UNITED STATES MARINE CORPS
MARINE CORPS INSTALLATIONS EAST-MARINE CORPS BASE
PSC BOX 20005
CAMP LEJEUNE NC 28542-0005

MCB CAMLEJO 5100.8
SAFE
09 NOV 2015

MARINE CORPS INSTALLATIONS EAST-MARINE CORPS BASE CAMP LEJEUNE ORDER 5100.8

From: Commanding General
To: Distribution List

Subj: OCCUPATIONAL SAFETY AND HEALTH PROGRAM

Ref: (a) NAVMC DIR 5100.8
(b) MCO 5100.29B
(c) SECNAV M-5210.1
(d) DOD Instruction 6055.1, "DOD Safety and Occupational Health (SOH) Programs," October 14, 2014
(e) MCO P5102.1B Ch 1
(f) MCO P1710.30E Ch 1
(g) 29 CFR 1910, I-398
(h) MCO 5100.30B
(i) MCB CAMLEJ 5104.1
(j) MCO 5104.1C
(k) MCO 5100.19F
(l) DODI Instruction 6055.04, "DoD Traffic Safety Program," January 23, 2013
(m) BO 5090.3A
(n) MCB CAMLEJO 5090.9
(o) BO 12792.2D
(p) BO 11320.1L
(q) NFPA 101
(r) BO 6260.4D
(s) NAVSUP PUB 538-MHE
(t) 29 CFR 1926
(u) MCO P11262.2A
(v) NAVY CRANE MANUAL P-307
(w) NAVSEA-SW-013-WHM-010
(x) EM-385
(y) MARADMIN 010-12 of 6 Jan 12
(z) NEC (NFPA 70E)
(aa) 29 CFR 1915
(ab) MCO 3500.27B W/ERRATUM
(ac) OPNAVINST 5100.23G Ch 1
(ad) NAVENVIRHLTHCENTECHMAN, IH Field Operations Manual
(ae) MCB CAMLEJO 5560.2 Ch 2
(af) NAVHOSCAMLEJINST 6280.1
(ag) 10 A NCAC 41A.0202(4)

Encl: (1) Occupational Safety and Health Program Procedural Guidance
(2) Reports Required

1. Situation. Conservation of resources through mishap reduction is a crucial component to establish a positive and effective safety culture. Damaged equipment, loss of materiel's, severe injuries that lead to lost work time, lost work days and restricted or limited duty days greatly diminishes our competency to provide full time support to the operational forces, tenant commands and other activities aboard the installation. Combatting the high costs associated with mishaps such equipment replacement or repair, reimbursing employees through workers compensation claims and medical expenses/claims can directly degrade our capacity to provide core services. Engaged leadership at every level is vital to mission accomplishment. This Order assigns responsibility and establishes instructions for the Marine Corps Base, Camp Lejeune (MCB CAMLEJ) Occupational Safety and Health (OSH) program.

2. Cancellation. BO 5100.20A and BO 6260.5B.

3. Mission. MCIEAST-MCB CAMLEJ Commands and Department Heads aboard MCB CAMLEJ will ensure their Marines, Sailors, and civilian personnel are educated in risk management and mishap reduction in effort to maintain a healthy living, working, training, and recreational environment thus leading to mission readiness. Federally mandated laws and regulations shall be incorporated.

4. Execution

a. Commander's Intent and Concept of Operations

(1) Commander's Intent

(a) This Order shall be implemented including the requirements of references (a) through (ag) as applicable.

(b) To provide policy and procedural guidance for the MCB CAMLEJ OSH program. The intent is to eliminate or minimize the probability of mishaps occurring in training, general and construction industry work processes, U.S. Government and tactical vehicle operations, recreational, and off-duty environments.

(2) Concept of Operations

(a) Safety training, standing operating procedures (SOPs), mishap reporting, and investigation requirements for all mishaps shall be completed in accordance with references (a) and (e).

(b) Inspect and evaluate all operational, non-operational, training facilities and work centers to provide the greatest degree of inherent safety to identify hazards and ensure the lowest degree of risk during operations.

(c) Assess the hazards and risks present, determine corrective action, and implement control measures.

(d) Ensure safety requirements are embedded in the SOPs and training includes the controls used to minimize risks, reduce the possibility of mishaps, or halt the activity or operation when unsafe conditions exist.

(e) Provide training to personnel that meets approved curricula. Include basic safety training for the activity or evolution and specific safety training for high-risk processes or operations.

(f) All Marines and Sailors assigned to MCB CAMLEJ shall use operational risk management (ORM) for operational training, recreational, and on and off-duty activities as a vital element to a comprehensive and proactive command safety program.

(g) All appropriated fund (APF) and non-appropriated fund (NAF) personnel to include service contractors will complete a job hazard analysis (JHA) as part of the MCB CAMLEJ mishap reduction initiative. The JHA process targets high risk processes and high incident areas with the sole purpose of eliminating injuries to personnel or damage to equipment. All JHAs will be reviewed annually to ensure compliance. More frequent reviews of JHAs will be conducted if there are changes in processes or turn-over in personnel.

b. Tasks. Refer to enclosure (1).

5. Administration and Logistics

a. Battalion Commanders, and Department Heads shall ensure adequate staffing and budgeting are provided to implement a comprehensive OSH Program that meets the requirement of this Order and reference (a).

b. Records Disposition

(1) The Department of Labor, Occupational Safety and Health Administration (OSHA) requires all notices of unsafe or unhealthy working conditions to include action taken to be retained by the owning agency/business.

(2) Documents shall be stored from the end of the calendar year up to a minimum of five years and be disposed of per reference (c).

c. Reports required for this Order are listed in enclosure (2).

d. This Order contains significant changes and should be reviewed in its entirety.

6. Command and Signal

a. Command. This Order is applicable to all MCIEAST-MCB CAMLEJ military, Department of Defense (DoD) civilian employees, NAF employees, contractors (service and general) working aboard MCB CAMLEJ, and tenant commands aboard MCB CAMLEJ with support agreements such as Memorandums of Agreement, Memorandums of Understanding, and Inter Service Support Agreements. This Order also applies to activities including NAF facilities and operations that are under the sponsorship of the Marine Corps Community Services (MCCS) Program Director or unit MCCS officers aboard MCB CAMLEJ for the purpose of morale, welfare, and recreation.

b. Signal. This Order is effective the date signed.

Y. R. ESCALANTE
Deputy Commander

DISTRIBUTION: A/C

LOCATOR SHEET

Subj: OCCUPATIONAL SAFETY AND HEALTH PROGRAM

Location: _____
(Indicate the location(s) of copy(ies) of this Order.)

RECORD OF CHANGES

Log completed change action as indicated.

Change Number	Date of Change	Date Entered	Signature of Person Incorporated Change

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Chapter 1

Administration

1. Policy. MCIEAST-MCB CAMLEJ personnel aboard MCB CAMLEJ are committed to a policy of safeguarding manpower and material by the application of a comprehensive OSH program. Commanders, department heads, supervisors, officers-in-charge (OIC), and leaders at all levels aboard MCB CAMLEJ are expected to develop a proficient and effective workforce by using sound training practices and work site evaluations. The goal is to prevent mishaps by the continuous application of sound practices. Safety and health programs, practices and initiatives are paramount at each workforce level. Each person has an inherent responsibility for their own personal safety and that of their co-workers. Supervisors shall ensure their personnel are instructed in and carry out the applicable safety and health precautions for their work environments.

2. Scope

a. This program implements OSH program management, safety consultation services and programs, OSH inspections, JHA, identification of unsafe/unhealthy work conditions, trend analysis and reporting, hazard abatement, safety education and training, RM, and the prevention, reporting, and investigation of motor vehicle mishaps. This program applies to mishaps caused by equipment owned by MCIEAST-MCB CAMLEJ or by MCIEAST-MCB CAMLEJ personnel, OR tenant commands aboard MCB CAMLEJ resulting in the following:

(1) Injury or illness to military personnel (including reservists on active duty) while on or off-duty.

(2) Injury or illness to DoD civilian employees on duty to include APF and NAF civilian employees.

(3) Injury or illness to non-Marine Corps personnel and damage to property under Marine Corps control.

(4) Injury or illness to MCB CAMLEJ personnel employed by concessionaires.

b. Unless otherwise directed by the Commandant of the Marine Corps (CMC), this Safety Program and references (a) and (b) apply.

3. Responsibility

a. This program supports the Commanding General’s (CGs) mission to provide a safe and healthy work environment for all MCIEAST-MCB CAMLEJ personnel, service members, family members, and visitors aboard MCB CAMLEJ. It serves as the framework to prevent mishaps in all operations and activities.

b. Per references (a) and (b), each tenant commander is requested to establish and maintain an OSH program tailored to the needs of the Command.

c. Deputy Commander (Dep Comdr) or Chief of Staff (COS) MCIEAST-MCB CAMLEJ: Serve as the Chair of the ESC and the safe driving council. The Chair provides leadership towards the goal of mishap prevention and the promotion of effective OSH and Traffic Safety programs.

d. Assistant Chief of Staff (AC/S), G-1: Act as the Chair of the Federal Employees Compensation Act Working Group and provide a quarterly copy of the Population Report, analysis, and reports on the charge back year data, and perform a monthly consolidation of mishaps, Federal Employee's Notice of Traumatic Injury and Claim for Continuation of Pay Compensation (CA-1), and Notice of Occupational Disease and Claim for Compensation (CA-2) with the MCIEAST-MCB CAMLEJ Safety Department (SD).

e. AC/S, G-3/5: Cooperate with the MCIEAST-MCIEAST-MCB CAMLEJ SD to provide training venues to facilitate specialized safety training.

f. AC/S, G-6: Provide support and assistance in developing and maintaining a comprehensive multimedia website in support of MCB CAMLEJ's safety initiatives.

g. AC/S, G-F and OIC of Construction (OICC):

(1) Ensure all contracts contain language requiring compliance with specified OSH matters over which the DoD exercises statutory authority or where it is in the best interest of the DoD, per reference (d).

(2) Notify the MCIEAST-MCB CAMLEJ SD prior to pre-engineering and pre-construction meetings, and all review phases of design, construction, and modification plans for facilities to include road construction aboard MCB CAMLEJ.

h. Director of Safety (DOS): Establish, coordinate, and administer the overall MCIEAST-MCB CAMLEJ Safety Program, per references (a) and (b). Specifically shall:

(1) Conduct comprehensive periodic and unscheduled OSH inspections, surveys, and JHAs.

(2) Conduct mishap investigations that identify causal factors and offer feedback to prevent similar mishaps. Prepare and submit required periodic reports to higher headquarters, per reference (e).

(3) Conduct inspections of Child Development Centers (CDC) and Family Home Child Care facilities, per reference (f).

(4) Administer the PRCSEP per references (a), (g), and chapter 18 of this Order.

(5) Administer an off-duty/recreation safety program that addresses sports, hobbies, and child safety, per reference (h).

(6) Oversee the Laser Safety, Radio Frequency Radiation, Radiation Safety Programs, and manage the unwanted Radioactive Material (RAM) storage site, per references (i) and (j).

(7) Manage a Motor Vehicle Mishap Prevention Program, per references (h), (k), (l), and chapter 19 of this Order. Coordinate and consult with the Provost Marshal Office (PMO) as necessary.

(8) Supervise the defensive driving courses, remedial driver training, and motorcycle safety courses, per references (k), (l), and chapter 19 of this Order.

(9) Coordinate with Naval Hospital Camp Lejeune (NHCL) staff to ensure personnel are medically and physically capable of accomplishing assigned duties.

(10) Consult with NHCL Industrial Hygiene (IH) personnel on matters relating to the health and efficiency of personnel exposed to fumes, gases, dust, lighting, ventilation, temperature extremes, noise, and sanitation.

(11) Oversee explosives and range safety programs. Through the Explosives Safety Officer (ESO), coordinate with Range and Ordnance Officers to ensure appropriate safety standards, rules, and regulations are included in range ordnance operations.

(12) Supervise the development and maintenance of all specialized OSH programs. Coordinate with the AC/S, G-3/5 to facilitate training for these programs.

(13) Supervise the RPP, per reference (a) and chapter 17 of this Order.

(14) Maintain cognizance over all asbestos-related activities. Oversee and provide advice to the Asbestos Program Manager, per references (a) and (g).

(15) Supervise the lead safety program, per references (a) and (m).

(16) Coordinate training for the bloodborne pathogens (BBP) program, per references (a), (g), and (h).

(17) Oversee safety aspects of the ergonomics effort. Serve on and provide training for the ergonomics team.

(18) Maintain a video safety reference library. Distribute items such as posters, booklets, handouts, and news releases. Market safety messages through the use of marquees, signs, command television, and other electronic means.

(19) Provide safety consultation for the design, construction, and modification plans for facilities aboard MCB CAMLEJ at all design phases.

(20) Serve as Special Staff Officer to the CG.

(21) Maintain close liaison with staff officers regarding all safety-related matters. Ensure mishap investigations are conducted in a thorough and efficient manner.

(22) Cooperate with all commands, organizations, and personnel aboard MCB CAMLEJ in establishing and managing a comprehensive OSH program. Assistance includes conducting safety inspections, technical surveys, studies, and mishap investigations.

(23) Serve as a member of the ESC. Schedule meetings and record and maintain minutes.

(24) Provide technical assistance to commands, departments, and section/shops safety committees.

(25) Gather and analyze safety and mishap data through an effective safety management system, i.e. ESAMS. Maintain and report trends on a periodic basis using ESAMS and other technological aids.

(26) Inform the CG of any concerns discovered while conducting safety and mishap prevention programs. Submit for review the Warrior Preservation Status Report on a quarterly basis.

(27) Ensure program managers are trained and qualified to manage OSH program elements.

i. MCIEAST-MCB CAMLEJ Commanders, Department Heads, and Supervisors aboard MCB CAMLEJ. Responsible for maintaining safe and healthy work practices and preventing mishaps in their respective areas. Specifically they shall:

(1) Establish an effective safety program with the assistance of SD.

(2) Develop and publish a safety SOP and a safety policy.

(3) Ensure the Commanders of Headquarters and Support Battalion (H&S Bn) and Weapons Training Battalion (WTBn) appoint a Unit Safety Officer (USO) to manage their battalion's OSH program. Department heads shall appoint a Department Safety Representative (DSR) to manage their department's OSH program. Prior to assigning responsibilities, ensure USO/DSRs are oriented regarding safety duties, current policies, regulations, and mishap reporting procedures. USO/DSRs shall attend the Ground Safety for Marines (GSM), per chapter 9 of this Order.

(4) Ensure all personnel understand and comply with published safety and health instructions, and the use of PPE. Ensure monthly inspections are conducted at the section/shop level and coordinate annual inspections by the MCIEAST-MCB CAMLEJ SD.

(5) Ensure workplace safety is included as a critical element in the performance appraisal system for all DoD civilian personnel.

(6) Ensure the USO/DSR conducts a quarterly OSH inspection of the unit/department.

(7) Establish the ANYMOUSE Program in accordance with chapter 5 of this Order.

(8) Stress prompt reporting of injuries and mishaps. See chapter 10 of this Order for amplifying guidance.

(9) Serve as a member of the ESC.

j. Unit Safety Officer or Department Safety Representative. A minimum of one USO/DSR shall be appointed for each MCB CAMLEJ command/department to include tenant commands, School of Infantry-East, Marine Corps Combat Service Support Schools, Marine Corps Engineer School, Field Medical Training Battalion-East, and other organizations as deemed necessary. Specifically, USO/DSRs will:

(1) Be responsible to the Commander or Department Head for the safety program within the command/department and for the promotion and supervision of the command/department's safety program.

(2) Prepare and maintain current local safety regulations and a safety SOP in a safety turnover file.

(3) Investigate all mishaps involving unit personnel, equipment, or activities. Prepare and maintain complete reports as required by higher authority. Recommend corrective measures to reduce or eliminate future incidents.

(4) Serve as chair of the USSC. Schedule meetings and maintain minutes of the topics discussed. The USO/DSR shall solicit any worthy safety issues and or topics for review from all Shop Safety Committees and shall elevate any appropriate safety issues to the ESC for further review.

(5) Coordinate with:

(a) Medical personnel for placement of employees in the sight conservation, respiratory protection, and the hearing conservation programs (HCP).

(b) MCIEAST-MCB CAMLEJ SD (Traffic Safety Manager) and PMO on traffic management concerns.

(c) Appropriate supply agencies for the purchase of PPE and to ensure HM is properly maintained per reference (l).

(d) Facility maintenance personnel on matters pertaining to safety plans for new construction and OSH deficiencies in existing structures.

(e) The unit training officer to ensure safety standards, rules, and regulations are included in training programs, and properly documented in personnel training records.

(f) The NHCL IH to survey and evaluate possible hazardous conditions that may affect the health of personnel.

(g) The radiation safety officer or laser system safety officer to evaluate harmful radiation and ensure exposed personnel are protected.

(h) The MCCS Safety Officer to ensure safety standards are included in MCCS activities.

(i) The fiscal manager for funds regarding correction of safety and health deficiencies. All deficiencies must be documented and an audit trail established.

(6) Support the MCIEAST-MCB CAMLEJ safety councils addressed in chapter 2 of this Order through participation in unit/department safety programs.

(7) Review suggestions pertaining to safety devices and practices. Submit recommendations to the awards process as appropriate.

(8) Conduct periodic JHA, figure 1-1, with supervisors for process improvements and update safety measures for mechanical processes, shop and field operations, and physical conditions. Provide safety recommendations on equipment designs, processes, and safeguards. Review operating and training instructions and recommend corrective actions to eliminate or control risk factors. Provide copies of all JHAs conducted to the SD.

(9) Implement and supervise a motor vehicle safety program for both government and private vehicle operation. Ensure technical guidance is provided when operators are trained, to include mishap prevention for the unit/department.

(10) Support explosives and range safety programs. Through the ESO, ensure appropriate safety standards, rules, and regulations are included in range and ordnance operations.

