards and safe work conditions, practices, and procedures. Implement a hazard reporting system to inform others outside the organization with similar activities or operations.

(e) Facility Reviews. Review all new facility designs and inspect facilities before use to ensure they meet safety, health, and fire standards for occupancy and use.

(2) Assess Hazards. Establish procedures for assessing each hazard and assigning a level of risk based on the estimated probability and severity of the impact of the hazard on the mission, DoD personnel, the public, DoD resources, and the environment. For SOH hazards in facilities, use the procedures in the appendix to this enclosure.

(3) Implement Controls. The risk-decision authority implements controls, to include changing operating procedures and training DoD personnel on implementing the new controls.

(a) Risk Control Options. Apply the hierarchy of effectiveness of controls in priority order: elimination; substitution of less hazardous materials, processes, operations, or equipment; engineering controls; warnings; administrative controls; and PPE. PPE is used only after a hazard assessment using procedures in accordance with section 1910.132 of Reference (f) and:

1. When engineering or management controls are not feasible or do not sufficiently eliminate the hazard.
2. When development or installation of engineering controls are pending.
3. For short-term, non-routine operations, for which engineering controls are not practical.
4. For emergencies (e.g., spills, including cleanup operations), malfunctions, emergency egress, and damage-control activities.

(b) Risk Decisions. Establish the supervisory level authorized to select among risk control options and to make risk acceptance decisions proportional to the risk being accepted.

(c) Installation Abatement Plans. For each installation, maintain an installation hazard abatement plan of all facility-related hazards with a risk assessment code (RAC) 1, 2, or 3 that will not be corrected within 30 calendar days. Prioritize abatement of hazards using procedures in the appendix to this enclosure. Track all until closure.

(4) Risk Mitigation. The DoD Components must follow a risk-based process as described in the appendix to this enclosure to prioritize the mitigation of hazardous conditions and work practices in DoD workplaces and operations. Give a higher priority to the reduction of hazards that pose higher risk of injury, occupational illness, or other losses over mitigation that result only in rote compliance with standards.

(a) Imminent Danger Situations. Take immediate action to eliminate or reduce risks that present an imminent danger (i.e., health hazard severity category (HHSC) I or II and mishap probability category A, as described in the appendix to this enclosure). Stop work and withdraw exposed personnel until risks are reduced below imminent danger.

(b) Installation Abatement Plans. Maintain for each installation an installation hazard abatement plan of all hazards with a RAC 1, 2, or 3 that will not be corrected within 60 days. Prioritize abatement of hazards using procedures in the appendix to this enclosure.

(c) Personnel Notification. Notify affected personnel of risks, risk mitigation actions planned and completed, their role in risk mitigation actions, and actions they can take to further reduce risks.

(d) Mitigation Involving Other DoD Components or Federal Agencies. Notify other DoD Components or federal agencies responsible for correcting a hazard. Refer disagreements regarding the responsible DoD Component or federal agency to the DUSD(I&E).

(5) Supervision and Evaluation of Risk Mitigation. The DoD Components must establish procedures to evaluate and monitor the effectiveness of risk mitigation measures implemented including:

- (a) Initialize assessment of effectiveness of new controls.
- (b) Monitor continued operation of engineering controls.
- (c) Ensure personnel are following safe operating procedures.
- (d) Ensure proper use of PPE.
- (e) Complete appropriate medical surveillance for exposed personnel in accordance with DoD Manual 6055.05 (Reference (x)).
- (f) Investigate mishaps, injuries, and illnesses in accordance with Reference (w).

(g) Perform epidemiological and other trend analyses from all available safety data sources.

c. Special Considerations in the Risk Management Process

(1) Risk Management of Change. The DoD Components must establish procedures for SOH risk management to changes in operations, equipment, and facilities.

(2) Risk Management in Contingency Operations. In accordance with this instruction, the DoD Components must establish procedures for:

(a) SOH risk management of all DoD operations and risk to all DoD personnel, including military members and civilian personnel, in accordance with DoDD 1404.10 (Reference (y)); and contractor personnel deploying with the force where contract terms specify DoD responsibility for the safety and health of contractor personnel in accordance with Reference (h).