(11) Coordinate unit/department safety education to unit/shop/section safety representatives.

(12) Keep the Commander and Department Heads informed of problems encountered while conducting safety and mishap prevention programs. Submit a quarterly report of safety conditions, problems, recommended corrective action, and the minutes of the USSC meetings.

(13) Compile trend analyses from quarterly inspections, near miss reports, unsafe/unhealthy conditions, and mishap investigations. These trend analyses shall include documentation of unit/department training activities; hazards identified and abated, number of mishaps, and unit/department impact.

(14) Conduct a quarterly OSH inspection to identify training needs, new hazards, and unsafe work practices.

(15) Check ANYMOUSE receptacles weekly, and supervise the program per chapter 5 of this Order. Forward unsafe or unhealthy working condition reports to the MCIEAST-MCB CAMLEJ SD for evaluation.

(16) Establish and maintain a hazard abatement log, per the requirements of reference (a).

(17) Ensure and facilitate supervisors' safety training as outlined in chapter 9 of this Order.

k. Supervisors. Supervisors are paramount to the success of any OSH program. They (particularly first-line supervisors) have daily direct contact with the workforce and operations under their authority and are in the best position to influence safe work practices and behavior. To ensure a proactive approach to OSH, supervisors shall:

(1) Assume responsibility for safety and health in the work area. Do not deviate from the safety and health instructions of MCB CAMLEJ. When safety and health conditions cannot be maintained, immediately cease hazardous work operations and notify the chain of command.

(2) Ensure personnel fully understand their individual responsibilities to the OSH program.

(3) Instruct new, transferred, or temporary personnel in the safety and health aspects of their duties. Do not assume personnel are familiar with the hazards of the jobs to which they are assigned. Frequently inspect work and behaviors to ensure the mission is accomplished in a safe and healthy manner.

(4) Incorporate safety and health measures in job planning. Prior to issuing work tickets, conduct a JHA, and reduce or eliminate hazards that may arise during a specific job. Consider proper work environments, PPE, and proper machine guards.

(5) Use sound safety and health practices. Correct any personnel engaged in an unsafe or unhealthy work practices.

(6) Coordinate safety training and enforce the correct use of appropriate PPE.

(7) Supervisors of five or more personnel shall appoint in writing a Workplace Safety Representative (WSR) to conduct monthly OSH Workplace Inspections.

(8) Report mishaps immediately, per chapter 5 of this Order, to the MCIEAST-MCB CAMLEJ SD. Conduct a prompt and thorough evaluation of all mishap and injury causal factors. Submit reports of all mishap investigations via the chain of command to the MCIEAST-MCB CAMLEJ SD. If an employee is suspected of being injured off-duty, supervisors shall have the employee report to the NHCL Occupational Health Clinic for a fit-for-duty evaluation.

(9) Encourage personnel to report unsafe/unhealthy working conditions and provide suggestions for improvement via the ANYMOUSE Program, NAVMC 11401 forms, or ESAMS.

(10) Conduct a daily visual safety inspection of the workplace prior to commencing work.

(11) Promptly correct and document unsafe or unhealthy conditions or equipment deficiencies reported by personnel. Seek assistance from the USO/DSR or the MCIEAST-MCB CAMLEJ SD. Incorporate the findings and actions from any unsafe/unhealthy working condition to the quarterly and biannual reports to MCIEAST-MCB CAMLEJ SD.

(12) Ensure placement of proper signage and/or barriers at hazardous work sites.

(13) Initiate and carry out cleaning procedures to ensure good housekeeping is maintained.

(14) Ensure personnel awareness and task-specific training is scheduled, conducted, and documented.

(15) Establish a shop safety committee for any department, section, shop, crew, office, or similar team that is comprised of five or more personnel. The supervisor shall ensure safety committee meetings are conducted in accordance with reference (a) and as required by this Order. The shop safety committee shall elevate safety issues or concerns to the USSC for further review.

(16) Serve as a member of the USSC. Brief the USO/DSR of deficiencies and corrective actions.

(17) Conduct and document at least one five-minute stand-up safety meeting each week. Brief deficiencies identified during formal or informal safety inspections to the workplace personnel.

l. Work Safety Representative:

(1) Ensure monthly workplace inspections are conducted and documented.

(2) Identify any suspected deficiencies to the supervisor.

(3) Serve as a member of the shop safety committee. Brief the committee on deficiencies and suggestions to corrective actions from inspections and workplace personnel. The suggestions shall be derived from inspection results and workplace personnel.

(4) Document routine workplace safety inspections and furnish a copy to the supervisor.

(5) Assist the supervisor to develop a written checklist of processes performed in the workplace for ease of workplace safety review.

m. Non-Supervisory Personnel. Each person, military or civilian, is responsible for accomplishing their work in a safe manner. Specifically, all non-supervisory personnel shall:

(1) Observe all safety and health precautions applicable to duties. Use reasonable caution, common sense, and foresight when performing work.

(2) Follow this Order, SOPs, and the references.

(3) Report all unsafe or unhealthy working conditions or equipment per chapter 5 of this Order.

(4) Correctly use required PPE.

(5) Immediately report to the supervisor all injuries and/or illnesses, and property damage occurring in the course of work or duty.

Job Hazard Analysis Worksheet

Report Control Symbol: MC-5100-05

JOB HAZARD ANALYSIS WORKSHEET		
Organization:	Division:	Section/Shop:
Task:		
Conducted By:	Reviewed By:	Approved By:
Date:	Date:	Date:
Sequence of Steps	Potential Accidents or Hazards	Preventative Measures
Engineering Controls:		
Administrative Controls:		
Required PPE:		
Copy to: Work Center, USO/DSR, and BSD		

MCIEAST-MCB CAMLEJ/SAFETY/5100.8/27 (9/13) PREVIOUS EDITIONS ARE OBSOLETE ADOBE 9.0

Figure 1-1--Job Hazard Analysis Worksheet

Chapter 2

Safety Council and Committees

1. Purpose. To establish MCIEAST-MCB CAMLEJ safety councils and committees to identify OSH issues and recommend corrective measures. These forums provide an opportunity for multiple viewpoints and interests to be expressed. New or revised policies and procedures may be developed to improve the overall safety culture and effectiveness of the program.

2. ESC

a. Purpose

(1) Consider new standards, policies, procedures, and recommendations involving safety and health.

(2) Periodically review the mishap experiences, trends, and analyses of the command.

(3) Recommend changes in policies or procedures to minimize unsafe acts and strengthen command safety programs.

(4) Develop recommendations on physical or structural alterations to eliminate or control hazards.

(5) Develop educational and promotional activities that create and maintain an interest in safety and place emphasis on mishap prevention.

b. Membership. The MCIEAST-MCB CAMLEJ Dep Comdr or COS chairs the ESC. Minimum membership shall include MCB CAMLEJ Commanders, department heads; Commanding Officer (CO), H&S Bn; CO, WTBn; DOS; Staff Judge Advocate; Regional Contracting Officer; Chaplain; Command Inspector General; Chair Voluntary Protection Programs; Director, Occupational Health; Injury Compensation Program Administrator; and President American Federation of Government Employees Local 2065. Members shall be appointed in writing. Tenant commands are highly encouraged to attend.

c. Meetings. The ESC meets quarterly or more frequently as directed by the Chair. An annual message shall be released announcing the scheduled dates and location of the meetings for the entire year to assist in planning purposes.

d. Minutes. The DOS shall ensure the preparation, distribution, and maintenance of the minutes of all ESC meetings. The records of ESC meetings shall be maintained for three years.

3. Occupational Safety and Health Committee (OSHC)

a. Purpose. The OSHC was established to review and discuss the current status of the MCIEAST-MCB CAMLEJ safety programs. The committee's goal is to provide a forum for safety professionals to discuss the following:

(1) Review local standards, policies, procedures, and recommendations involving safety and health.

(2) Review the mishap experiences, trends, and analyses of MCB CAMLEJ.

(3) Review inspection deficiency trends and discuss corrective actions.

(4) Discuss new safety related programs, equipment, and procedures.

(5) Review topics to be addressed at the ESC.

b. Membership. The Deputy DOS shall chair the OSHC. Minimum membership shall include MCIEAST-MCB CAMLEJ SD Safety Specialists and all MCIEAST-MCB CAMLEJ USOs/DSRs aboard MCB CAMLEJ appointed in writing by their organizations. Tenant command USOs/DSRs aboard MCB CAMLEJ are invited and encouraged to attend.

c. Meetings. The committee shall meet on a quarterly basis prior to the ESC.

d. Minutes. The committee chairperson shall prepare, distribute, and maintain a file of the OSHC meeting minutes. A copy of the minutes shall be retained for three years.

4. Unit Shop Safety Committee (USSC)

a. Purpose. The purpose of the USSC is to ensure the following:

(1) Consider new standards, policies, procedures, recommendations, SOPs, etc., involving safety and health within the command/department.

(2) Periodically review mishap experiences, lessons learned, and analysis within the command/department.

(3) Recommend changes in policies or procedures to minimize unsafe acts and strengthen the command/department safety program.

(4) Develop recommendations on physical or structural alterations designed to eliminate or control hazards.

(5) Develop educational and promotional activities that create and maintain an interest in safety and increase emphasis on mishap prevention.

b. Membership. The USO/DSR shall chair the USSC. Minimum membership shall consist of the chairperson or a supervisor from each division's shop safety committee. Membership shall be open to a civilian employee representative when the USSC represents civilian employees. A MCIEAST-MCB CAMLEJ SD representative shall be assigned to provide technical assistance and guidance.

c. Meetings. The committee shall meet quarterly, or more frequently as directed by the Chair.

d. Minutes. The recorder shall be elected from among the members. Meeting minutes shall be forwarded to OSHC and ESC for review and appropriate action. The USO/DSR shall ensure copies are maintained for a minimum of three years.

5. Shop Safety Committee

a. Purpose

(1) To increase safety awareness at the worker level and decrease the potential for mishaps.

(2) Review the mishap experiences and lessons learned within the shop.

(3) Recommend changes in policies or procedures to minimize unsafe acts and strengthen the overall safety program.

b. Membership. The supervisor shall chair the shop safety committee. Members are all personnel within a shop, office, department, crew, or similar group that makes up a work center consisting of five or more workers.

c. Meetings. One or more committee meetings shall be held monthly at times and locations scheduled by the supervisor. Meetings shall be short and have minimal effect on work schedules.

d. Minutes. Formal minutes are not required. A roster of attendees and topics discussed shall be generated and maintained in department records.

Chapter 3

Safety Procedures and Programs

1. Policy. Safety and RM shall be incorporated in all planning and operating procedures to ensure maximum protection for personnel and prevent unnecessary exposure to hazards. Accordingly, it is the responsibility of all concerned to comply with established safety practices, rules, and regulations. Coverage of items in this chapter is limited to basic guidance in some of the essential areas of OSH that are applicable to a variety of operations on MCB CAMLEJ. These items are the basis of sound safety and health management system and do not represent a comprehensive safety program for each operation or department.

2. Compliance with Safety Regulations

a. All personnel shall observe all safety and health rules and regulations.

b. All personnel shall warn others upon recognition of danger or a violation of safety and health precautions.

c. All personnel shall not disregard safety or health regulations because of the urgency of a particular job. Personnel shall take necessary precautions for adequate safety planning.

3. Safety Training

a. New and reassigned personnel shall be instructed by their immediate supervisors on the safe methods of performing particular operations and HM they may encounter. This must be accomplished prior to starting and during the early stages of each new job. Emphasis must be given to the hazards particular to each job. Supervisors shall maintain documentation of all employee safety training and orientation.

b. USO/DSRs shall attend the GSM Course as described in chapter 9 within 90 days of being assigned, and shall receive no less than eight hours refresher training annually thereafter.

c. Supervisors shall receive training as described in chapter 9.

d. The MCIEAST-MCB CAMLEJ SD Training Coordinator is responsible for registering and coordinating Naval Occupational Safety and Health (NAVOSH) and other safety seminars aboard MCB CAMLEJ. Commanders and Department Heads shall designate coordinators for this activity within their respective units/departments.

4. Individual's Physical Condition. Per reference (n), personnel shall only be assigned to jobs they are physically qualified to perform, and they shall be permitted to work only when they are physically fit. Personnel having physical conditions that impair

their working ability shall be referred to the NHCL Occupational Health Clinic, Building 65, for evaluation and further disposition.

5. Fire Protection

a. Fire protection regulations are contained in references (g), (p), and (q).

b. All fires, no matter how small, and even if they are extinguished, shall be reported to the MCB CAMLEJ Fire and Emergency Services Division (FESD) by dialing 9-1-1.

c. Fire extinguishers shall be inspected monthly and results documented, per reference (p), for proper charge, serviceability, mounting/service location, and the presence of a pin with retainer. Unserviceable fire extinguishers that have leaked down or have been expended need to be turned into building 1400 on Fridays from 0800 until 1200.

d. Unserviceable or exhausted fire extinguishers shall be stored separately and out of sight from serviceable fire extinguishers to prevent confusion during an emergency.

e. Exit and emergency lighting shall be tested monthly for proper operation and illumination.

6. Electrical Work. Electrical work and wiring to be completed in all construction, self-help, and renovation projects aboard MCB CAMLEJ shall comply with the standards set forth in the current edition of the National Electrical Code and in accordance with reference (p). All electrical work shall be performed by a qualified and authorized person that possesses the required skills and knowledge of electrical maintenance and who has received safety training on the hazards involved.

7. Respiratory Protection Program (RPP). Developed to protect personnel where engineering controls are not technically or economically feasible. Provisions for this program are provided in chapter 17 of this Order.

8. Laser Hazards Control Program. Program established to ensure the protection, training, and education of personnel who are exposed to laser systems. The provisions for this program are detailed in reference (j).

9. Radio Frequency Electromagnetic Field Personnel Protection Program. Program established to ensure the protection, training, and education of personnel exposed to radio frequency electromagnetic hazards.

10. Radiation Safety Program. Program established to ensure the protection, training, and education of personnel who are exposed to RAM. Disposal of low-level radioactive waste shall be coordinated

with the Installation Radiation Safety Officer or the Assistant Installation Radiation Safety Officer. Provisions for this program are outlined in reference (i).

11. Permit Required Confined Space Entry Program (PRCSEP). The PRCSEP is designed to protect workers from the hazards associated with confined spaces entry and also to prevent unauthorized entry into confined spaces. Within the PRCSEP is the Gas Free Engineering Program. Chapter 18 addresses both program requirements.

12. Acceptable Work Clothing

a. Jewelry, wrist watches, neckties, and other loose items shall not be worn on any job involving moving machinery, exposed electric current, or manual materials handling operations (i.e., loading/unloading pallets, industrial hand trucks, carts, etc.). Close-fitting clothing shall be worn around moving machinery.

b. Personnel working in operations involving brush cutting, welding, burning, or exposure to ultraviolet/infrared rays shall wear long-sleeved shirts.

c. Those performing work in all industrial operations shall wear long-legged trousers, slacks, or coveralls that fully cover the lower extremities.

d. All personnel with long hair (extending past the lower edge of the collar line) shall secure the hair in such a way that it completely encapsulates the hair when working on or around moving machinery.

13. Housekeeping

a. High standards of housekeeping shall be maintained in all shops, offices, buildings, work areas, and surrounding grounds.

b. Work areas shall be kept free of equipment, materials, and tools that are not essential to the work being performed.

c. Aisles and passageways shall be kept clear at all times. Materials shall not be permitted to protrude into aisles. Aisles and safety exits shall be kept unobstructed.

d. Floors shall be kept dry, free from holes and obstructions, especially where the floors form parts of the aisles or walking spaces. It is essential that floors contain no small objects, such as scraps of metal, nails, tools, and other working materials.

e. All designated fire exit doors must remain unlocked during times of building occupation. Occupants must be able to open an exit route door from the inside at all times without keys, tools, or special knowledge. A device such as a panic bar that locks only from the outside is permitted on exit discharge doors.

f. All egress, stairways, and landings shall be kept clear of all obstructions, materials, and other hazards. This includes leaves, pine needles, and other natural debris on outdoor stairways.

g. Oily waste, rags, clothing and materials contaminated with flammable liquids, oil chemicals, or explosives shall be kept in approved containers in designated locations. In units where employees routinely handle hazardous waste (HW) or other HM, the command or department shall make arrangements to have items such as work smocks and coveralls washed on site or by a contracted cleaning service. This type of organizational clothing shall not be washed at home.

h. Lunchrooms, restrooms, etc., shall be kept clean and sanitized.

i. Cleanliness of machines and other equipment is an important housekeeping requirement from the standpoint of safety and efficiency. Oil and grease shall not be allowed to accumulate on the floors around machinery. A continuous effort shall be made to eliminate slipping and tripping hazards.

j. In the interest of cleanliness and fire prevention, rags, waste, and debris shall be removed regularly from workstations, under benches, radiators piping, and other isolated locations. All flammable and combustible liquids and aerosols shall be secured when not in use in accordance with reference (p).

k. All workbenches, aisles, and stairways shall be adequately illuminated to prevent unsafe conditions. Where inadequate lighting is suspected, contact NHCL IH for a lighting survey to be conducted at the facility.

l. Loading docks, ramps, dock boards, and other surfaces where material-handling equipment is used shall be kept clear, in good repair, free of water, ice, and snow, and provided with adequate traction surfaces. Permanent aisles and passageways in warehousing facilities shall be appropriately marked to indicate vehicular and pedestrian traffic.

m. All vending machines having an empty weight that exceeds 700 pounds and drink vending machines (regardless of weight) shall be affixed with a safety label and firmly anchored to the floor or wall with an industry standard stabilizing bracket. The safety label shall be displayed near the coin slot and warn about the hazards of tipping or rocking the machine. The type of anchor shall be determined based on the material and construction of the wall or floor. For vending machines in your area not properly anchored or labeled, contact the MCCS SD to submit a request. Report the type of machine, i.e., Coke, Gatorade, etc. in your request.