(b) Each contingency operation to distribute risk assessment results and effective countermeasures implemented to all U.S. forces, allied forces, and other U.S. agencies within the area of responsibility.

(c) Each contingency base in accordance with DoDD 3000.10 (Reference (z)).

d. Risk Management in Military Training Operations. Risk management techniques must be used in planning and executing training operations to ensure training is realistic, yet does not exceed an acceptable level of risk for a noncombat situation. In those instances when a risk decision overrides standards because the training benefits outweigh the risks (e.g., active denial system, mask confidence chambers, tasers, or mace), the procedures described in paragraph 8a of this enclosure apply. A safety and health plan with the specific conditions, precautions, and procedures is developed and applied to ensure the safety of DoD and non-DoD personnel in training.

e. Risk Management in the Defense Acquisition System

(1) The DoD Components must:

(a) Comply with systems engineering SOH risk management procedures in accordance with DoDI 5000.02 (Reference (aa)) and Chairman of the Joint Chiefs of Staff Instruction 3170.01H (Reference (ab)).

(b) Identify needed SOH capabilities to the Joint Capabilities Integration and Development System (JCIDS).

(2) The lead DoD Component for a JCIDS document must provide senior-level SOH endorsement(s). The SOH endorsement(s) must acknowledge that the DoD Component SOH communities had an opportunity to provide inputs to the development of each JCIDS document.

Historical lessons learned and mishap data from similar legacy systems is analyzed to identify needed improvements in the SOH capabilities to prevent future mishaps.

f. Risk Management in Procurement. The DoD Components must establish procedures for identifying SOH requirements in procurement, to include hazardous material requirements of Reference (s).

g. Risk Management in Facilities. The DoD Components must establish procedures for SOH risk review of facility designs they complete and pre-occupancy inspections. The DoD construction agents will complete these activities for their assigned military construction projects.

h. Risk Management of Contractor Operations

(1) Contractors are directly responsible for the OSH of their employees.

(2) For contractor personnel accompanying U.S. military forces in deployments, follow procedures in accordance with Reference (h) and DoDI 6490.03 (Reference (ac)). Procedures will include communicating known risks and required protective procedures to contractor personnel.

(3) Enclosure 5 describes additional considerations related to DoD contractor operations.

9. PROGRAM ASSESSMENT

a. DoD Program Assessment. The DUSD(I&E) will assess SOH program performance annually.

b. DoD Component Program Review. The DoD Components must complete a Component-level SOH program review annually to measure the effectiveness of SOH programs using:

(1) SOH leading indicators of program performance:

(a) SOH Management System Implementation. SOH management system implementation, as measured by the percentage of the DoD Component organizations implementing an SOH management system (see Figure).

Figure. SOH Management System Implementation Rate

$\% \text{ organizations fully implementing} = \frac{\# \text{ of organizations fully implementing SOH management systems} \times 100\%}{\# \text{ of organizations identified for SOH management system implementation}}$
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1. The DoD Component identifies the alignment of organizations implementing the SOH management system, ensuring that all operations and personnel are included in an organization's management system implementation.

2. An organization has implemented an SOH management system when meeting the DoD Component assessment criteria from an independent external audit within the previous 4 years. The DoD Components may use OSHA Voluntary Protection Program STAR recognition as evidence of implementing an SOH management system.

(b) Workplace Hazard Abatement. Elapsed time in days to abate or mitigate RAC 1, 2, and 3 safety, health, and fire hazards to a lower risk level (methods for determining RACs for safety and fire hazards are provided in the appendix to this enclosure).

1. RAC 1 safety and health hazards abated or mitigated within 10 days of hazard identification.

2. RAC 2 safety and health hazards abated or mitigated within 30 days of hazard identification.

3. RAC 3 safety and health hazards abated or mitigated within 90 days of hazard identification.

(c) Occupational Medical Surveillance Completion Rate. The percentage of personnel who receive required occupational and environmental medicine exams for occupational exposures (as described in Reference (t)).

(2) SOH effectiveness metrics:

(a) Number of mishap fatalities for DoD personnel.

(b) Number of Class A aviation mishaps per 100,000 flight hours (consistent with Reference (w)).