Chapter 4

Safety Inspections

1. Purpose. To eliminate or reduce hazards which contribute to mishaps through effective safety inspection programs.

2. Background. An effective inspection system is an integral part of the MCB CAMLEJ OSH program. To accomplish this, the identification of hazardous conditions and unsafe acts before a mishap occurs is essential. Safety inspections are the most effective way of identifying problem areas before they result in mishaps.

3. Safety Inspection Requirements

a. Inspection Schedule. The MCIEAST-MCB CAMLEJ SD shall publish an annual safety inspection schedule that shall include MCB CAMLEJ commands, departments, and those tenant organizations that have entered into a Memorandum of Agreement, Memorandum of Understanding, or an Inter-Service Support Agreement with the Installation. This published annual inspection schedule shall serve as the official notification of inspections and shall be distributed through formal correspondence.

b. Processing Inspections. All units and organizations receiving safety inspections to include program inspections and/or facility safety inspections shall have at least one representative that has an active account in Enterprise Safety Applications Management System (ESAMS). ESAMS shall be used as the official notification for inspection results and program reporting. Units and organizations shall use this system to communicate the required corrective actions taken and the status for all deficiencies requiring abatement.

c. Inspections Frequency. Per references (a) and (b), inspections shall be conducted as follows:

(1) Annual. All work centers, training facilities, and ranges on MCB CAMLEJ shall be inspected annually by the MCIEAST-MCB CAMLEJ SD. Where a tenant command has a full-time SOH specialist, the SD may accept the tenant's safety inspections as meeting this requirement under procedures established in an agreement. The annual comprehensive safety inspection shall also be used by the department/organization to satisfy requirements set forth by reference (a).

(2) Semi-Annually. Work centers where there is increased risk of accident, injury, or illness due to the nature of the work being performed shall be inspected by the MCIEAST-MCB CAMLEJ SD or tenant command safety office, as described above, at least semi-annually. These areas are considered high hazard areas and shall be identified by the SD.

(3) Quarterly. USO/DSRs shall conduct and document Work Center Hazard Recognition Safety Assessments of the facility, equipment, and work processes.

(4) Monthly. WSRs shall conduct and document monthly safety inspections of the work center and provide the results to the work center supervisor.

(5) No-notice Inspections. Shall be conducted when the SD decides a more accurate assessment of operating conditions and practices is warranted to properly assess the facility, process and/or program. These are particularly important in evaluating work areas where employees depend heavily on safe practices or the use of PPE. No-notice inspections shall be used to evaluate reports of unsafe or unhealthy conditions.

(6) Spot Inspections and other Special Inspections. Spot inspections and other special inspections to cover the installation of new equipment, establishment of new procedures, relocation or revision of operations, and similar modifications may be conducted more or less frequently as necessary. Special inspections are often necessary after a mishap to ensure adequacy of corrective action to eliminate hazards and to determine if new hazards have developed.

d. Inspections shall be conducted in a manner to preclude unreasonable disruption of operations in the work center and make the most effective use of safety personnel and time. Specific times shall be coordinated with the MCIEAST-MCB CAMLEJ SD inspector and the USO/DSR or workplace point-of-contact.

e. The OIC, supervisor, and the civilian employees representative shall be offered an opportunity to accompany inspectors during inspections. Safety inspectors may deny the right of accompaniment to any person whose participation interferes with a fair and orderly inspection.

f. Safety inspectors shall consult with personnel on matters affecting their safety and health and offer them the opportunity to identify unsafe or unhealthy working conditions.

g. Upon conclusion of the inspection, the inspector shall debrief the USO or unit commander as requested. At a minimum, the work center supervisor or assigned representative shall be notified of the identified hazards so corrective actions can be initiated.

h. Imminent danger situations discovered during an inspection shall be brought to the immediate attention of supervisory personnel for corrective action.

i. Results of the inspection identifying all discrepancies observed and recommended corrective actions shall be provided to the respective USO, work center supervisor, and designated representatives via ESAMS within 10 working days.

j. Within 30 days following receipt of the safety inspection report, the unit commander/director or their trusted agent shall update the status of deficiencies using ESAMS. Deficiencies must be updated every 30 days thereafter until each deficiency is closed by the inspector.

k. Deficiencies identified during an inspection shall be assigned a Risk Assessment Code (RAC), figure 4-1 to assist the unit in prioritizing abatement actions based on the severity of the hazard and probability of the mishap.

4. Inspection Checklists. Inspections shall be carefully planned to cover all activities in the department or organization. Checklists can be used to assist in maintaining an accurate account of safety programs and aid in facility inspections.

a. Work Center Safety Inspection Checklist. The WSR may develop checklists specific to the work center that addresses all processes and inspection items. This checklist may be used as a guide during the monthly work center safety inspections.

b. Program Specific Checklists. To ensure safety programs are effective and in compliance with orders and regulations, detailed checklists shall be used. These checklists can be used as a tool to assist you with managing the program and ensuring that all program elements are in place. For development of program checklists refer to the appropriate program chapter in this Order.

5. Responsibilities

a. USO/DSR:

(1) Request an inspection when a report of unsafe or unhealthy working conditions via NAVMC 11400, Unsafe/Unhealthy ESAMS or an ANYMOUSE report is received that indicates a formal safety inspection is required.

(2) Endorse and/or revise work requests initiated by a supervisor of a work center concerning OSH deficiencies prior to submission to facility maintenance. If a work request is revised, the originator of the work request should be so informed.

(3) Provide copies of formal inspection reports to all affected work areas with a request for a written response to noted discrepancies. This can be accomplished by using the summary reports generated by ESAMS.

(4) Ensure all identified deficiencies are abated in a timely manner and reported to the MCIEAST-MCB CAMLEJ SD via ESAMS. ESAMS deficiency report is equivalent to the NAVMC 11400, OSH Deficiency Notice.

(5) Ensure the Commander/department head is informed of the results of any inspection.

(6) Provide in-depth information to the Commander/department head of any OSH or operational deficiency that may present a high risk to the mission. ORM processes should be used to determine the level of risk. SD may provide assistance as requested.

(7) Maintain a list of all work centers, work center supervisors, and their work center safety representatives.

(8) Ensure WSRs are reviewing workplace inspections and providing feedback to the chain of command when deemed appropriate.

(9) Maintain an active role in hazard abatement, training of all personnel in matters relating to safety, and keeping the unit commander informed of the command safety climate and of any potential unsafe trends or tendencies.

b. Supervisors:

(1) Appoint in writing a WSR and provide a copy of the appointment letter to the USO/DSR.

(2) Ensure work center safety inspections are conducted and documented, at a minimum, monthly.

(3) Ensure the safety representative for each work center is present for all OSH inspections.

(4) Accompany the formal OSH inspection party to encourage exchange of information, provide access, answer questions, and develop an immediate record of deficiencies identified.

(5) Review completed inspection reports to determine if any deficiencies are present within the area of responsibility and institute action as directed by the inspecting safety office.

(6) Complete required responses to be reported to the MCIEAST-MCB CAMLEJ SD via ESAMS for the areas of responsibility.

(7) Provide for, or ensure abatement of all identified work center OSH deficiencies. Maintain a hazard abatement log, per paragraph 8 of this chapter, to track corrective actions and to ensure the hazards are abated in a timely manner.

(8) Within 30 workdays of receipt of notification of work center OSH deficiencies, complete Section B of NAVMC 11400, OSH Deficiency Notice, and return a copy to the SD via ESAMS. For hazards that cannot be abated within 30 workdays, the work center supervisor, in cooperation with facilities maintenance, must develop an abatement plan. The abatement plan status shall be updated every 30 workdays annotating Section B of NAVMC 11400, OSH Deficiency Notice in ESAMS.

(9) Post a copy of the NAVMC 11400, OSH Deficiency Notice, for all deficiencies assigned a RAC of 1, 2, or 3, per paragraph 7 of this chapter, in the immediate vicinity of the hazardous condition.

(10) Initiate interim control measures at work areas as directed by the MCIEAST-MCB CAMLEJ SD for hazards awaiting permanent abatement.

c. Workplace Safety Representative (WSR). This person shall be appointed in writing by the work center supervisor. Every shop, office, and building is considered a separate work center. The WSR:

(1) Serve as the safety representative within the work center.

(2) Ensure monthly work center safety inspections are conducted and documented.

(3) Identify to the work center supervisor any suspected deficiencies.

(4) Brief deficiencies identified during formal or informal safety inspections to work center personnel.

(5) Contact the work center supervisor if a timeline for a deficiency correction is not met.

(6) Attend appropriate safety training.

(7) Document monthly work center safety inspections and provide to the supervisor so appropriate notification can be made as warranted.

(8) Develop a written checklist of the work center for ease of work center safety inspections. The checklist must be updated prior to each formal OSH inspection to assure currency and accuracy and should cover all processes and inspection items as completely as possible for review by the SD.

6. Posting Deficiency Notices

a. Where personnel are exposed to unsafe or unhealthy working conditions that are critical, serious, or moderate (RAC 1, 2, or 3), a NAVMC 11400, OSH Deficiency Notice shall be posted by the supervisor in the immediate vicinity of the hazardous condition.

b. The notice shall remain posted until the hazardous condition has been abated or for 30 working days, whichever is later. Upon notification of abatement, the safety inspector shall authorize removal of the notice and obtain documentation of the hazard abatement.

c. A completed NAVMC 11400, OSH Deficiency Notice, shall be maintained on file for five years.

7. Hazard Abatement Log

a. USO/DSRs and supervisors shall establish a hazard abatement log for follow-up of required corrective action to ensure timely and effective controls are implemented. The log can be kept manually or electronically and must be made available upon request to the SD.

b. The log shall include the date, building inspected, description of deficiency, the RAC, corrective action plan, and follow-up date.

8. OSHA Inspections. If an OSHA inspector contacts an agency for an inspection contact the SD.

RISK ASSESSSMENT CODE DEFINITIONS

1. Risk Assessment. An expression of possible loss, described in terms of hazard severity and mishap probability, and exposure to hazard.
2. Hazard. Any existing or potential condition that can result in a mishap.
3. Mishap. An unplanned event or series of events that result in death, injury, occupational illness or damage to or loss of equipment or property.
4. Hazard Severity. An assessment of the expected consequence, defined by degree of injury or occupational illness that could occur from a hazard.
5. Mishap Probability. An assessment of the likelihood that, given exposure to a hazard, a mishap shall result.
6. RAC. An expression of the risk associated with a hazard that combines the hazard severity, mishap probability, and personnel exposure.

		Mishap Probability			
		A	B	C	D
Hazard Severity	I	1	1	2	3
	II	1	2	3	4
	III	2	3	4	5
	IV	3	4	5	5

Hazard Severity
I - Death or permanent total disability
II - Permanent partial disability or temporary total disability in excess of three months
III - Lost workday mishap/compensable mishap
IV - First aid or minor supportive medical treatment, or simple violation of standard

Mishap Probability
A - Likely to occur immediately
B - Probably will occur in time
C - Possibly to occur in time
D - Unlikely to occur

Risk Assessment Codes
1 - Critical
2 - Serious
3 - Moderate
4 - Minor
5 - Negligible

Figure 4-1.--Risk Assessment Code Definitions

Chapter 5

Reports of Unsafe or Unhealthy Working Conditions

1. Purpose. To provide procedures for the submission, evaluation, and appeal of reports of unsafe or unhealthy working conditions by MCB CAMLEJ military and DoD civilian employees, per reference (a).

2. Background. Early detection of unsafe or unhealthy working conditions and prompt correction of these and related hazards are major elements in the mishap prevention in the OSH program. Finding, reporting, and abating hazards in the workplace is a team effort, and the processes to ensure correction shall be made available and simple for everyone.

3. Responsibilities

a. Commanders, department heads, and supervisors shall address reports of unsafe or unhealthy working conditions and take corrective action on any deficiency upon notification whether formal or informal.

b. Supervisors shall encourage personnel to actively seek out and report all unsafe or unhealthy working conditions; ensure prompt investigation and response to all found deficiencies; and implement procedures for abatement. Supervisors shall ensure blank copies of reporting forms and procedures for their use are located in areas convenient to all workplaces (e.g., official bulletin boards). Supervisors shall contact the MCIEAST-MCB CAMLEJ SD for assistance as necessary. Supervisors shall keep the reporting employee informed of all actions taken.

c. Employees are encouraged to report unsafe or unhealthy working conditions to their immediate supervisor. Supervisors shall contact MCIEAST-MCB CAMLEJ SD for assistance as necessary. Supervisors shall keep the reporting employee informed of all actions taken.

d. Any employee may report an unsafe or unhealthy working condition directly to the MCIEAST-MCB CAMLEJ SD via e-mail, telephone (910-451-5725), or ESAMS.

4. Initial Reports and Actions. Anyone who observes an unsafe or unhealthy working practice or condition; or a violation of a safety or health standard, shall advise the workplace supervisor of the condition orally or in writing.

a. Written Report of Deficiency. In lieu of oral reporting a deficiency to their supervisors, personnel may file a report:

(1) Completing a Report of Unsafe/Unhealthy Working Conditions, NAVMC 11401, figure 5-1, and submitting to supervisor.

(2) Personnel desiring anonymity may file a written ANYMOUSE, figure 5-2 or electronic ESAMS report. The ANYMOUSE and ESAMS hazard

reporting programs allow military and civilian employees to report hazards without fear of reprisal. The aim of the ANYMOUSE and ESAMS Report of Unsafe/Unhealthy (Employee Concern) reporting programs is to empower all personnel down to the lowest level to resolve issues concerning safety in the workplace. A copy of the Report of Unsafe Unhealthy Working Conditions or ANYMOUSE shall be forwarded to the MCIEAST-MCB CAMLEJ SD for evaluation and investigation via ESAMS. Supervisors are required to ensure blank copies of ANYMOUSE hazard reporting forms and procedures for their use are located near all workplaces.

b. Required Action

(1) Within three working days after notification, the workplace supervisor shall advise the SD via commander or department head through official correspondence or ESAMS of action taken.

(2) The reporting person shall be notified in writing within seven working days of action taken to resolve the condition if the reporting personnel does not report the hazard anonymously. The DOS or designated representative shall sign this notification. If notification to the reporting person cannot be made within seven days, an interim reply shall be made by phone, e-mail, ESAMS, or in person.

(3) The reporting person shall be notified within seven days if SD determines the condition is not unsafe or unhealthy. This notification shall be signed by the DOS or his designated representative, and shall contain the rationale for the determination.

5. Appeals. The reporting person may appeal to the SD if further resolution is requested.

6. Stopping Work. In all "Imminent Danger" situations, a condition that immediately threatens to cause the loss of life or serious injury or illness of any personnel, the appropriate management official shall stop all work, initiate immediate abatement action, and notify SD who shall investigate within 24 hours.

7. Posting of Notices. In all cases where personnel are exposed to unsafe or unhealthy working conditions, as defined in chapter 9 of reference (a), verified by DOS or representative, and issued a RAC of 1 through 3, the MCIEAST-MCB CAMLEJ SD shall complete a NAVMC 11400, Notice of Unsafe or Unhealthy Working Conditions, which shall be signed by the Commander, department head, or designated representative. A workplace supervisor shall post the notice in the immediate vicinity of the hazardous condition. Information on abatement actions may also be posted. These notices shall not be removed until the condition has been corrected or for 30 days, whichever is later.

8. Notification of Hazard. To minimize the necessity for personnel to resort to written reports or appeal procedures, all Commanders and department heads :

a. Ensure all management and supervisory personnel are clearly apprised of their responsibility to initiate prompt corrective action of unsafe or unhealthy conditions, and to initiate work stoppage where "Imminent Danger" situations exist.

b. Apprise higher authority of "Imminent Danger" or "Serious" situations that are beyond the activity's capability to correct.

9. Retention of Records. Copies of reports and records of actions taken shall be retained at the MCIEAST-MCB CAMLEJ SD and the organization for five years from the end of the calendar year. Upon completion of the minimum holding period, records shall be forwarded or disposed of per reference (c).

10. Content of Instruction to Personnel. In addition to posting Notices of Unsafe or Unhealthy Working Conditions, all activities shall develop and post in conspicuous places, such as Official Employee Bulletin Boards, blank copies of NAVMC 11401, "Unsafe or Unhealthy Working Conditions" with instructions and procedures to be followed in reporting such conditions. These instructions shall include statements which:

a. Encourage participation in prompt identification and reporting of unsafe or unhealthy working conditions.

b. Encourage immediate verbal reports from personnel to workplace supervisors to identify hazardous conditions. Specify that such reports may also be made in writing. Identify the location of the Report of Unsafe or Unhealthy Working Conditions and/or ANYMOUSE Reports forms.

c. Develop and publish step-by-step reporting and appeal procedures.

d. Emphasize strict adherence to the specified reporting procedures. Reports that bypass established procedures may be returned to the originator, thereby delaying prompt action on the report.

e. Assure personnel they may make anonymous written reports to MCIEAST-MCB CAMLEJ SD and that these reports shall be treated in the same manner as those in which the originator is identified.

f. Protect the identity of the person making the report if that person so desires.

g. Clearly state that no reprisals or other punitive action shall be taken against any personnel originating a report.

Report of Unsafe/Unhealthy Working Conditions NAVMC 11401

UNSAFE OR UNHEALTHFUL WORKING CONDITION
NAVMC 11401 (8-98) (EF)
SN: 0109-LF-071-1000

1. I believe a condition exists which is a safety or health hazard to Marine Corps personnel or property. ((check one)
   Civilian: ☐ Military: ☐
   Employee Representative: ☐ Other: ☐

2. Does this hazard immediately threaten life or health?
   Yes ☐ No ☐

3. Building, worksite, or other location where you believe the unsafe or unhealthful condition exists.

4. Supervisor (if know) at this location is: | and phone number is:

5. Briefly describe hazard:

6. Number of employees exposed to or threatened by hazard:

7. If know, list any safety or health standard which you believe may apply to this condition.

8. To your knowledge, has this condition been reported to, discussed with, or brought to the attention of a supervisor?
   Yes ☐ No ☐

9. If yes, please give the results, including any efforts by management to correct condition.

10. Name (Optional): | phone number (Optional):

11. If you, are a representative of employees, provide name of your organization.

Case) number: (Filled in by Installation or Unit Safety Office).