(c) Days away, restrictions, and transfers incidence rate for DoD personnel. Number of injuries involving days away from work or days of restricted work or transfer to another job (as described in Reference (w)) per 200,000 work hours.

(d) Total case incidence rate for DoD personnel. Number of recordable injuries or illnesses (as described in Reference (w)) per 200,000 work hours.

(e) Permanent threshold shift rate for hearing loss for DoD personnel. Number of permanent threshold shifts per 100 DoD personnel (as described in DoDI 6055.12 (Reference (ad))).

(3) The DoD Component-identified goals, objectives, and targets.

c. Report to the DUSD(I&E). The DoD Components must provide, by an annual IPR, the status of the DoD Component SOH programs to the DUSD(I&E). The Defense Agencies will satisfy this requirement by submitting to the DUSD(I&E) their DoD Component annual report to OSHA in accordance with section 1960.71 of Reference (f). The IPR must include:

- (1) Results of the DoD Component program review.
- (2) Management system indicators and other high-interest items selected by the DUSD(I&E).
- (3) Recommended changes to the DoD Component and DoD SOH programs.

d. Subordinate Command Assessment Procedures. The DoD Components must establish procedures for each subordinate command to annually self-assess their SOH program execution and effectiveness. Each subordinate command must also receive an external program assessment at least once every 4 years (48-month maximum) using an audit tool approved by the DoD Component. The component inspector general process is acceptable for meeting the external program assessment requirement. These evaluations must consider the impact of mishap prevention efforts as determined from an analysis of data generated in accordance with Reference (w), and the accomplishment of the DoD Component's goals and objectives.

e. Individual Personnel Performance. The DoD Components must establish procedures to evaluate an individual's performance in meeting assigned SOH responsibilities.

(1) Managers. Evaluate the performance of any management official or supervisor in meeting their assigned SOH responsibilities and authority in accordance with the procedures of Volume 430 of Reference (r). Performance of SOH duties and responsibilities must be appropriately considered in other personnel actions.

(2) All Personnel. Failure to follow established SOH operating procedures can form the basis for adverse personnel actions.

10. PROGRAMMATIC IMPROVEMENTS. The DoD Components will use results from SOH program evaluations, effectiveness metrics, and execution metrics to improve their SOH program and management system.

Appendix
Determining RACs

APPENDIX TO ENCLOSURE 3DETERMINING RACs

1. DETERMINING RACs FOR SAFETY AND FIRE HAZARDS. Use the matrix in Table 1 to determine the RACs for safety and fire hazards.

Table 1. RAC Matrix

Hazard Severity		Mishap Probability			
Description	Code	A Likely to occur immediately	B Probably will occur in time	C Possible to occur in time	D Unlikely to occur
Death, permanent total disability, or loss of facility or asset	I	1 Critical	1 Critical	2 Serious	4 Minor
Permanent partial disability or major property damage	II	1 Critical	2 Serious	3 Moderate	4 Minor
Lost workday injury or compensable injury, or minor property damage	III	2 Serious	3 Moderate	4 Minor	5 Negligible
Injury involving first aid or minor supportive medical treatment, a minimal threat to personnel or property, or a violation of a standard	IV	4 Minor	4 Minor	5 Negligible	5 Negligible

2. DETERMINING RACs FOR CHRONIC HAZARDS. Use the Table 1 matrix and descriptions in Tables 2 through 8 to determine the RAC for chronic hazards.

a. Determining the HHSC. The HHSC reflects the magnitude of exposure to a single physical, chemical, or biological agent and the effects of chronic exposure.

- (1) Use the procedures in Tables 2 and 3 to assess exposure points.
- (2) Total the exposure points assessed in Tables 2 and 3.
- (3) Use Table 4 to determine the HHSC based on the total points assessed.

Table 2. Exposure Points Assessed

Alternate Exposure Route?	Exposure Condition			
	95 th percentile < 0.1 occupational exposure limit (OEL)	95 th percentile between 0.1 OEL and 0.5 OEL	95 th percentile between 0.5 OEL and OEL	95 th percentile > OEL
No	0	3	5	7
Yes	1 - 2	4	6	9

Table 3. Medical Effects Points Assessed

Condition	Points
No medical effect, such as nuisance noise and nuisance odor	0
Temporary reversible illness requiring supportive treatment, such as eye irritation and sore throat	1 - 2
Temporary reversible illness with a variable but limited period of disability, such as metal fume fever	3 - 4
Permanent, non-severe illness or loss of capacity, such as permanent hearing loss	5 - 6
Permanent, severe, disabling, irreversible illness, such as asbestosis, lung cancer, or death	7 - 8

Table 4. Determining the HHSC

Total Points (sum of exposure and medical effects points)	HHSC
13 - 17	I
9 - 12	II
5 - 8	III
0 - 4	IV

b. Determining the Effect Probability Category (EPC). The EPC is a function of the duration and frequency of exposure and the number of exposed personnel.

(1) Use the guides in Tables 5 and 6 to assess the frequency and duration of exposure points assessed.

(2) Sum the points in Table 5 for exposure duration and exposure frequency, divide by 2, then round up. Add those points with the exposed personnel points assessed in Table 6.

(3) Use Table 7 to determine the EPC for chronic hazards based on the points totaled from Tables 5 and 6.

Table 5. Duration and Frequency of Exposure Points Assessed

Points	Exposure Duration							
	> 8 hours/day	6-8 hours/day	4-6 hours/day	2-4 hours/day	1-2 hours/day	30-60 minutes/day	15-30 minutes/day	0-15 minutes/day
Points	8	8	6	5	4	3	2	1

Points	Exposure Frequency							
	Daily	2-3 times/week	Weekly	2-3 times/month	Monthly	Quarterly or 2-3 times/year	Annual	Less Than Annual
Points	8	7	6	5	4	3	2	1

Table 6. Number of Exposed Personnel Points Assessed

Number of Exposed Workers	Points
< 5	1 - 2
5 - 9	3 - 4
10 - 49	5 - 6
> 49	7 - 8

Table 7. Determining the EPC

Total Points from Tables 5 and 6	EPC
14 - 16	A
10 - 13	B
5 - 9	C
< 5	D

c. Determining the RAC for Health Hazards. Determine the RAC for chronic hazards by using the matrix in Table 8 to account for HHSC and EPC.

Table 8. Determining the RAC for Health Hazards

HHSC	EPC			
	A	B	C	D
I	1	1	2	3
II	1	2	3	4
III	2	3	4	5
IV	3	4	5	5

3. COMPUTING THE ESTIMATED COST EFFECTIVENESS INDEX (CEI). To compute the CEI:

- a. Find the severity and probability multiplier using Table 9.

Table 9. Severity and Probability Multiplier

Severity	Probability			
	A	B	C	D
I	188	63	21	7
II	63	21	7	2
III	21	7	2	1
IV	7	2	1	0.26

- b. Record the average or equivalent number of persons exposed daily to the hazard during the course of the year.

c. Compute the Effectiveness Index using the formula (Severity and Probability Multiplier) x (Number of Persons) = Effectiveness Index.

- d. Obtain the estimated cost of the abatement project.

e. Compute the CEI using the formula (Abatement Cost)/(Effectiveness Index) = CEI.

4. PRIORITIZING FOR MITIGATION

- a. Prioritize hazard mitigation first by RAC.
- b. Prioritize hazard mitigation within a RAC by CEI.

ENCLOSURE 4

DoD STANDARDS OTHER THAN OSHA

1. The DoD Components may develop standards for DoD to adopt that differ from OSHA standards in accordance with the approval requirements of subpart C of part 1960 of Reference (f).

a. More Stringent Standards. The DoD Component may develop standards to be more protective than the OSHA permissible exposure limits or that may require more frequent monitoring of exposures. Standard development must include consultation with personnel and OSH committees established in accordance with section 1960.63 of Reference (f). The DUSD(I&E) will review the proposed standard and, if he or she concurs, forward the standard to the Secretary of Labor for approval.

b. Alternate OSHA Standards. If a DoD Component determines that compliance with an OSHA standard in a nonmilitary-unique work environment is not feasible:

(1) In consultation with other DoD Components with a similar nonmilitary-unique work environment and with affected personnel or their representatives (including appropriate OSH committees), the DoD Component must develop and submit a proposed alternate standard to the DUSD(I&E).