Designed using FormFlow 2.15, HQMC/ARSE, Aug 98

Figure 5-1.--Report of Unsafe/Unhealthy Working Conditions NAVMC 11401

NAVMC 11509 (03-12) (EF)
FOUO - Privacy sensitive when filled in.

ANYMOUSE Please fill out this report as completely as possible.			
Marine's Information			
Marine's Position (Mech., Rifleman, Etc.)		Primary Qualification (MOS)	
Total Years of Service	Years of MOS Experience	Secondary Qualification (MOS)	
ENVIRONMENTAL INFORMATION			
Date	Time	Location	Light Conditions
Type of Equipment		Tools Used	
Mission			
Phase of Event			
Significant Work			
Additional Information			
Please describe the event/situation in as much detail as possible. (Use additional pages if necessary.)			

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Adobe LiveCycle Designer ES2

Figure 5-2.--Marine Corps Ground Anonymous Safety Reporting Program (ANYMOUSE) (front)—continued

NAVMC 11509 (03-12) (EF) Page 2
FOUO - Privacy sensitive when filled in.

Did any of the following contribute to the safety concern? Please explain. (Use additional pages if necessary.)
Supervisory Condition
Inadequate SOP
Violation (e.g., breaking SOP)
Medical Condition (Fatigue, Stress)
Maintenance/Materiel Issues
Crew Coordination (Conflict, assertiveness, etc.)
Facilities Issue
Inattention (Missed Radio Call, Forgot Briefing Checklist)
Other

Please list your recommendations to prevent this safety concern from occurring in the future. (Use additional pages if necessary.)

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Figure 5-2.--Marine Corps Ground Anonymous Safety Reporting Program (ANYMOUSE) (back)

Chapter 6

Personal Protection Equipment (PPE) Program

1. Purpose. To provide guidance for selecting and using PPE.

2. Background. Since the primary focus of safety is mishap prevention, appropriate training in the requirements, functions, and limitations of PPE must be provided. Wherever protocols and planning alone provide insufficient measures for workplace safety, PPE must be used. Once PPE is provided, supervisory personnel must make its use mandatory.

3. Application. Selecting the proper PPE is a joint responsibility of the supervisor, MCIEAST-MCB CAMLEJ SD, NHCL IH, and the USO/DSR. Supervisors must ensure only approved, properly fitted PPE is used. Standardizing criteria for PPE is restrictive due to the varied operations of workplaces, therefore each area must be judged on its unique functions.

a. PPE shall not be used if it interferes with the ability of personnel to perform duties safely or promotes other hazards.

b. PPE shall be furnished without cost to personnel and procured through normal supply channels or purchased locally. NAF activities shall provide this equipment from the NAF activity funds.

c. Due to the many possibilities of injury from skin abrasions, chemical burns, toxic poisoning from various materials and plants, and direct burns from sunrays, no one shall be permitted to work without being reasonably dressed to protect the personnel from the above injuries.

d. All levels of supervision and management must become involved in ensuring compliance with the personal protection program. In cases of noncompliance, disciplinary action shall be considered as a corrective measure against the offender and the supervisor as appropriate.

4. Responsibilities

a. Commanders:

(1) Ensure a supervisor, safety specialist, and/or NHCL IH have performed a hazard assessment and the appropriate PPE has been identified for the safe performance of a particular job.

(2) Ensure personnel are trained to use, inspect, and maintain the PPE required for their work situations and training records are maintained.

(3) Ensure PPE is properly fitted and personnel are medically qualified to wear such equipment.

(4) Ensure personnel perform periodic equipment inspection, cleaning, disinfection, and maintenance of PPE.

(5) Ensure equipment is properly stored to protect against environmental conditions that might degrade the effectiveness of the equipment or result in contamination during storage.

(6) Ensure PPE conforms to standards set by OSHA, the American National Standards Institute (ANSI), American Society of Testing and Materials (ASTM), and/or National Institute of Occupational Safety and Health (NIOSH).

(7) Ensure all hazardous areas are conspicuously posted with signs to alert personnel and visitors of the specific nature of the hazard and the requirements for PPE (i.e., "Eye Hazard," "Noise Hazard," "Foot Hazard," etc.) prior to entry into the hazardous area.

(8) Ensure PPE is readily available to visitors or other non-shop personnel prior to entering a hazardous area. If the equipment is reusable, it shall be sanitized immediately after each use.

(9) Ensure medical documentation is on file at Occupational Health for special PPE purchase items.

b. AC/S, G-4: Ensure only PPE that conforms to standards set by OSHA, ANSI, ASTM, NIOSH, or other recognized approval authority such as Underwriter's Laboratory and Factory Mutual are procured and stocked at the Servmart for purchase by MCB CAMLEJ and tenant command personnel.

c. MCIEAST-MCB CAMLEJ SD:

(1) Ensure workplaces are evaluated (assistance is available from the NHCL IH Department), including applicable HM data, to determine PPE requirements by conducting a Hazard Assessment.

(2) Assist the workplace supervisor in determining the PPE necessary to accomplish assigned tasks safely.

(3) Periodically review items stocked at Servmart, to ensure appropriate PPE items are stocked.

(4) Assist supervisory personnel in training personnel in PPE use, inspection, care, and maintenance.

d. Personnel who require PPE:

(1) Wear the prescribed PPE while working in the designated hazardous area or occupation.

(2) Provide proper care and maintenance of the PPE. Negligent loss or destruction may subject the individual to disciplinary action.

(3) Turn-in unserviceable or worn out PPE items to supervisors for replacement.

5. Foot Protection

a. Foot Hazardous Operations. Operations that have a high incidence or potential for foot or toe injuries.

b. Foot Protective Device. Designed for use where the potential for a foot injury exists. Safety shoes with a built-in protective toe box are intended primarily to provide protection from heavy falling objects. Toe guards are not acceptable substitutes for permanent safety shoes. However, in cases where foot protection is necessary on a temporary basis, metatarsal guards may be issued as an interim measure to protect personnel.

c. Procurement. The following procedures apply when procuring protective footwear for military and civilian personnel:

(1) Protective footwear shall comply with the requirements of ASTM F2413-05 and shall have ASTM F2413-05 stamped on the inside by the manufacturer.

(2) Because of the specific nature of the hazards encountered, special safety footwear shall be provided for electricians, refrigeration mechanics, game wardens, and forestry technicians, etc. Supervisors may purchase shoes using established local procurement policy and procedures.

(3) The quantity of safety footwear for personnel shall be determined by the actual work process, exposure to wet conditions, and length of time wearing the footwear. Each department head shall make the determination of the quantity of safety footwear and/or frequency of purchases based on these conditions required to prevent foot injury.

(4) Military personnel, APF and NAF civilian personnel, including temporary personnel, shall be provided standard stock safety shoes when assigned to foot hazardous areas or occupations. The safety shoes may be bought through Servmart, or through normal supply channels using local sources.

(5) Personnel wanting to purchase safety shoes at their own expense in lieu of using U.S. Government furnished safety shoes must have approval from their supervisor to ensure the shoes satisfy all requirements of the employee’s job and the current ASTM standards.

(6) A written statement must be filed in a person’s medical record at the NHCL Occupational Health Clinic when medical considerations require specialized safety shoes. This should include the condition and recommendation or prescription from a physician and indicate the appropriate footwear required.

6. Hand Protection. Supervisors shall select, provide, and require

appropriate hand protection whenever hands are exposed to or likely to be exposed to, such hazards as those from skin absorption of harmful substances; severe cuts or lacerations; severe abrasion; punctures; chemical irritants; thermal burns; harmful temperature extremes; and live electrical circuits. Supervisors shall select hand protection based on an evaluation of performance characteristics of the hand protection relative to the task(s) to be performed, conditions present, duration of use, and the hazards and potential hazards identified by JHAs, Occupational Health and the MCIEAST-MCB CAMLEJ SD. Hand protection may be supplied at the discretion of the supervisor where handling other materials is required. Surgical gloves are not to be worn as hand protection in the industrial setting.

7. Protective Headwear. All people working in or visiting hard-hat areas shall be provided with and required to wear Type I or Type II, Class G (General - low voltage electrical protection) or Class E (Electrical – high voltage electrical protection) headgear. For emergency response operations and other activities with greater need for side impact protection, Type II head protection is recommended. Approved headwear shall be so identified on the inside of the head shell with the name of the manufacturer, and ANSI designation, and class of the helmet. (e.g., Manufacturer's name; ANSI Z89.1-2003; TYPE I, Class E and G.)

a. Hard-hat areas are those with potential head injury hazards; all construction areas are considered hard-hat areas. The identification and analysis of head hazards shall be documented in a hazard analysis, mishap prevention plan, or project safety and health plan, as appropriate.

b. Hard-hat areas are areas such as dredging, construction, alteration, demolition, quarry, or similar field activities, rather than specific portions of a building or project.

c. All points of entry to a hard-hat area shall have a warning sign requiring hard hats be worn. All protective headgear shall meet the requirements of the current ANSI Z89.1 standard.

d. No modification to the shell or suspension is allowed unless approved by the manufacturer.

e. Hard-hats shall be worn with the bill facing forward.

f. Protective headgear shall be worn near electric lines and shall be compliant with ANSI Z89.1-2003 Class E requirements.

g. No ball caps, knit caps, or other headgear shall be worn under the hard-hat that could interfere with its fit or stability unless approved by the manufacturer.

h. Maintenance and replacement of the shell and suspension shall be in accordance with the manufacturer’s instructions. Protective headgearand components shall be visually inspected on a daily basis for

signs of damage (dents, cracks, etc.) that might reduce the degree of safety originally provided. Headgear shall periodically be inspected for ultraviolet degradation as evidenced by cracking or flaking of the helmet. Drilling holes or in any way changing the integrity of the hard-hat is prohibited.

i. Forklift Operations. All personnel operating forklifts shall wear hard-hats.

8. Electrical Protective Equipment. Insulating blankets, matting, covers, line hose, gloves and sleeves made of rubber shall meet the requirements of reference (g) and ASTM. The equipment shall be maintained in a safe, reliable condition, and shall be inspected prior to each day's use and immediately following any incident that can reasonably be suspected of having caused damage to the equipment.

9. Hearing Conservation Program (HCP). Noise-induced hearing loss is one of the most prevalent occupational health impairments in the military. Noise-induced hearing loss occurs as a result of repeated exposure to hazardous noise from equipment such as aircraft, tanks, weapons, vehicles, generators, engineering tools, industrial settings, and certain recreational activities. A comprehensive HCP is essential in the prevention of occupational related noise-induced hearing loss and for maintaining combat effectiveness and readiness. Where potential occupational noise hazards exist, supervisors shall ensure compliance with the provisions set forth in reference (r).

10. Sight Conservation Program. All personnel, civilian or military, employed in an eye hazard area or operation shall be provided adequate eye protection.

a. Emergency Eyewash Stations. The responsibility for managing eyewash stations rest with the supervisor of the work process that requires eyewashes. Supervisors shall provide emergency eyewash facilities meeting the requirements of ANSI Standard Z358.1-2004, in all areas where eyes may be exposed to corrosive materials. All such emergency facilities shall be located where they are easily accessible to those in need.

(1) Inspections. Work centers shall activate plumbed eyewash units weekly for a period long enough to verify operation and flush the line. During quarterly inspection, verification of the weekly eyewash activation by the USO/DSR is required. Annual verification by the SD is recommended. Activation may be required more frequently if the NHCL IH and/or the SD determine it is necessary to ensure proper functioning and performance of the eyewash station.

(2) Documentation. Work centers shall maintain written, dated, and signed maintenance records for period of one year. An inspection and maintenance tag should be placed on self-contained units to document the most current inspection and maintenance information.

(3) Self-contained and Personal Eyewash Units. Work centers should only use self-contained eyewash units on a temporary basis until permanent emergency eyewash facilities are installed or at remote locations where water is not readily available. Work centers shall not use personal eyewash units for work with corrosives. For other work not involving corrosives, personal eyewash units can only be used on a case-by-case basis with approval from the SD. Supervisors shall service pressurized and non-pressurized self-contained eyewash stations quarterly or per manufacturer's recommendation, whichever is more frequent. Periodic maintenance shall include cleaning of unit, replacement of water (depending on manufacturer's recommendation), and checking for proper operation. Where an additive is used in a self-contained eyewash unit, the additives used shall be specified by the manufacturer and fluid changed at an interval recommended by the manufacturer.

b. Prescription Safety Eyewear Program. Military personnel shall obtain prescription safety eyewear through their medical department. AP civilian personnel who wear prescription glasses and work in eye hazardous areas shall be added to the MCB CAMLEJ Prescription Safety Eyewear Program. Prescription eyewear shall be purchased by SD for qualifying personnel. Additional information is provided in chapter 12 of this Order.

11. Fall Protection. Discussed in chapter 13 of this Order.

12. Miscellaneous PPE. PPE not listed in this chapter may be required of certain positions or work processes. In such cases, the supervisor shall request a hazard assessment of the work process or position from Occupation Health and MCIEAST-MCB CAMLEJ SD; the required PPE shall be selected from the hazard assessment (PPE Survey) and provided to personnel by the supervisor prior to starting the work process.

13. Training. Supervisors shall provide training to personnel who are required to use PPE to at least include the following: when PPE is necessary; what PPE is necessary; how to properly don, doff, adjust, and wear PPE; the limitations of the PPE; the proper care, maintenance, useful life, storage and disposal of the PPE; ability to recognize defective or damaged PPE. Personnel shall demonstrate an understanding of the training and the ability to use PPE properly before being allowed to perform work requiring the use of PPE. When a supervisor has reason to believe an employee who has already been trained does not have the ability to properly use PPE, the supervisor shall ensure remedial training is accomplished for that employee. Supervisors shall maintain documentation verifying each affected person has received and understands the proper use of PPE.

Chapter 7

Lock Out Tag Out (LOTO) Energy Control Program

1. Purpose. To provide guidance and direction for the application and implementation of the LOTO Program to minimize risk in maintenance and servicing operations.

2. Background. LOTO ensures that military and DoD civilian personnel are protected from injury during any machinery/equipment servicing or maintenance, where the unexpected energizing, start-up or release of any type of energy (e.g., electrical, steam, hydraulic, pneumatic, gravity) could occur. The machinery or equipment shall be rendered safe to work on by being locked or tagged out under requirements of reference (g). An energy-isolating device is considered capable of being locked out in one of two ways. It is capable of being locked out if designed with a hasp, other attachment, or integral part to which, or through which, a lock can be affixed. It is also capable of being locked out if it has a locking mechanism built into it. Other energy isolating devices are also considered capable of being locked out if lockout can be achieved without need to dismantle, rebuild, or replace the energy-isolating device or if its energy control capability is permanently altered.

a. This program does not apply to the following:

(1) Maintenance on cord and plug connected electric equipment where exposure to hazards of the unexpected energizing or start-up of equipment is controlled by unplugging the plug, which is under exclusive control of whoever is doing the servicing or maintenance.

(2) Hot tap operations involving transmission and distribution systems for substances such as gas, steam, water, or petroleum products when performed on pressurized pipelines, provided the following is demonstrated:

(a) Continuity of service is essential.

(b) Shutdown of system is impractical.

(c) Documented procedures are followed, and special equipment is used which shall provide proven effective protection for employees. Industry standards published by the American Petroleum Institute and other trade organizations shall be used to develop these specific work procedures.

(3) Installations where electric utilities (including power generation, transmission, distribution, and related equipment for communication or metering) are under control of a private utility company.

(4) Exposure to electrical hazards from work on or near conductors or equipment in electric utilization installations defined under reference (g).

(5) Minor tool changes and adjustments, and other minor servicing activities which occur during normal production operations are routine, repetitive, and integral to using the equipment for production, or the use of other safeguards that provide effective protection.

3. Application

a. All equipment and machinery shall be LOTO to protect against accidental, inadvertent startup, or operation that may cause injury to personnel performing maintenance, service, repair, or modifications. Personnel operating or attempting to operate any switch, valve, or other energy-isolating device that is LOTO may be subject to disciplinary action.

b. Lockout with accompanying tag out is the preferred method of isolating machines or equipment from energy sources and shall be used whenever possible.

c. When a tag out device is used as an energy-isolating method on a machine or piece of equipment that is incapable of being locked out, it shall be attached at the same location where the lockout device would be attached and shall provide an equivalent level of safety. Procedures for tag out only shall be in the written program.

d. When machines or equipment are undergoing major replacement, repair, renovation, or modification and when new machines or equipment are installed, contracting or purchasing agents and designing engineers shall ensure energy-isolating devices are provided along with operating procedures.

e. Affected Worker. An affected worker is a person whose job requires operating or using a machine or equipment on which service or maintenance is being performed under LOTO, or whose job requires working in an area where such service or maintenance is being performed.

f. Authorized Worker. An authorized worker is a person who locks out or implements a tag out system procedure on machines or equipment to perform service or maintenance on that machine or equipment. An affected worker becomes an authorized worker when that worker's duties include performing maintenance or service on a machine or piece of equipment that must be LOTO.

4. Responsibilities. Personnel who could be exposed to hazardous energy sources shall be instructed in the safety significance of the LOTO procedure. Personnel authorized to perform LOTO shall receive training commensurate with their responsibilities and requirements of reference (g). Each new or transferred person whose work operations are/or may be affected shall be instructed in the purpose and use of LOTO procedures. LOTO system procedures shall be followed at all times.

a. Commanders, Department Heads, and Supervisors:

(1) Ensure all personnel who could be exposed to hazardous energy sources receive formal training in the purpose and function of the LOTO program. Training documentation shall be maintained by the USO/DSR and supervisor of the employee.