(2) The submission must include the information required in accordance with section 1960.17 of Reference (f).

(3) The DUSD(I&E) will review the proposed standard and, if he or she concurs, forward the standard to the Secretary of Labor for approval.

(4) Upon approval of an alternate standard, the originating DoD Component may implement. The DUSD(I&E) will provide the alternate standard to other DoD Components who may elect to adopt the standard.

c. Supplemental OSHA Standards. In nonmilitary-unique workplaces where OSHA or other federal safety standards apply but do not cover, or only partially cover, existing conditions, the DoD Components must coordinate with other Components to develop supplementary standards that will apply to all similar workplaces. The DoD Components must first consider national SOH consensus standards in accordance with section 272 of Title 15, U.S.C. (Reference (ae)). When there are no relevant national consensus standards, the DoD Components may develop other protective measures to ensure the safety and health of DoD personnel.

2. The DoD Components may request or evaluate and forward requests from DoD contractors for variations, tolerances, and exemptions to any provisions in accordance with section 651 *et*

seq. of Reference (d) that cause serious impairment of national defense, in accordance with section 665 of Reference (d). Requests are submitted through the DUSD(I&E) and address:

a. Existing variations, tolerances, and exemption procedures in accordance with section 651 *et seq.* of Reference (d) or OSHA standards in Reference (f).

b. Other DoD statutory authorities.

3. The DoD implementing guidance for controlling surface contamination in operations using lead, hexavalent chromium, and cadmium is provided in the appendix to this enclosure.

Appendix

Implementing Guidance for Controlling Surface Contamination in Operations Using Lead, Hexavalent Chromium, and Cadmium

APPENDIX TO ENCLOSURE 4

IMPLEMENTING GUIDANCE FOR
CONTROLLING SURFACE CONTAMINATION IN OPERATIONS USING LEAD,
HEXAVALENT CHROMIUM, AND CADMIUM

To implement the requirements of OSHA standards in accordance with sections 1910.1025, 1910.1026, and 1910.1027 of Reference (f) that require surfaces be maintained as clean as practicable, the DoD Components must:

- a. Identify all operations generating airborne dust, mist, or aerosols containing lead, hexavalent chromium, or cadmium.
- b. Employ a systems engineering approach to these operations to establish, document, and integrate refined procedures to ensure surfaces are as clean as practicable irrespective of measured airborne exposure.
 - (1) Establish engineering controls tailored to each facility.
 - (2) Develop housekeeping plans and procedures.
 - (3) Update containment processes and methods to monitor their effectiveness.
 - (4) Institute best practices decontamination procedures.
 - (5) Include all key stakeholders in these process improvement activities to ensure the broadest range of solutions as well as widest acceptance during implementation.
 - (6) Require periodic review of the established procedures.

ENCLOSURE 5

SOH RISKS FROM DoD CONTRACTOR OPERATIONS

1. GENERAL

a. DoD responsibilities for the safety and health of contractor operations are generally limited to protecting DoD operations and the safety of DoD personnel, facilities, and equipment.

b. In accordance with section 3704 of Title 40, U.S.C. and sections 36.513, 52.236-13, 323.70, and 352.223-70 of Title 48, CFR (References (af) and (ag)), contractors are responsible for safety and health risks to their personnel and the protection of the public, except where DoD has contractually agreed to assume responsibility for the contract employee's health and safety.

c. The DoD Components may establish additional oversight of contractor operations where they determine it is in the best interest of DoD. In making this determination, the DoD Components must consider the relative merits of DoD oversight leading to lower mishap losses, improved services, and ultimate savings to the government, versus the liability for legal and tort claims and compensation liability by acting as a controlling employer.

d. DoD responsibilities must be clearly stated in contract language, including DoD contractor personnel deploying with the force in accordance with Reference (h).