(2) Ensure the LOTO program is evaluated using NAVMC 11402, LOTO Program Evaluation, figure 7-1.

(3) Ensure specific LOTO energy control procedures are developed, written, and maintained for all systems and equipment under their cognizance. NAVMC 11403, LOTO Checklist, figure 7-2 shall be used for this purpose.

(4) Ensure the LOTO program is implemented and followed within their area of cognizance. Supervisors and individuals shall be held accountable for any failure to comply with the LOTO program, to include overriding or removing any LOTO device without authorization.

(5) Designate in writing a LOTO coordinator(s) delegating authority for controlling and administering the LOTO program for their area of cognizance. Send a copy of this letter to the MCIEAST-MCB CAMLEJ SD and the USO/DSR.

b. MCIEAST-MCB CAMLEJ SD and USO/DSR:

(1) Coordinate initial and annual LOTO training.

(2) Evaluate the LOTO program using NAVMC 11402, LOTO Program Evaluation, figure 7-1.

(3) Provide assistance in drafting specific energy control procedures for each piece of affected equipment.

c. LOTO Coordinators:

(1) Administer the LOTO program within their respective areas of cognizance.

(2) Enforce LOTO procedure compliance and ensure an ample supply of standardized locks and tags are available. Each department/division/section is responsible for supplying its own LOTO devices.

(3) Maintain a LOTO log using NAVMC 11404, LOTO Log, figure 7-3. The log shall document the issuing of LOTO devices and ensure a locking/tagging device can be traced to a specific authorized worker.

d. Authorized Workers shall:

(1) Comply with the LOTO program when performing maintenance, service, repair, or modifications including, mechanical, electrical, thermal, or any other potential energy sources.

(2) Inform the LOTO coordinator of any hazardous situations that may be harmful to personnel or equipment pertaining to LOTO procedures.

5. Implementation

a. Each command, department/division/section shall have written procedures that establish the minimum requirements for lockout and/or tag out of energy isolating devices.

b. SOPs

(1) Supervisors shall ensure specific SOPs for control of hazardous energy sources are developed at shop level for each piece of equipment or machinery before maintenance or servicing is performed.

(2) Exceptions. Written procedures are not required when all of the following elements exist:

(a) The machine or equipment has no potential for stored, residual, or re-accumulation of energy after shutdown.

(b) The machine or equipment has a single energy source that can be readily identified and isolated.

(c) The isolation and locking out of that energy source shall completely de-energize and deactivate machine or equipment.

(d) The machine or equipment is isolated from the energy source and locked out during service or maintenance.

(e) A single device shall achieve a locked out condition.

(f) The lockout device is under exclusive control of the authorized worker performing service or maintenance.

(g) The service or maintenance does not create hazards for other personnel.

(h) No mishaps have occurred involving the unexpected activation or re-energization of the machine or equipment during service or maintenance.

c. LOTO Procedures

(1) To prepare for LOTO, the authorized worker shall locate and identify all isolating devices which apply to the equipment to be LOTO. More than one hazardous energy source or means of disconnect (electrical, mechanical, or others) may be involved. Notify all affected personnel and the cognizant supervisor that a LOTO procedure is going to be used. The authorized worker shall know the type and magnitude of energy the machine or equipment uses and understands all inherent hazards.

(2) If the machine or equipment is running, shut it down using the normal procedure. Also ensure that all stored energy is dissipated or properly restrained.

(3) Operate the circuit breaker, valve, or other energy isolating device(s) to ensure that the equipment is isolated from its energy source(s).

(4) LOTO Device Application

(a) The authorized worker shall affix LOTO devices to each energy-isolating device.

(b) Lockout devices shall be affixed in a manner that shall hold the energy-isolating device in a NEUTRAL or OFF position.

(c) Tags shall be affixed in a manner that shall clearly indicate that operation or movement of the energy-isolating device from the NEUTRAL or OFF position is prohibited.

(d) Tags that cannot be affixed directly to the energy isolating device shall be located close enough to be immediately obvious to anyone attempting to operate the device.

(5) The authorized worker shall relieve, disconnect, restrain, or other-wise render safe all potentially hazardous stores of residual energy. If re-accumulation of stored energy to a hazardous level (e.g., capacitor) is possible, verification of isolation shall continue until the possibility of re-accumulation no longer exists.

(6) Prior to starting work, the authorized worker shall verify isolation and de-energizing have been accomplished. After ensuring no personnel are exposed, he/she shall activate the normal operating controls to ensure the equipment will not operate. The worker shall not activate controls that cannot be returned to the SAFE, NEUTRAL, or OFF position without applying power to equipment (e.g., dog clutch assemblies).

(7) Return operating control(s) to the NEUTRAL or OFF position after the verification test.

(8) Enter all pertinent data into the LOTO log.

d. When LOTO devices must be temporarily removed from the energy-isolating device, this sequence of action shall be followed:

(1) Clear the machine of tools and materials.

(2) Ensure all affected workers have been safely positioned or removed from the area.

(3) LOTO devices can be removed by the authorized worker who applied the device, except as otherwise authorized by paragraph 5f of

this chapter.

(4) Energize and proceed with testing, positioning, etc., as required.

(5) De-energize all systems and re-establish LOTO measures per this Chapter before continuing work on the machine or equipment.

e. Restoring Machines or Equipment to Normal Operation

(1) When service or maintenance is completed and machine or equipment is ready for normal production operations follow steps one through three of the preceding paragraph.

(2) Operate energy isolating devices to restore energy to machine or equipment.

(3) Complete applicable portions of LOTO log.

f. In the preceding steps, if more than one worker is required to service a piece of equipment, each shall place their own assigned LOTO device on the energy isolating device(s). If necessary, an energy isolating multiple lock hasps may be used. As each worker finishes their portion of work, that worker shall remove their lock from the hasp. Only the last authorized worker to remove their locks or tag may re-energize the machine or equipment. Each designated person applying a lock or tag shall make an entry into LOTO log when applying the device, and clear their device from the log when their portion of work is completed.

g. The LOTO coordinator may remove LOTO devices if the authorized worker who applied it is not available, and all three elements listed below exist:

(1) The LOTO coordinator verified the authorized worker was not at the facility.

(2) All reasonable efforts were made to contact authorized worker about the need to remove LOTO device. An appropriate entry shall be made in LOTO log to indicate name of person who notifies authorized worker, and the time and date the lock or tag was removed.

(3) The authorized worker shall be informed that the LOTO device has been removed before they resumes work.

h. LOTO Requirements for Contractors and Other DoD Personnel

(1) Contractors performing service or maintenance on Marine Corps equipment shall comply with reference (g). The OICC or other responsible contracting agents shall ensure all outside contractors are informed of elements of this program and obtain information regarding contractor's LOTO program. The contract shall require the contractor to inform personnel in the affected work site of the contractor's LOTO

program.

(2) Personnel from other DoD activities performing service or maintenance on Marine Corps equipment shall comply with the respective activity's LOTO program. These instructions must meet requirements of this Order and reference (g).

(3) The management officials of the outside activity and affected work site shall inform each other of their respective LOTO programs. Commanders, department heads, and supervisors shall ensure their personnel understand and comply with restrictions and prohibitions of outside activity's LOTO program.

i. In case of shift or personnel changes, the LOTO coordinator shall brief replacement personnel and ensure the orderly transfer of LOTO devices between off-going and oncoming authorized workers. Change of locks or tags shall be done with a face-to-face meeting of off-going and oncoming authorized workers with no gap in protection.

j. The MCIEAST-MCB CAMLEJ SD and the USO/DSR shall evaluate effectiveness of the entire program at least annually. Any deviation or inadequacies shall be documented and corrected.

6. LOTO Devices

a. Lockout Devices

(1) Padlocks shall be used as the primary lockout device. Padlocks shall be easily identifiable as belonging to the LOTO Program (not used for any other purposes) and standardized to meet one of the following:

(a) Color;

(b) Shape; or

(c) Size.

(2) Lockout devices shall be capable of withstanding the environment to which exposed.

(3) Lockout devices shall be substantial enough to prevent removal without use of excessive force such as bolt cutters. Lockout devices may be purchased at Servmart.

(4) Lockout identification tags are used in conjunction with the locking device when performing a lockout. Refer to the below paragraph.

b. Tag out Devices

(1) When equipment must be worked on and cannot be locked out, it shall be tagged out. An example of a tag is provided in figure 7-4. The tag shall bear the authorized worker’s name, their shop code, their

telephone number and date of lockout. Tag out devices may be purchased at Servmart.

(2) The tag and its means of attachment shall be strong enough to prevent inadvertent or accidental removal. Attachment devices shall be single-use, attachable by hand (no tools required), self-locking, and non-releasable with a minimum unlocking strength of 50 pounds.

7. Training

a. Training shall be provided to all authorized and affected workers and other personnel as required by reference (g). Only LOTO coordinators or authorized workers may perform LOTO procedures.

b. Retraining shall be conducted whenever there is:

(1) A change in affected or authorized worker job assignments.

(2) A change in job assignment, machine, equipment, or process that presents a new hazard.

(3) A change in the energy control procedures.

(4) Retraining shall be conducted whenever there are indications there are inadequacies in personnel knowledge or use of energy control procedures.

8. Electrical LOTO. A qualified person shall test circuit elements and electrical parts of equipment to which personnel shall be exposed and verify all circuit elements and parts are de-energized. The test shall also determine if any energized condition exists as a result of inadvertently induced voltage or unrelated voltage back feed even though specific parts of the circuit were de-energized. Test equipment shall be checked for proper operation immediately before and after this test.

9. LOTO Mishaps. Supervisors are responsible to fully investigate mishaps and report causes of such mishaps to the MCIEAST-MCB CAMLEJ SD and USO/DSR. If the mishap involved control of hazardous energy with a single lockout source, a specific procedure shall be written and included in the SOP before work is continued. If mishap involved a specific procedure for a piece of equipment, the LOTO SOP shall be re-evaluated and modified (if necessary) prior to authorizing work to continue.

NAVMC 11402 (Rev. 09-12) (EF)

LOCKOUT/TAGOUT PROGRAM EVALUATION

Unit/Department Evaluated:	Date(s) Evaluated:

Evaluation Conducted by:

Signature _____ Printed Name _____

1. General Policy has been reviewed: ☐ Yes ☐ No

Comments on General Policy:

2. Following Specific Procedures were Reviewed (list below):

3. Following Specific Procedures were Modified (list below):

4. Following Specific Procedures were Added (list below):

5. Review of the Occupational Injuries and Illness Log and Associated Mishap Reports was conducted: ☐ Yes ☐ No

6. Following Injuries Resulted from Lockout/Tagout Related Mishaps:

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Figure 7-1.--LOTO Program Evaluation, NAVMC 11402, Rev 9-12

NAVMC 11403 (Rev. 09-12) (EF)

LOCKOUT/TAGOUT CHECKLIST

Use this checklist to document procedures for lockout or tagout of energy isolating devices and energy sources identified whenever maintenance or service is performed on machines or equipment. All equipment and machinery shall be stopped, isolated from all potentially hazardous energy sources, and locked or tagged out before personnel perform service or maintenance where unexpected energization, start-up, or release of stored energy could injure personnel or damage equipment.

NOTE: Required for all equipment, machinery, or processes that fail to meet exceptions of MCO P5100.8F, Chapter 12, paragraph 12003.

Procedure Reference Number:	Date Approved:
Equipment Name:	Equipment Number:
Location:	Work Center:
General Description:	

A. OPERATOR CONTROLS

Determine type of controls available to operator. Identify energy source and lockout/tagout capacity for equipment. List type of operator controls:

B. ENERGY SOURCES

Check or list energy sources on equipment:

☐ Electrical ☐ Hydraulic ☐ Gas ☐ Steam ☐ Pneumatic ☐ Stored Energy Sources ☐ Other

Identify Energy Source and Location	Lockable	Type of Device

C. SHUTDOWN PROCEDURE

List in order, the steps necessary to re-activate or energize the equipment*.

*NOTIFY ALL AFFECTED WORKERS WHEN IMPLEMENTING THIS PROCEDURE.

D. START-UP PROCEDURE

List in order, the steps necessary to re-activate or energize the equipment*.

*NOTIFY ALL AFFECTED WORKERS WHEN IMPLEMENTING THIS PROCEDURE.

NOTES

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Figure 7-2.--LOTO Checklist

NAVMC 11404 (Rev. 09-12) (EF)

LOCKOUT/TAGOUT						Shop/Unit:			
Device Type, Serial No. & Sequence No.	Equipment ID &/or Description & Location	Purpose	Pos. Tagged	Date & Time	Authorized Worker Shop/ Code	Clearance Authorized By	Removed By	Date & Time Removed
The person designated to sign for an action verifies, based on personal observation, and certifies by his/her signature that the action has been completed in accordance with requirements.								

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Figure 7-3.--LOTO Log

SAMPLE LOTO Tag

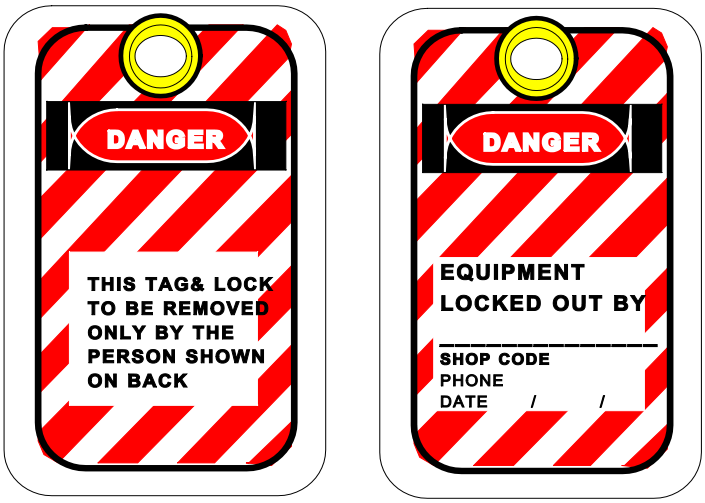

Figure 7-4.--Sample LOTO Tag

Chapter 8

Hazard Communications Program

1. Purpose

a. To establish the policy and procedures for the administration of a Hazard Communication Program (HAZCOM) at MCB CAMLEJ.

b. To ensure all personnel are informed about the dangers of all HM encountered in a workplace is known by all affected personnel.

2. Background. The growing list of HM or potentially HM within the government supply system requires constant vigilance against unsafe handling, mixing, storing, and disposal. Exposures to HM may cause or contribute to many serious health problems, such as heart and lung disorders, kidney and liver damage, cancer, sterility, mutation, and skin diseases. Other materials may have the potential to cause fire, explosions, or other serious mishaps. It is imperative to protect the user, the general public, and the environment by regulating the identification, transportation, storage, handling, and use of HM by providing a communication program.

a. Reference (n) establishes procedures and general responsibilities for managing HM/HW (to include Medical Waste (MW)) aboard MCB CAMLEJ. The Environmental Management Division (EMD) provides overall coordination of the HM/HW program while the NHCL provides overall coordination of the MW program with oversight from EMD.

b. Definition. A HM is a chemical which because of its quantity, concentration, physical characteristics, chemical compound, or mixture of elements and/or compounds may pose a substantial hazard to human health or the environment when used, released, or spilled.

3. Responsibilities

a. AC/S, G-4:

(1) Implement procedures to ensure acquisition and distribution of Material Safety Data Sheets (MSDS) for all HM procured by Servmart.

(2) Implement procedures to ensure all HM containers are labeled, per reference (g) prior to issue.

b. AC/S, G-F:

(1) Ensure all service and construction contracts under G-F's cognizance require contractors to maintain on-site MSDSs for HM introduced onto MCB CAMLEJ and that contractors comply with the requirements of reference (u) for such materials.

(2) Provide contractors with information pertaining to any HM or conditions to which they may be exposed while working under contract aboard MCB CAMLEJ and access to the appropriate MSDS when requested.

(3) Maintain the HM Information System Compact Disks (CD)/Digital Video Disk (DVD) and provide hard copies of MSDSs upon request. Provide the HMIRS website address if requested, http://www.dlis.dla.mil/hmirs.

c. AC/S, MCCS:

(1) Ensure the Contracting Officers Representative includes a HAZCOM statement in all service and construction contracts under MCCS's cognizance. Require contractors to maintain on-site MSDSs for HM introduced onto MCB CAMLEJ, and that the contractors comply with the requirements of reference (t) for such material.

(2) Direct MCCS Safety and Environmental personnel to provide contractors with information pertaining to any HMs or conditions to which they may expose any MCCS workers while working under contract aboard MCB CAMLEJ.

d. DOS:

(1) Monitor, through inspections, the overall HAZCOM Program.

(2) Provide technical assistance to MCB CAMLEJ organizations, including tenant commands, in developing HAZCOM Program procedures.

(3) Provide assistance to Commanders and department heads in training supervisors, USO/DSRs, work center safety representatives and personnel using HM on training requirements.

e. Director, Regional Contracting Office:

(1) Ensure all service contracts require contractors to maintain on-site MSDSs for HM introduced onto MCB CAMLEJ, and contractors comply with the requirements of reference (t) for such materials.

(2) Provide contractors with information pertaining to any HMs or conditions to which they may be exposed while working under contract aboard MCB CAMLEJ and access to the appropriate MSDSs when requested.

(3) Ensure Safety and Health statements are mentioned in those contracts that require them.

f. OICC:

(1) Make certain that all service and construction contracts under OICC's cognizance require a meeting with the contractor, a MCB CAMLEJ Safety representative, and the affected shop supervisors, prior to the contractor initiating work within the facility to inform the contractor of HMs to which their personnel may encounter and of the appropriate work precautions and protective equipment required.

(2) Ensure contracts also require the contractor to maintain on-site MSDSs for each HM the contractor introduces onto MCB CAMLEJ, and the contractor complies with the requirements of reference (t) for such materials.

g. Commanders and Department Heads:

(1) Ensure a written HAZCOM Program is compiled for each workplace using or handling HM. Guidelines for providing a written plan are provided in figure 8-1. Further assistance may be obtained from the MCIEAST-MCB CAMLEJ SD.