2. ENFORCEMENT INSPECTIONS OF CONTRACTOR OPERATIONS. DoD contractors operating on DoD facilities are subject to the authorities of federal and State safety and health officials in accordance with section 651 *et seq.* of Reference (d). Safety and health officials are granted access to contractor operations and personnel on DoD installations without delay and at reasonable times, except when there is a lack of identifying credentials or clearance for secure area access. DoD contractors must respond to citations issued by safety and health officials for violations of applicable standards. Information regarding citations issued to DoD contractors that involve DoD-furnished equipment, facilities, or other property must be referred to the responsible DoD contracting official for appropriate action.

a. Inspection Administration

(1) Advance Notice. DoD officials will not provide contractors advance notice of inspections by federal or State safety and health officials.

(2) DoD Installation Access. Safety and health officials must present appropriate identifying credentials and state the purpose of their visit to the DoD installation commander or that commander's authorized representative and the contracting official, if appropriate, before conducting an inspection of a DoD contractor operation on a DoD installation.

(3) Secure Areas. When safety and health officials require entry to a secure area and the classified material cannot be effectively covered, hidden, or otherwise effectively protected from disclosure, these procedures apply:

(a) The contractor must immediately notify the enforcement official and the DoD organization exercising security supervision over the contractor's workplace of the enforcement official's need for a personnel security clearance to enter the closed area.

(b) The DoD security organization must verify that the classified material cannot be protected.

(c) For a federal OSHA or NIOSH official, the DoD security organization must verify the need for a personnel security clearance, and must verify the federal OSHA or NIOSH official's security clearance. If the federal OSHA or NIOSH official is not cleared, the security organization must request an appropriately cleared OSHA or NIOSH official. For a State OSHA or NIOSH official, the DoD security organization, after verifying the need for a personnel security clearance, must request a federal OSHA or NIOSH official with necessary security clearance conduct the inspection of the secure area.

(d) Federal OSHA or NIOSH officials must be accompanied on their inspections by representatives of the DoD installation commander and the contracting officer, as appropriate, and by representatives of the DoD contractor and that contractor's personnel with appropriate security clearances.

(e) No photographs will be taken by federal OSHA or NIOSH officials in secure areas of DoD installations. Photographic services for secure areas may be requested by OSHA or NIOSH officials and provided by the installation commander or the appropriate contracting official. Photographs must be submitted for appropriate security review before release to authorized federal OSHA or NIOSH officials.

(4) Access to DoD Records. Upon request, federal or State safety and health officials must have access to and be provided copies of DoD records or reports pertaining to specific DoD contractor mishap investigations. Follow procedures pursuant to Reference (w) for releasing safety privileged information.

b. Resolving Issues. The DoD contractor is responsible for resolving issues related to citations or requests for delays, variations, tolerances, or exemptions of applicable OSH standards.

3. NIOSH HEALTH HAZARD EVALUATIONS. When a health hazard evaluation is requested pursuant to part 85 of Title 42, CFR (Reference (ah)):

a. NIOSH officials are authorized to:

(1) Consistent with national security requirements, enter without delay any place of employment to conduct investigations of all pertinent processes, conditions, structures, machines, apparatus, devices, equipment, records, and materials within the place of employment.

(2) Conduct medical examinations, anthropometric measurements, and functional tests of employees, with their consent, within the place of employment that are directly related to the specific health hazard being evaluated.

b. Areas under investigation that contain classified information are investigated only by NIOSH officials who have obtained the proper security clearance and authorization.

GLOSSARY

PART I. ABBREVIATIONS AND ACRONYMS

CEI	cost effectiveness index
CFR	Code of Federal Regulations
DoDD	DoD directive
DoDI	DoD instruction
DOL	U.S. Department of Labor
DUSD(I&E)	Deputy Under Secretary of Defense for Installations and Environment
EPC	effect probability category
ETS	emergency temporary standards
FACOSH	Federal Advisory Council on Occupational Safety and Health
GS	General Schedule
HHSC	health hazard severity category
IPR	in-progress review
JCIDS	Joint Capabilities Integration and Development System
NCR	National Capital Region
NIOSH	National Institute for Occupational Safety and Health
OEL	occupational exposure limit
OPM	Office of Personnel Management
OSH	occupational safety and health
OSHA	Occupational Safety and Health Administration
PPE	personal protective equipment
RAC	risk assessment code
SOH	safety and occupational health
U.S.C.	United States Code
USD(AT&L)	Under Secretary of Defense for Acquisition, Technology, and Logistics
USD(P&R)	Under Secretary of Defense for Personnel and Readiness
WHS	Washington Headquarters Services

PART II. DEFINITIONS

Unless otherwise noted, these terms and their definitions are for the purposes of this instruction.

abate. To eliminate a hazard.

administrative control. Any procedure that significantly limits exposure by control or manipulation of the work schedule or manner in which work is performed.

as clean as practicable. Conducting regular cleaning and housekeeping activities to prevent avoidable dust exposure, such as those caused by potentially re-entrained dust.

CEI. A measure that represents, in a single value, the ratio between the cost of an abatement project and the potential effectiveness (measured in terms of reduced probability and severity of mishaps) to be derived from implementing the abatement project.

chronic hazard. A hazard capable of causing non-traumatic physiological harm or loss of capacity produced by systemic continued or repeated stress or strain; exposure to toxins, poisons, fumes, etc.; or other continued and repeated exposures to conditions of the environment over a long period of time.

contingency operation. Defined in Joint Publication 1-02 (Reference (ai)).

control. Action taken to eliminate or mitigate hazards or to reduce risk of death, injury, illness, or loss of resources or mission capability.

DoD contractor. A non-federal employer performing under a DoD contract, whether as prime contractor or subcontractor.

DoD personnel

civilian. Civil Service personnel of the DoD Components (including Reserve technicians and Reserve Component military Reserve technicians, unless in a military duty status); nonappropriated fund personnel (excluding military personnel working part-time to avoid dual reporting); Corps of Engineers Civil Works personnel; Youth or Student Assistance Program personnel; foreign nationals employed by the DoD Components; Navy civil service mariners with the Military Sealift Command; Navy Exchange and Army-Air Force Exchange Service personnel.

military. All U.S. military personnel on active duty, Reserve or National Guard personnel on active duty or performing inactive-duty training, Service academy cadets, officer candidates in Officer Candidate School and Aviation Officer Candidate School, Reserve Officer Training Corps cadets when engaged in directed training activities, and foreign national military personnel assigned to the DoD Components.

employee representative. A representative of DoD employees as is consistent with section 71 of Reference (g), or collective bargaining or other labor-management arrangements.

engineering controls. Physical changes to work stations, equipment, materials, processes, production facilities, or any other relevant aspect of the work environment that reduce or prevent exposure to workplace risk factors. The use of PPE is not considered an engineering control.

evaluation. The process of ascertaining or judging the value or adequacy of an action or an outcome by careful appraisal of previously specified data in light of the particular situation and the goals or objectives previously established.

hazard. Any real or potential condition that can cause injury, illness, or death to personnel or damage to or loss of equipment or property, mission degradation.

imminent danger. Conditions or practices in any workplace or operational area that pose a danger that reasonably could be expected to cause death or permanent total disability, significant mission degradation, system loss, or major property damages before such danger could be eliminated through normal procedures.

independent external audit. An audit of an organization performed by an organization who is not under the control or influence of the organization being audited (e.g., an audit conducted by the higher headquarters to the audited organization or by the DoD Component Inspector General).

infrastructure. The large-scale systems, services, and facilities that are necessary for activity, including power and water supplies, transportation, telecommunications, roads, and buildings.

inspection. The process of determining compliance with safety and health standards through physical surveys of workplaces, operations, and facilities.

interim control measures. Temporary action taken to reduce the degree of risk associated with a hazard pending completion of an abatement project.

licensing. The process that an agency of the federal, State, or local government uses to grant permission to an individual to engage in a given occupation upon finding that the applicant has attained the minimal degree of competency required to engage in that occupation.

materiel. All things used or needed in any business, undertaking, or operation, other than personnel; arms, ammunition, and equipment in general.

mishap. Defined in Reference (w).

mitigate. To reduce the risk from a hazard.

NCR. Defined in Reference (ai).

OSH. The program and practices for protecting individuals from harm and loss of resources caused by hazards in the workplace or errors (as described in Reference (d)).