(2) Provide personnel working in operations not requiring written program information and training sufficient information to protect them in the event of a spill or leak and ensure MSDSs are accessible to communicate all health hazards associated with HM products.

(3) Ensure a comprehensive HM Inventory List (HMIL) is compiled and updated as required for each workplace and the corresponding MSDSs are readily available to the user. Cross-reference the HMIL with the respective MSDSs for easy accessibility in the event of an emergency. Upon request, provide a copy of the HMIL to the MCIEAST-MCB CAMLEJ SD, Fire, IH, and EMD personnel in their evaluation of the HAZCOM Program.

(4) Provide training support for developing and implementing training programs for all personnel who handle and use HMs. Maintain the training records for personnel as required by current directives. HAZCOM training is available through the USO/DSR, MCIEAST-MCB CAMLEJ SD, ESAMS, and internet websites.

h. Division and Shop Supervisors of Personnel Conducting Operations using HMs:

(1) Develop SOPs that advise the safe use of HMs, adverse effects, characteristics, and protective measures required for each HM encountered in their work areas. This is accomplished by frequent reviews of relevant MSDSs with all personnel.

(2) Procure copies of MSDSs covering HMs used in their facilities either directly from the manufacturer/supplier or, in the case of National Stock Numbered (NSN) items, through the HMIRS website (http://www.dlis.dla.mil/hmirs) or HMIRS CD/DVD.

(3) Ensure initial and annual refresher training is provided to personnel newly assigned to their areas. During weekly stand-up safety meetings, conduct training when a process changes and/or the addition of new chemicals is introduced to the workplace. Informal training and updating provided by the supervisor must be documented quarterly on a cumulative basis and reported to the Civilian Human Resource Office-East (CHRO-E) or NAF Personnel Division, respectively, for inclusion in the employees Official Personnel File. Training records for military personnel shall be retained at the unit level.

(4) Ensure all HM containers issued to and used in the workplace are approved and clearly marked with the identity of the contents and appropriate hazard warnings.

(5) Ensure all process tanks, equipment, and portable containers are clearly labeled with the name of the contents and appropriate hazard information.

(6) Document through training records that all personnel read the written HAZCOM Program, MSDSs, labels, and other hazard information for their respective work center.

(7) Provide copies of the written HAZCOM Program and MSDSs for the workplace, and are readily available to personnel upon request.

(8) Maintain a supply of "Generic" (fill in the blank) hazard labels to be affixed to any container into which a HM is transferred from its original container. The label must contain the chemical name, name and address of the manufacturer, hazard warnings, and identify target organ(s), if appropriate. The HMIRS website and/or CD/DVD provide labels for most NSN items.

4. Implementation. The HAZCOM program is designed to ensure pertinent data concerning the safe usage of HM is made available to those who use the HM. Figure 8-1, is a template which may be used for individual work centers or shops.

a. HMIL. Refer to reference (n) for more information. The inventory serves as a tool in providing the proper MSDS and HM information to personnel. The HMIL shall be cross-indexed with the MSDS to provide easy access to the MSDS in the event of an emergency. The physical location of the HMIL and MSDS shall be identified in the written HAZCOM program.

b. MSDS. The MSDS includes information on the specific identity of the hazardous product, its physical and chemical characteristics, known acute and chronic health effects, and related health information, exposure limits, whether the material is considered to be a carcinogen, precautionary measures for handling, emergency first aid procedures, and the identification of the organization responsible for preparing information. Manufacturers are required to develop a MSDS for each HM they produce and to furnish the appropriate MSDS to purchasers of HM. MSDSs for all HM must be readily available to all personnel during each work shift. Where employees must travel between workplaces during a work shift, the MSDSs should be kept at the alternate workplace as well as the primary workplace facility.

c. Labeling

(1) HM must be clearly identified throughout its history with particular emphasis on identification for the end user. Affixing appropriate warning labels to containers is the most practical means of accomplishing this objective.

(2) Existing manufacturers' labels on containers of HM shall not be removed or defaced unless the containers are immediately marked with the required label information.

(3) Upon removal from original shipping containers, the individual unit of unlabeled packages of all HM must be immediately labeled. Hazard labels shall be provided on each container prior to issue.

(4) Upon transferring a hazardous chemical from a manufacturer's container to an unmarked container, i.e., a hand-held spray bottle, the latter must be marked or tagged with the identity of the hazardous chemical, name and address of the chemical manufacturer, inspection date, re-inspection date, initials of inspector, and the appropriate hazard warnings to include target organ effects, unless the intended use is for "immediate use only" by the person and shall remain under that person's immediate control at all times.

(5) For re-labeling hazardous chemical containers having a NSN, labels are available through various sources such as the HMIRS website (http://www.dlis.dla.mil/hmirs) or the HMIRS CD/DVD.

d. Training. Prior to working with HM, personnel must receive HAZCOM training complying with references (a) and (g).

(1) Reference (g) more specifically requires that personnel are provided with information and training on HM in their work areas at the time of initial assignment and whenever a new hazard is introduced into the work area.

(2) HM training must cover information on requirements contained in reference (g).

(3) Supervisory personnel shall receive a minimum of one hour of documented formal HAZCOM training annually. The training shall be designed to prepare them for compliance with the written program, HMIL, MSDS, and employee training requirements of reference (g).

e. Exceptions. A written HAZCOM program and HMIL is not required for operations or workplaces where HMs are handled only in sealed containers, such as warehousing and retail sales.
In work operations where employees only handle chemicals in sealed containers, this chapter applies only as follows:

(1) Labels on incoming containers of HMs shall not be removed or defaced.

(2) MSDSs received with incoming shipments of sealed containers of hazardous chemicals shall be maintained.

(3) MSDSs shall be procured and provided to employees upon request for any sealed containers of hazardous chemicals that may have been received without one and shall be made available during each work shift to employees when they are in their work areas.

(4) Employees shall be provided information and training to the extent necessary to protect them in the event of a spill or leak of a hazardous chemical from a sealed container.

5. Hazardous Material Information Reporting System (HMIRS). The DoD established HMIRS to acquire, store, and disseminate manufacturer's data on HM. The HMIRS website and CD/DVD may provide labels for most NSN items. Access to HMIRS is available at http://www.dlis.dla.mil/hmirs. Additional information is contained in reference (a).

6. Health Hazards. A general overview of health hazards is presented in reference (a). For specific information of the hazards of a substance and protective measures for use and handling; go to the MSDS, Subpart Z of reference (g), or other standards recommended by the NHCL IH survey.

Written Hazard Communication Program Template

Reporting Control Symbol: DD-5102-01

1. General Information

To ensure information about the dangers of all hazardous chemicals used by (Name of Unit/Division/Department) is known by all affected employees, the following hazardous information program has been established. Under this program, you will be informed of the contents of the OSHA Hazard Communications standard, the hazardous properties of chemicals with which you work, safe handling procedures and measures to take to protect yourself from these chemicals. This program applies to all work operations in our unit where you may be exposed to hazardous chemicals under normal working conditions or during an emergency situation. All work centers of this unit will participate in the hazard communication program. Copies of the hazard communication program are available in (location) for review by interested person. (Name of responsible person and/or position) is the program coordinator, with overall responsibility for the program, including reviewing and updating this plan as necessary.

2. Container Labeling

(Name of responsible person and/or position) will verify all containers received for use will be clearly labeled as to the contents, note the appropriate hazard warning (and target organs affected if appropriate), and list the manufacturer's name and address. The (name of responsible person and/or position) in each section will ensure all secondary containers are labeled with either an extra copy of the original manufacturer's label or with labels marked with the contents, note the appropriate hazard warning (and target organs affected if appropriate), and list the manufacturer's name and address. For help with labeling, see (name of responsible person and/or position) . On the following individual stationary process containers, we are using (description of labeling system used) rather than a label to convey the required information:

List Containers Here:

We are using an in-house labeling system that relies on (describe any in-house system which uses numbers or graphics to convey hazard information).

For NSN items, contact your safety representative to procure labels through the HMIRS website.

The (name of responsible person and/or position) will review the company labeling procedures every (provide a time period) and will update labels as required.

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Figure 8-1.--Written Hazard Communication Program Template

Written Hazard Communication Program Template

3. MSDSs

The (name of responsible person and/or position) is responsible for establishing and monitoring the work center MSDS program. He/she will ensure that procedures are developed to obtain the necessary MSDSs and will review incoming MSDSs for new or significant health and safety information. He/she will see that any new information is communicated to affected personnel. The procedure below will be followed when an MSDS is not received at the time of initial shipment:

Describe procedures to be followed here:

Copies of MSDSs for all hazardous chemicals to which personnel are exposed or are potentially exposed will be kept in (identify location). MSDSs will be readily available to all personnel during each work shift. If an MSDS is not available contact (name of responsible person and/or position) . MSDSs will be readily available to personnel in each work area using the following format:

Describe unit format here:

Note: If an alternative to paper copies of MSDSs is used, describe the format and how personnel can access them. When revised MSDSs are received, the following procedures will be followed to replace old MSDSs:

Describe procedures:

4. Training and Information

(Name of responsible person and/or position) is responsible for the Hazard Communication Program and will ensure that all program elements are carried out. Everyone who works with or is potentially exposed to hazardous chemicals will receive initial training and annually thereafter on the hazard communication standard and this plan before starting work. Each new member/employee will attend a health and safety orientation that includes the following information and training:

- An overview of the OSHA hazard communication standard
- The hazardous chemicals present at his/her work area
- The physical and health risks of the hazardous chemicals
- Symptoms of overexposure
- How to determine the presence or release of hazardous chemicals in the work area
- How to reduce or prevent exposure to hazardous chemicals through use of control procedures, work practices, and personal protective equipment
- Steps the company has taken to reduce or prevent exposure to hazardous chemicals
- Procedures to follow if employees are overexposed to hazardous chemicals
- How to read labels and MSDSs to obtain hazard information
- Location of the MSDS file and written hazard communication program

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Figure 8-1.--Written Hazard Communication Program Template—Continued

Written Hazard Communication Program Template

Prior to introducing a new chemical hazard into any work center of this unit, each member/employee in that section will be given information and training as outlined above for the new chemical hazard. The training format will be as follows:

Describe training format, such as audiovisuals, interactive computer programs, classroom instruction, ect.:

5. List of Hazardous Chemicals

A list of all known hazardous chemicals used by our personnel is attached to this plan. This list includes the name of the chemical, the manufacturer, the work area in which the chemical is used, dates of use, and quantity used. Further information on each chemical may be obtained from the MSDSs, located in (identify location). When new chemicals are received, this list will be updated (including date the chemicals were introduced) within 30 days. To ensure any new chemical is added in a timely manner, the following procedures will be followed:
Identify procedures to be followed:

The hazardous chemical inventory is compiled and maintained by (name of responsible person and/or position and telephone number) .

6. Hazardous Non-routine Tasks

Periodically, personnel are required to perform non-routine tasks that are hazardous. Examples of non-routine tasks *are:* (confined space entry, tank cleaning, and painting retractor vessels) . Prior to starting work on such projects, each affected member/employee will be given information by (name of responsible person and/or position) about the hazardous chemicals he or she may encounter during such activity. This information will include specific chemical hazards, protective and safety measures the member/employee should use, and steps the company is taking to reduce the hazards, including ventilation, respirators, the presence of another (buddy systems), and emergency procedures. Examples of non-routine tasks performed by personnel of this unit are:

Task	Hazardous Chemical

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Figure 8-1.--Written Hazard Communication Program Template—Continued

Written Hazard Communication Program Template

7. Informing Other Employers/Contractors

It is the responsibility of (name of responsible person and/or position) to provide other employers and contractors with information about hazardous chemicals their employees may be exposed to on a job site and suggested precautions for employees. It is the responsibility of (name of responsible person and/or position) to obtain information about hazardous chemicals used by other employers to which personnel of this unit may be exposed. Other employers and contractors will be provided with MSDSs for hazardous chemicals generated by this unit's operations in the following manner:

Describe unit policy here:

In addition to providing a copy of an MSDS to other employers, other employers will be informed of necessary precautionary measures to protect employees exposed to operations performed by this unit. Also, other employers will be informed of the hazard labels used by the unit. If symbolic or numerical labeling systems are used, the other employees will be provided with information to understand the labels used for hazardous chemicals for which their employees may have exposure.

8. Chemicals in Unlabeled Pipes

Work activities are sometimes performed by personnel in areas where chemicals are transferred through unlabeled pipes. Prior to starting work in these areas, the member/employee will contact (name of responsible person and/or position) for information regarding:

- The chemical in the pipes
- Potential hazards
- Required safety precautions

Include here the chemical list developed during the inventory. Arrange this list so that you are able to cross-reference it with your MSDS file and the labels on your containers. Additional useful information, such as the manufacturer's telephone number, an emergency number, scientific name, Chemical Abstract Service (CAS) Registry, the associated task, etc., can be included.

9. Program Availability

A copy of this program will be made available, upon request, to any command personnel and their representatives.

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Figure 8-1.--Written Hazard Communication Program Template—Continued

Chapter 9

Training Program

1. Purpose. To provide military service members and DoD civilian employees the comprehensive safety training necessary to perform their work in an occupationally safe and healthy environment.

2. Background. Mishaps seriously degrade operational readiness and unnecessarily cause deaths, injuries, occupational illnesses, and collateral damage. Proper training of personnel and safety professionals at all levels assist in managing a proactive safety program, change unsafe behaviors and lead to not only mishap reduction, but also performance improvement.

3. Responsibilities. Commanders, department heads, OICs, small unit leaders, and supervisors shall ensure all military and DoD civilian employees receive safety and health training as required by regulations.

4. Training Requirements

a. Job Safety Training. All personnel shall be given job safety training before their assigned work begins. This training shall be provided and documented by the person's supervisor in ESAMs. The training shall minimally consist of: general safety matters related to the work environment; hazards associated with assigned tasks; applicable safety and health standards; PPE required for each task; an overview of the local safety and health programs with emphasis on individual rights and responsibilities; prompt reporting to management of unsafe/unhealthy working conditions, potential exposure to HM, or occupational injury or illness; and any additional specialized safety and health training the person is required to attend.

b. Specialized Safety and Health Training. Supervisors are responsible to provide or obtain job unique safety training. Supervisors must determine the safety training each person shall receive based on a JHA, safety inspection, or NHCL IH survey. Training may be available from local safety, occupational health, or preventive medicine personnel. When personnel shall be involved in work environments, processes, or tasks exposing them to hazardous conditions, specialized safety and health training covering the hazards shall be provided.

(1) Documentation of this training shall be maintained and submitted to the USO/DSR by the person's supervisor.

(2) Specialized training should be documented in training and personnel files.

(3) Training rosters and lesson plans shall be maintained for as long as the person is working in the position in which the training is required.

c. Standard and Specialized Safety and Health Training Courses. MCIEAST-MCB CAMLEJ SD provides some standard and specialized safety and health courses, and can assist commands/departments in locating specialized safety and health courses not offered by the MCIEAST-MCB CAMLEJ SD. Courses, dates, location and pre-requisites are published annually. These courses shall be listed in the training schedule provided by the Workforce Learning Center (WFLC) for DoD civilian employees and may be open to military personnel as space available. Enrollment in these courses can be accomplished through the WFLC and/or ESAMs. The MCIEAST-MCB CAMLEJ SD Training Program Manager shall coordinate and schedule additional training with the NAVOSH and other safety seminars for MCB CAMLEJ.

d. Change-In-Work Training. Supervisors shall ensure each person affected by a change in the work environment, process, or task affecting the safe and healthy performance requires a change-in-work training. Some events that may require change-in-work training are: new process, change in equipment, relocation of work stations, updating SOP, alteration of control devices, modifications to buildings, changes in Training Manual (TM)s, or trends identified via injury or illness logs. Supervisors shall ensure change-in-work training is documented in ESAMS or in official personnel training records.

e. Civilian Employee/Shop Safety Representative Training. Training is applicable when it enables each shop safety employee representative to ensure safe and healthy working conditions and practices are met in the work center and provides them with the skill and knowledge to effectively participate in work center safety and health inspections. The USO/DSR shall maintain documentation of such training for five years.

f. Supervisor Safety Training. Commanders and department heads shall ensure supervisors receive OSH training within 90 days of assignment. Supervisor safety training shall be provided by MCIEAST-MCB CAMLEJ SD quarterly to comply with the 90 day requirement. Initial training shall be a minimum of four hours of instruction composed of safety indoctrination and mishap prevention.

(1) Indoctrination shall cover the supervisor’s responsibilities for providing and maintaining safe and healthy working conditions for personnel; procedures for reporting and investigating allegations of reprisal; procedures for abating hazards; other appropriate rules, regulations, and precautions; mishap reporting and worker’s compensation reduction initiatives.

(2) Mishap prevention methods shall cover processes, procedures, and programs used in identifying, eliminating, or reducing OSH hazards. At a minimum, this training shall include:

(a) Development and use of job safety and hazard analysis, and other RM techniques such as ORM.

(b) Implementing, conducting, and documenting scheduled inspections and hazard abatement actions.

(c) Mishap investigation, recording, and reporting procedures.

(d) How to train and motivate subordinates to assure safe and healthy work practices.

(3) Supervisors shall receive and document annual refresher safety training. Commanders and department heads in coordination with the DOS shall determine subject matter and duration of the training based on supervisor's needs with the goal of progressively enhancing supervisor's skills in providing a safe and healthy work center.

g. USO/DSR Training. The USO/DSR shall attend the GSM course (CIN# M03M8SS) within 90 days of assignment. The MCIEAST-MCB CAMLEJ SD shall provide additional safety training designed to develop and enhance the skills required to perform their duties. USOs assigned to primary duty safety billets shall also attend the Mishap Investigation (Ashore) Course (CIN# A-49-0078) or CMC (Safety Division) equivalent.

h. SOH Specialists/Personnel Career Development Program. Personnel filling SOH positions shall be fully trained. Managers/supervisors shall establish an Individual Development Plan (IDP) for their career development. The career development program should provide personnel with the necessary background to become fully qualified journeyman level safety specialist (GS-0018/11), safety engineer (GS-0803), safety technician (GS-0019), and NHCL IH (GS-0690) series. Managers/supervisors shall include in their IDPs provisions for completing their formal subject matter training or OSHA equivalents.