OSHA ETS. Under certain limited conditions, OSHA is authorized to set ETS that take effect immediately and are in effect until superseded by a permanent standard. OSHA must determine that workers are in grave danger due to exposure to toxic substances or agents determined to be toxic or physically harmful or to new hazards and that an emergency standard is needed to protect them. OSHA publishes the ETS in the Federal Register, where it also serves as a proposed permanent standard and is subject to the usual procedure for adopting a permanent standard except that a final ruling should be made within 6 months. The validity of an ETS may be challenged in an appropriate U.S. Court of Appeals.

professional certification. Recognition given to individuals who have met predetermined qualifications set by an agency of government, industry, or a profession.

qualified SOH personnel

Civilian personnel who meet Office of Personnel Management (OPM) Standards for SOH Manager/Specialist General Schedule (GS)-018, Safety Engineering Technician GS-802, Safety Engineer GS-803, Safety Technician GS-019, Aviation Safety Officer GS-1825, Air Safety Investigating Officer GS-1815, Fire Protection Engineer GS-804, Fire Protection Specialist/Marshall GS-081, Medical Officer GS-602, Health Physicist GS-1306, Industrial Hygienist GS-690, Occupational Health Nurse GS-610, Environmental Health Technician GS-699, and military personnel equally qualified when compared to the OPM standards.

For DoD civilian SOH personnel OPM standards, specified in part 1960 of Reference (f), apply. Qualifications for military and DoD civilian occupational health professionals are also described in Reference (t).

Collateral duty military and civilian SOH personnel are those with technical knowledge needed to anticipate, recognize, and evaluate hazardous conditions and recommend corrective action.

risk. Chance of adverse outcome or bad consequence, such as injury, illness, or loss. Risk level is expressed in terms of hazard probability and severity.

risk assessment. A structured process to identify and assess hazards. An expression of potential harm, described as:

hazard severity. An assessment of the expected consequence, defined by degree of injury or occupational illness, or damage to or loss of equipment or property that could occur from exposure to a hazard.

mishap probability. An assessment of the likelihood that, given exposure to a hazard, a mishap will result. Classified according to the criteria in Table 1 of the appendix to Enclosure 3.

exposure to hazard. An expression of personnel exposure that considers the number of persons exposed and the frequency, intensity, and duration of the exposure.

RAC. An expression of the risk associated with a hazard that combines the hazard severity and mishap probability into a single Arabic numeral according to the criteria in Table 1 of the appendix to Enclosure 3.

risk decision. The decision to accept or not accept the risk(s) associated with an action. The decision is made by the commander, supervisor, or individual performing the action within the constraints of the law.

risk management. A process that assists organizations and individuals in making informed risk decisions in order to reduce or offset risk, thereby increasing operational effectiveness and the probability of mission success.

SOH. The program and practices for protecting individuals from harm and loss of resources due to hazards or errors in all DoD operations, and for military personnel at all times. SOH includes occupational (i.e., workplace) safety and health, acquisition system safety and health, aviation safety, operational safety, off-duty recreational safety, radiation safety, and traffic safety.

SOH evaluation. A formal inspection, staff assistance visit, walk-through survey, awareness briefings for the management and staff, risk management consultations, or any other activity that will enhance the safety and health of the people and the operation.

SOH management system. A set of interrelated or interacting elements that organizations use to direct and control how SOH policies are implemented and SOH objectives are achieved.

State OSHA or NIOSH official. Investigator or compliance officer employed by a State that has an OSHA-approved OSH plan.

United States. Includes any State of the United States, the District of Columbia, Puerto Rico, the Virgin Islands, American Samoa, Guam, and the Trust Territory of the Pacific Islands, Wake Island, Johnston Island, Outer Continental Shelf lands defined in the Outer Continental Shelf Lands Act, and the Canal Zone.

workplaces

nonmilitary-unique DoD operations and workplaces. Workplaces and operations comparable to those of industry in the private sector such as: vessel, aircraft, and vehicle repair, overhaul, and modification (except for equipment trials); construction; supply services; civil engineering or public works; medical services; and office work.

uniquely military equipment, systems, and operations. Defined in section 1960.2(i) of Reference (f).