(1) Formal safety training includes standards in general industry and construction, introduction to HM, electrical safety standards, hazard prevention and control, mishap investigation, ORM, and introduction to IH.

(2) SOH personnel shall receive a minimum of eight continuing education units or equivalent per year.

(3) First Aid and Cardiopulmonary Resuscitation (CPR) is required for SOH Specialists. Courses must be certified through the American Heart Association, American Red Cross, or equivalent certification programs.

(4) Safety personnel conducting formal safety training should complete a formal instructor-training course, OSHA Train the Trainer, or an equivalent course.

5. Training Standards. When safety and health training standards are not available or existing standards are not adequate, training standards may include SOPs, technical directives, operator instruction manuals, etc. Supervisors shall ensure suitability of the standards, maintain

them at the applicable work location and coordinate with the SD or USO/DSRs for initial review and approval, and at least annually thereafter. The SD and USO/DSRs shall oversee local safety training standards to ensure their adequacy with assistance from the responsible NHCL IH (when applicable).

6. Coordination and Documentation. Safety and health training conducted on MCB CAMLEJ shall be coordinated with the MCIEAST-MCB CAMLEJ SD Training Program Manager to ensure adequate facilities, equipment, and visual aids are available for OSH training. All safety and health training shall be properly documented. At a minimum, all safety training rosters shall include the course title describing the material covered; convening and end date; location; start and end time; the attendees name, rank, unit and phone number; and the final grade (if applicable). The roster shall also include the name, phone number, and signature of the instructor providing the training. All safety training rosters shall be retained by the command/department for a minimum of five years. Specialized safety training shall be documented in personnel files and retained on file for the length of the attendee's employment.

Chapter 10

Mishap Safety Investigation and Reporting

1. Purpose. The purpose of this program is to reduce on and off active duty military and on duty civilian occupational injuries and illnesses.

2. Background. Mishaps lead to degraded services and consume considerable portions of financial resources. These losses impact readiness and the command's mission capable status.

3. Discussion

a. Mishaps and occupational illnesses are preventable. Supervisors have a crucial role in mishap prevention. Supervisors have the duty to ensure their personnel are properly trained before starting work and to correct and hold them accountable for unsafe work practices. Supervisors generally own the processes their people are engaged in and conduct JHA to identify the risk and needed controls to reduce hazards. Supervisors incorporate these measures in their SOPs and they enforce them to ensure all personnel work in a safe and healthy working environment. Leadership and accountability is vital for mishap reduction. Commanders and department heads must ensure supervisors are conducting safe operations and intervene if necessary.

b. Near Misses. Near misses are often referred to as "close calls". A near miss is an unplanned event that did not result in injury, occupational illness, or property damage however could have been a mishap had a change in timing, location, or distance occurred; e.g., someone slips on the ice, but catches themselves by grabbing a handrail and breaks their fall. If the person received injuries, or there was some property damage it would have been a MISHAP, not a NEAR MISS. This incident should be reported as a near miss to allow for corrective action.

4. Responsibilities

a. Commanders and Department Heads:

(1) Ensure all work-related illness, injuries, and property damage are reported, per reference (e) and this Order.

(2) Report all class A/B mishaps on all on-duty or off-duty military and on-duty DoD civilian employees to the SD via phone or e-mail.

(3) Brief the CG of all on-or off-duty fatalities, and all Class A/B for service members, per references (a) and (e).

(4) Brief the CG of all on-duty fatalities, and all Class A/B for DoD civilian employees, per references (a) and (e).

(5) Ensure all Class A/B are briefed to the first General Officer in the chain of command in accordance with references (a) and (e). The template for the brief is available at http://www.marines.mil/unit/safety/Pages/welcome.aspx.

(6) Assign a USO/DSR to investigate and report mishaps in accordance with reference (e).

(7) Ensure that USOs assigned to conduct mishap investigations attend the Mishap Investigation (Ashore) Course (CIN # A-49-0078) or CMC (SD) course equivalent.

(8) Have a MAP in place. A MAP should consist of pre-mishap and post-mishap action steps. The MAP provides a systematic approach to investigate and report a mishap.

(a) MAPs vary widely, depending on the missions, tasks, resources, and environment. A MAP should be written so it remains relevant to training exercises, operations, and work processes.

(b) MAPs (pre-mishap and post-mishap) should be written in accordance with reference (e) and this Order.

b. Supervisors: Provide all personnel a safe and healthy working environment. Supervisors must ensure the following:

(1) Using employee participation, complete a JHA in ESAMS for all processes their personnel perform.

(2) Provide training to all personnel to ensure:

(a) Understanding of safe and approved procedures for each task assigned.

(b) Correct selection and proper use of tools for each assigned task.

(c) Awareness of requirements when changes occur in SOPs, new procedures, and change in work environment.

(d) Knowledge of Change-In-Work to include:

1. New Process

2. Updating SOP

3. Modification to the Building

4. Changes in TMs

5. Changes in Equipment

6. Work Station Relocation

7. Change-in-work Training

(3) Correct and hold subordinates accountable for comprising safe work procedures. Unsafe operations include:

(a) Failure to correctly use PPE.

(b) Tool misuse or using the wrong tool for task.

(c) Failure to follow approved procedures.

(4) Adjust or change work procedures when necessary to reduce or eliminate hazards.

(5) Mishap Reporting

(a) Commanders, department heads, and supervisors shall only use ESAMS for reporting mishaps.

(b) Supervisors shall report all injuries, occupational illnesses, and property damage within 24 hours of being notified of the mishap.

(c) Mishap reports cannot be filed unless the mishap person has an ESAMS account. All personnel assigned to MCIEAST-MCB CAMLEJ will have an ESAMS account.

(d) Supervisors shall ensure all personnel have an ESAMS account with a completed profile which includes:

1. Assigned Supervisor;

2. Birth Date;

3. Rank/Grade;

4. Job Title; and

5. Phone Number and e-mail if applicable.

(6) Supervisors are initially responsible for investigating all injuries and occupational illnesses that occur to:

(a) On/Off duty service members;

(b) On duty DoD civilian employees;

(c) Contractors, as identified in chapter 1 that are directly supervised by Department of the Navy (DON) personnel.

(7) Supervisors must provide a narrative about mishaps being reported. A narrative must include the following:

(a) The activity of the mishap person(s) were involved in when injury or property damage occurred.

(b) What was involved in the mishap:

1. Materials being used

2. Equipment including tools, vehicles, etc.

3. Take into account those potential and kinetic energies that played a part in the mishap e.g. pressures that build or release, gravity, weight shifts, etc.

4. Include comments about PPE. Explain if PPE is or is not required and if it was used properly

(c) In the narrative explain what went wrong.

(d) List the personnel involved by title e.g. driver, operator, lumber, etc. Do not use first or last names of personnel in the narrative. Supervisors may also use:

1. SNE for Subject Named Employee for civilian employees

2. SNM for Subject Named Marine

3. SNS for Subject Named Sailor

(e) Medical Treatment. Explain whether or not medical treatment was required to include self-performed first aid. Additionally, provide the following:

1. Where the personnel went for medical treatment if applicable;

2. What treatment was provided by each medical provider;

3. Include if over the counter and or prescription strength medications were prescribed. Not all prescriptions written by doctors are considered prescription strength. Contact the NHCL Occupational Health Office when it is unclear if a prescribed medication is prescription strength or over the counter strength;

4. Annotate whether or not light duty or no duty was prescribed. No duty status is consider lost time if no duty is prescribed beyond the day of the injury even if the mishap person was not scheduled to work.

(f) Supervisors shall contact their assigned safety representative who is trained and assigned to conduct and process Mishap

Investigation for their command/department and coordinate the availability of those involved in the mishap for interview.

(g) Supervisor shall elevate safety concerns that cannot be addressed at their level through their chain of command.

c. All Personnel. Military personnel, on duty DoD civilians, and contractors that are under the direct supervision of DoD personnel shall:

(1) Adhere to:

(a) Applicable methods, correct tool selection and utilization per training provided by the supervisor.

(b) Safe execution of their duties as outlined in relevant SOPs.

(c) Correctly use PPE while engaged in those activities where such PPE is deemed necessary.

(2) Report all unsafe conditions and hazardous activities observed to the immediate supervisor or a method described in chapter 5 of this Order.

d. Military Personnel: Immediately report all on and off duty injuries/illnesses using their chain-of-command.

e. On Duty DoD Civilians

(1) APF and NAF civilians (DoD Employees) shall immediately report all on duty injuries and occupational illnesses to their supervisor.

(2) DoD employees are highly encouraged to obtain a completed Occupational Health Permit and report to the NHCL Occupational Health Clinic for non-emergency evaluation. This includes treatment for first aid cases.

f. Contractors that are directly supervised by the DON shall immediately report all on duty injuries and occupational illnesses to their supervisor.

g. Mishap Investigation and Reporting Program Manager:

(1) Review all mishaps and shall serve as the only releasing authority of mishaps to the Commander, Naval Safety Center.

(2) Advise all Commanders, department heads, supervisors, and USO concerning mishaps.

(3) Maintain the OSHA 300 and OSHA 300A log and post it as required by reference (e).

(4) Review all occupational health permits and screen for occupational injuries and illness that may not have been reported.

(5) Review all OSHA 301 documents generated through workers compensation office and screen for occupational injuries and illness that may not have been reported.

Chapter 11

Load-Lifting Equipment (LLE)

1. Purpose. The purpose of this chapter is to ensure the safe lifting and controlling capability of all applicable LLE used in support of Marine Corps operations. It is also to promote safe operating practices through the inspection, test, certification, qualification, and operation requirements prescribed in references (g), (s), and (u), and to publish procedures and responsibilities for the LLE Management Program.

2. Background. Each year, crane and forklift mishaps take a heavy toll on lives and property damage. Load lifting equipment consists of the use of cranes, forklifts, vehicle lifts and associated equipment. These mishaps can be avoided through a proactive LLE Management Program. LLE programs can be tailored to the equipment being used.

3. Definitions

a. LLE. The MCB CAMLEJ's LLE Management Program covers weight handling equipment, material handling equipment (MHE), ordnance handling equipment (OHE) and those personnel involved in the management, operation, alteration, test, inspection, maintenance, certification, and acquisition thereof.

b. LLE consists of mobile cranes, forklifts, aerial personnel devices used to lift loads vertically and associated equipment.

c. Certification is the process by which, on a periodic basis, LLE is approved for use at Marine Corps activities. For cranes the process includes review of all applicable maintenance records, condition inspection, and load test to ensure that the crane has been maintained in a safe and serviceable condition and is functioning properly.

d. OHE, is specifically designated equipment used for assembling, disassembling, handling, transporting, lifting, positioning, rotating, or containing ammunition, explosives, and related components.

e. Rigging Gear and Associated Equipment. Types of equipment used in weight handling operations include rigging gear (wire rope slings, shackles, eye bolts, swivel hoist rings, links, rings, turnbuckles, etc.), portable manual and powered hoists, portable load indicators (dynamometers, load cells, crane scales, etc.), below-the-hook lifting devices, portable A-frames, portable floor cranes, and portable gantries used for general lifting, as well as cranes and hoists procured with, integral to, and used solely in support of larger machine systems.

4. Responsibilities. Commanders and department heads who maintain and operate LLE such as forklifts or cranes, shall ensure compliance with all applicable references to include the following:

a. Follow all applicable regulations, SOPs, to include reviews of manufacturers recommendations on any modifications or adjustments to equipment. Obtain in writing, any approvals from manufacturers or Garrison Mobile Equipment Fleet Manager, and Base Motor Transportation before making modifications.

b. Ensure that any LLE not in compliance is removed from service.

c. Ensure proper investigation and reporting of all mishaps.

d. Ensure all personnel are trained and licensed to operate LLE, per local, state, and Federal instructions.

e. Maintain copies of records of daily inspections, maintenance, and load testing.

f. Ensure corrective actions are taken during annual safety inspections of all LLE and associated equipment.

5. LLE. References (g) and (t) through (v), establish the policy for testing, inspecting, and maintenance of LLE. Additionally, all equipment leased or rented from commercial or private sources must meet the requirements of reference (g) and ANSI Standards. Those pieces of LLE not meeting standards shall not be used on the installation if they are considered a safety hazard. LLE used for ordnance handling shall use per references (g) and (w). Powered industrial forklifts shall not be used in atmospheres that are hazardous. Consult with the MCIEAST-MCB CAMLEJ SD on these additional regulations.

6. Compliance. Commanders, department heads, and contractors shall comply with all applicable references. Contractors working aboard the installation shall comply with references (g) and (w). For cranes, erection shall be performed under the supervision of a designated qualified person as defined in the American Society of Mechanical Engineers B30.5. All LLE testing shall be performed in accordance with the manufacturer's recommended procedures and reference (v) or the equipment's TM for that piece of equipment. Shop fabricated lifting devices are not authorized.

a. All personnel whose job requires the use of powered and unpowered MHE shall be trained in accordance with support of reference (g) which requires that all LLE operators be trained to a competency level, not a defined number of hours, and allows flexibility in how training is accomplished.

b. Personnel shall wear/use PPE, tools and other equipment required to perform work involving LLE to include:

(1) Seat belt worn at all times;

(2) Safety shoes, safety helmet/hard-hat, and other equipment necessary as identified in the JHA; and

(3) Hard-hats shall be worn while operating fork-lifts.

7. Training. Only crane operators who have met the requirements of references (g), (t), (v), local, and state requirements may be authorized to operate cranes. LLE operators should be trained in accordance with reference (g). The MCIEAST-MCB CAMLEJ SD shall inspect records during annual inspections.

a. Operators shall have a current license on their person while operating LLE.

b. LLE operators shall follow all general safety rules, per reference (g).

c. Commanders and supervisors should review LLE operator training records annually to ensure compliance with local, state, and Federal licensing and permit instructions in accordance with reference (g). Supervisors shall review annually JHA. Contractors shall review their personnel training records and sub-contractor personnel records prior to operating on the installation.

Chapter 12

Occupational Health/Industrial Hygiene

1. Purpose. To provide uniformity and standard of care to MCB CAMLEJ personnel. The primary goal of Occupational Health/IH Division is the prevention of work related injuries and illnesses.

2. Background. NAVOSH is comprised of Safety, IH, and Medical Surveillance; these three disciplines work together to provide a safe and healthy work environment for all personnel. Medical Surveillance refers to the application of medical screening tests to individuals and groups of workers with chemical or physical exposures, for the purpose of identifying trends in the occurrence of occupational illness and injuries.

3. OSH Standards. OSH standards consist of the following:

a. Navy and Marine Corps Orders and directives.

b. The OSH standards, including temporary standards.

c. Technical standards developed or adopted by voluntary consensus. These include nationally recognized sources of OSH guidance such as the American Conference of Governmental Industrial Hygienists, ANSI, National Fire Protection Association (NFPA), Americans with Disabilities Act, and Compressed Gas Association, Inc.

d. Special DoD, DON, and Marine Corps standards (e.g., SOPs, TMs, Preventive Maintenance, etc.), rules, and regulations cover on-the-job safety and health applicable to general military equipment, systems, and operations.

4. Application

a. The OSH standards shall be applied in work centers, facilities, equipment, and material aboard MCB CAMLEJ, except for military unique equipment, systems, and operations. Military unique equipment, systems, and operations shall comply with Marine Corps Orders, command-developed rules, and regulations consisting of specialized standards, specifications, and procedures to minimize hazards and prevent mishaps. These special rules and regulations shall be revised continuously and should include appropriate OSHA and national consensus standards wherever practicable and consistent with military design configuration and the requirement to develop and maintain a combat capability.

b. This chapter also addresses the prevention of mishaps caused by personal error or equipment failure, which may result in the following:

(1) Injury or occupational illness to military personnel while on or off duty and APF and NAF employees while on duty.

(2) Damage to property or equipment as a result of MCB CAMLEJ operations.

(3) Injuries to patrons of recreational and entertainment facilities aboard or sponsored by MCB CAMLEJ, per reference (h) (e.g., hobby shops, marinas, bowling centers, and firing ranges).

5. Implementation. All MCIEAST-MCB CAMLEJ commands/organizations aboard MCB CAMLEJ are required to provide a safe and healthy environment for training and working. A comprehensive Occupational Health/IH Program should include the following:

a. Compliance with all applicable standards.

b. Occupational Health/IH program management includes, but is not limited to:

(1) Validation of personnel assigned to medical surveillance programs based on current IH data.

(2) Medical surveillance/certifications examinations according to Occupational Health Department.

(3) Fit for duty medical evaluations (e.g., pre-placement, return-to-work, etc.). The term "fitness for duty" is used to describe medical examinations required or offered by management. A "fitness for duty" examination is completed when personnel are required to submit to a medical examination because there is a question about the person's continued capacity to meet the physical or medical requirements of employment.

(4) Job certification examinations are medical evaluations, required by law or regulation for certain occupations or for individuals performing specific work tasks. The examinations are designed to identify underlying health conditions or limitations that may result in a medical or safety risk to the personnel, co-workers, or public.

(5) Work area visits from NHCL IH and safety professionals are essential for the identification of physical, biological, and/or chemical hazards, use of PPE, and the assessment of work practices.

(6) Occupational illness and injury cases.

(7) Clinical consultative services.

(8) Preventative services (e.g., appropriate immunizations to prevent disease due to occupational exposure).

(9) Training and education of workers and professional and support staff.

(10) Involvement in command risk communication process.

c. Medical Surveillance Program Manager:

(1) Conduct a periodic review of personnel placed in medical surveillance programs to ensure necessary evaluations are given and unnecessary evaluations are eliminated.

(2) Report Medical Surveillance Program deficiencies to the unit commander to ensure full compliance of all regulations.

(3) Conduct trend analysis to identify excessive exposures to harmful health hazards or personnel exhibiting similar symptoms.

d. USO/DSRs:

(1) Consult with:

(a) Medical personnel for placement of personnel in the Medical Surveillance program.

(b) NHCL IH to survey and appraise conditions affecting the health and efficiency of personnel.

(2) Check ANYMOUSE receptacles weekly and supervise the program. Document all findings, per reference (a). Forward unsafe or unhealthy working condition reports to the MCIEAST-MCB CAMLEJ SD for evaluation.

(3) Ensure personnel are aware of Medical Surveillance workplace hazards by posting the unit's IH Survey on the Safety Bulletin Board.

6. Sight Conservation Program. The object of this program is the preservation of sight while maintaining the highest possible field of vision.

a. Purpose. All personnel, civilian and military, employed in eye hazard areas or operations shall be provided adequate eye protection. Personnel are required to wear appropriate eye protection when performing or in the vicinity of eye hazardous operations, such as: handling chemicals, cutting and welding, soldering, drilling, grinding, chipping and sandblasting, or other eye hazardous operations.

b. Definitions

(1) Eye hazardous operations are defined as any task, assignment, or operation that presents danger to the eyes of the worker and individuals in close proximity.

(2) Eye hazardous areas are defined as areas in which eye hazardous operations present a general hazard to personnel entering or working therein. It is mandatory that anyone entering an eye hazardous area wear ANSI Z-87.1 approved eye protection at all times.

c. Applicability and Scope. Personnel required to wear protective eyewear are as follows:

(1) All personnel aboard MCB CAMLEJ working in or entering into an eye hazardous area or engaged in an eye hazardous occupation are required to wear ANSI Z-87.1 approved cover goggles, pla no, or prescription safety glasses with permanently affixed side shields, face shields, or wear approved specialized eyewear.

(2) Prescription safety eyewear shall be issued to personnel whose duties require them to be in an eye hazardous area greater than 50 percent of their workday and whose unaided visual skills do not meet the requirements of their job. Personnel with intermittent exposures shall be afforded other types of ANSI Z-87.1 approved eyewear.

(3) In instances where personnel with prescriptive safety eyewear retire, resign, or transfer to another activity, the individual shall retain custody of the eyewear.

(4) Due to the nature of their jobs, (i.e., low frequency or duration), some personnel may not qualify for prescription safety eyewear. ANSI Z-87.1 approved plano eyewear or goggles shall be issued when necessary.

(5) Visitors entering eye hazardous areas shall be provided ANSI Z-87.1 approved eye protection.

(6) Contact lenses are not approved for wear when assigned to work involving handling caustics, acids, and toxic chemicals or dust. Only medical department personnel shall authorize and document wearing contact lenses with a Respirator on a case-by-case basis.

(7) Since the fading process is not instantaneous, photo chromic (transitional) lenses are not authorized as part of the prescription safety eyeglasses program.

d. Procedures for Obtaining Prescription Safety Eyewear

(1) APF Employees

(a) A vision-screening test shall be given to new employees as part of the pre-employment physical examination, when required, by the Occupational Health Department. If the employee does not meet the visual acuity requirements of the position, the employee shall be advised to consult a private practitioner to obtain refractive services.

(b) Supervisors shall advise the USO/DSR of new employees or of an employee whose visual acuity has deteriorated to enable the USO/DSR to determine the employee’s eligibility for the Sight Conservation Program.

(c) If the private physician confirms the need for refractive glasses, they will provide a prescription to the employee. Once medically confirmed, and if the employee works in a designated eye hazardous area or job, the employee shall provide a copy of their eye exam results to the supervisor. The supervisor shall then forward the

exam and PPE Hazard Assessment Survey and Analysis to the USO/DSR for review and approval. The USO/DSR shall forward the documents to the MCIEAST-MCB CAMLEJ SD Sight Conservation Program Manager who shall verify that the employee meets the requirements, per paragraph 6(c)(2) for ANSI Z-87.1 approved prescriptive eyewear. The DOS will provide the funding and refer the employee to an authorized local optometry office for procurement of the safety prescriptive glasses.

(d) An employee that works less than 50 percent of their normal work day in designated eye hazardous areas or occupations should wear other approved safety eyewear. If the employee wears prescription glasses for defective visual acuity, medical confirmation shall be considered satisfied.

(e) Employees who have visual impairment shall not be assigned duties that would present a hazard to their eyesight without protection. In addition, such employees shall wear protective eyewear at all times regardless of their occupation or work area.

(f) It is the individual's and supervisor's responsibility to ensure that personal protective eyewear is maintained in a clean and fully operational condition and it is used while performing eye hazardous operations. The eyewear furnished under the Sight Conservation Program is the property of the Marine Corps and shall be repaired or replaced if damaged in the course of employment. Employees may be eligible for replacement glasses every two years as warranted.

(2) Military Personnel: Be screened and obtain prescription safety glasses through their medical channels.

(3) NAF Employees: Obtain prescription safety eyewear from their employer.

e. Action

(1) DOS:

(a) Administer the Sight Conservation Program. This includes purchase of prescription safety eyewear for AP employees working in eye hazardous areas or occupations.

(b) Provide assistance to supervisors in determining eye hazardous areas, occupations, and appropriate eyewear protection.

(2) Commanders:

(a) Manage their safety eyewear program and provide funding for required non-prescriptive protective eyewear.

(b) Request assistance from the MCIEAST-MCB CAMLEJ SD to perform the PPE hazard assessment survey and analysis of eye hazardous work areas.

(3) Supervisors:

(a) Identify eye hazardous areas and occupations for inclusion to the departmental sight conservation program.

(b) Ensure designated eye hazard areas, operations and equipment have appropriate signage/labeling to warn personnel and visitors of the potential eye hazard and what PPE must be worn.

(c) Ensure availability of ANSI Z-87.1 approved protective eyewear for personnel entering and eye hazardous working areas.

(d) Determine personnel's eligibility for prescriptive safety eyewear and advise the USO/DSR of the requirement.

(e) Ensure personnel are apprised of the time, date, and location of the scheduled appointments, and that they are given the opportunity to get to their appointments in a timely manner.

(f) Return Prescription Protective Eyewear Form MCB CAMLEJ/SAFETY/1 to the MCIEAST-MCB CAMLEJ SD Sight Conservation Program Manager in its entirety.

(g) Ensure PPE eyewear is maintained in a clean and fully operational condition and is used while personnel are performing eye hazardous operations.

(h) Initiate appropriate disciplinary action if it is determined that protective eyewear has been willfully damaged, altered, or lost through negligence, or that personnel are not responding to the provisions of the Sight Conservation Program. Supervisors shall not allow personnel to work in an eye hazardous area without protective eyewear.

(4) USOs/DSOs:

(a) Verify eligibility of new personnel in the Departmental Prescriptive Safety Eyewear Program.

(b) Coordinate with the MCIEAST-MCB CAMLEJ SD Sight Conservation Program Manager to enroll personnel in the Departmental Prescription Safety Eyewear Program.

(5) Personnel:

(a) Wear the protective eyewear while working in the designated eye hazardous area or occupation.

(b) Maintain personal protective eyewear in a clean and fully operational condition.

(c) Report lost or missing, and turn in unserviceable or worn out protective eyewear to supervisors immediately.

7. Paint, Spraying, and Coating

a. Operations involving the use of paints, varnishes, lacquers, cleaners, solvents, plastic coatings, and other finishing materials which readily ignite at relatively low temperature may cause fire and/or health hazards unless proper preventive measures are taken.

b. Many of the materials used in painting and spraying operations are volatile and typically evaporate forming vapors that may produce explosive and/or toxic mixtures in the air if not removed by adequate ventilation.

c. All spray-painting operations shall be conducted in spray booths properly designed, evaluated, and certified by an NHCL IH.

d. Conspicuous "NO SMOKING" signs shall be posted at all flammable materials spraying areas and storage areas.

e. Equipment, electrical wiring methods, and installed equipment in these locations shall be designed and approved for the hazardous environment, per references (g) and (z).

f. The quantity of flammable or combustible liquid kept in the vicinity of spraying operations shall be kept to the minimum required for operations and shall not exceed a supply for one day or one shift.

g. Flammable and combustible liquids shall be stored in safety containers with flame arresters, not more than five gallon capacity, having a spring-closing lid, spout cover, and designed to safely relieve internal pressures under fire exposures. Flammable and combustible liquids shall be stored in separate NFPA approved storage cabinets 50 feet away from any source of ignition with suitable "NO SMOKING" or "OPEN FLAME" signs posted in all such areas.

h. The occasional use of aerosol spray cans is permitted outside of spray booths or spray rooms. Such operations shall be conducted outdoors when practicable. When spray painting is done indoors, adequate ventilation must be provided as determined by an IH.

i. Hazard communication training shall be provided to all exposed personnel prior to all painting operations. Patrons using self-help shall be informed of the hazards of the products they are issued and the proper PPE to be used while handling such products. MSDSs shall be provided to users of HM.

8. HCP

a. All appropriated funds civilian employees, who may potentially be exposed, as determined by the local IH Survey, shall be required to attend annual HCP training per reference (r).

b. Military Personnel. All Marines and Sailors are required to participate in the HCP per reference (y).

9. Bloodborne Pathogen. All personnel (military and civilian), who may potentially be occupationally exposed (i.e., PMO, FESD, first responders, healthcare workers, Substance Abuse Counseling Officers, housekeepers, etc. where first aid kits are available to personnel in work centers) shall be required to attend Bloodborne Pathogen Awareness Training, per references (g) and (ac) and annual refresher training thereafter.

10. Asbestos. All personnel (military and civilian), who may potentially be exposed, as determined by the unit IH Survey, shall be required to attend annual Asbestos Awareness Training, per references (g), (t), and (aa).

Chapter 13

Fall Protection

1. Policy. To establish a Fall Protection Program for MCB CAMLEJ, per references (a), (g), and (t).

2. Scope

a. Provisions of this chapter apply to all MCIEAST-MCB CAMLEJ commands, departments, and service contractors aboard MCB CAM LEJ. Construction contractors working aboard MCB CAMLEJ shall comply with references (g), (t), and (x). Military unique situations (e.g., obstacle course training, rappelling) shall be governed by the appropriate military standard or SOP approved by the commander; requirements of references (g) and (t) apply, if feasible.

b. All conditions that expose MCIEAST-MCB CAMLEJ personnel to fall hazards of six feet (1.8 m) or greater shall be assessed by a competent person with fall protection training (NAVOSH Course ID A493-0084) to implement proper controls.

c. Requirements related to fall protection for personnel working on stairways and ladders are contained in reference (t).

3. Discussion. Falls are a leading cause of traumatic occupational death among workers according to statistics from the Department of Labor. Most fall related fatalities could be prevented by the use of RM and hazard control measures.

4. Responsibilities

a. Commanders and Department Heads:

(1) Comply with the requirements of this Order and references (a), (g), (t), and (x).

(2) Ensure personnel who are potentially exposed to fall hazards receive appropriate training and fall protection equipment.

b. DOS:

(1) Ensure fall protection training for required personnel and their supervisors are conducted by a competent person.

(2) Provide recommendations for appropriate fall protection.

(3) Stop work operations that are not in compliance with this Order and other Federal regulations.

(4) Review all written fall protection SOPs before they are published.

c. The AC/S's of G-3/5, G-6, G-F, and MCCS:

(1) Ensure personnel who are exposed to fall hazards of six feet or greater receive fall protection training and PPE.

(2) Evaluate structures and materials for suitable anchor points when fall protection systems are required to safeguard personnel. Evaluations and recommendations shall be coordinated with the SD.

(3) Check contractors for compliance with their written fall protection program and stop work if noncompliance becomes evident.

(4) Additionally, the AC/S, G-F shall ensure the OICC overseeing contractors performing work aboard MCB CAMLEJ are aware of the provisions of this Order and references (g), (t), and (x), when applicable, and required inclusion of a written fall protection program within their safety and health plan.

d. Supervisors:

(1) Request assistance from the SD, Fall Protection Program Manager, and the USO/DSR when assessing potential fall hazards.

(2) Provide personnel with a written fall protection SOP and JHA approved by the SD, detailing steps necessary to control fall hazards.

(3) Provide personnel with a stable work platform, scaffold, or ladder.

(4) Provide personnel with appropriate fall protection equipment.

(5) Require personnel to use fall protection equipment properly.

(6) Ensure appropriate barriers are in place or debris nets are used below elevated work surfaces that protect personnel from falling objects.

(7) Ensure personnel who are exposed to fall hazards receive training and the training documented.

(8) Identify fall protection equipment and areas that require fall protection in the JHA. Review annually and ensure refresher training is provided to all employees.

e. Personnel Working where Fall Hazards can reasonably be expected:

(1) Comply with requirements of the fall protection program.

(2) Request supervisory assistance when assessing potential fall hazards i.e., environmental, structural, and physical hazards.

(3) Use fall protection techniques and equipment properly when fall hazards are present.

(4) Inspect fall protection equipment before use and properly maintain per manufacturer's recommendations. Remove from service any personal fall protection equipment that does not meet ANSI Standards, and in addition, that has been shock-loaded until inspected by the manufacturer or other competent persons.

(5) Report unsafe work conditions to supervisors.

5. Principles of Fall Protection

a. Work that exposes personnel to fall hazards is divided into construction and maintenance categories with separate standards covering each type of work.

(1) Construction. All new construction, modification or repairs to existing structures, as well as painting or repainting of structures, fall under the provisions of reference (t).

(2) Maintenance. Maintenance and spot painting of structures fall under the provisions of reference (g).

b. References (g) and (t) use a potential fall of six feet or greater as a trigger point for the requirement to implement a fall protection program. Standards also differentiate between low-slope roofs with a pitch less than or equal to four inches in 12 inches (vertical to horizontal); and steep-slope roofs, with a pitch greater than four inches in 12 inches. During assessment of a fall hazard and design of a fall protection system, it is important to note low slope-roofs require different types of fall protection measures than steep-slope roofs. Combinations of fall protection systems may be required to control specific hazards. Additionally, design of a fall protection system may require the coordination of supervisors, safety professionals, and civil or mechanical engineers to maximize worker safety. Some widely used fall protection systems with partial listings of requirements are given below. OSHA regulations must be consulted for complete requirements and exceptions.

(1) Guardrail Systems. May be temporary or permanent, but shall be capable of withstanding a force of at least 200 pounds applied within two inches of the top edge, in any outward or downward direction, at any point along the top edge. The guardrail shall consist of top rail, mid-rail, posts and toe board. The top edge height of top rails, or equivalent guardrail system members, shall be 42 inches plus or minus three inches above the walking/working level. Mid-rails, screens, mesh, intermediate vertical members, or equivalent intermediate structural members shall be installed between the top edge of the guardrail system and the walking/working surface so there

is no opening greater than 19 inches. Toe boards (four inches high) or other more effective systems shall be used to protect workers from falling objects such as tools or materials.

(2) Safety Net System. A mesh net extending a minimum of eight feet from the edge of the working surface, installed as close as possible to the working level, and be able to withstand a weight of 400 pounds dropped from the highest exposed working surface. Consult references (g) and (t) for minimum net extension distance, which can vary according to the potential distance of fall.

(3) Personal Fall Arrest System

(a) This system is composed of a full body harness, lanyard with shock absorbing device, self-locking connectors, and anchorage system. All system components must be rated at 5,000 pounds breaking strength and compatible for use together as a system. Other systems may include horizontal and vertical lifelines, or self-retracting lifelines.

(b) Anchorages for lifelines must be independent of any anchorages used for suspended platforms, scaffolding, etc.

(c) Personal fall arrest system cannot allow worker free-fall distance to exceed six feet.

(d) MCB CAMLEJ personnel shall not use body belts due to the potential to "fall through" the belt if turned upside down.

(4) Covers. Covers for holes in floors, roofs, and other walking or working surfaces must be able to withstand twice the total weight of workers, equipment, and materials that may be imposed on the cover at any time. The cover must be fastened to prevent slippage and marked "cover" or "hole" (except manhole covers or steel grates).

(5) Warning Line System. Rope, wire, or chain, 34-39 inches high, placed inwards at least six feet from the edge, flagged every six feet with high visibility materials, supported by stanchions capable of withstanding a horizontal force of 16 pounds without tipping. This system can only be used on a low-slope roof (pitch equal to or less than four inches in 12 inches) and flat roof.

(6) Safety Monitoring System. A competent person may be designated as a safety monitor, who acts as a warning system if a worker appears to be unaware of a fall hazard. The monitor must be on the same working surface, with no visual obstructions, and close enough to communicate orally with the worker. The monitor may not have any other duties. This system can only be used on a low-slope roof (pitch equal to or less than four in 12 inches).

(7) Positioning and Restraint Systems. The positioning system shall not allow the person to fall more than two feet and the anchorage strength shall be a minimum of 3,000 pounds.

6. Rescue Operations. The MCIEAST-MCB CAMLEJ SD and supervisors shall ensure personnel exposed to fall hazards can be promptly rescued. A rescue and evacuation plan shall be prepared by the organization making the climb, to include emergency procedures, methods of rescue, communication, and equipment used. The competent or qualified person making the climb shall record all Water and Communication Tower Climbs with the MCB CAMLEJ 911 Emergency Consolidated Communications Center at (910) 451-3005 and give the facility number and organization name before each climb. This shall enable emergency personnel to respond if needed.

7. Training

a. Towers are traditionally minimal structures in terms of human comfort. They provide no shelter, they rarely provide sufficient floor to stand and they require intense physical effort to climb, stand, and work. Supervisors shall ensure fall protection training is provided to all personnel who may be exposed to fall hazards. Training shall enable each person to recognize hazards of falling, as well as understand procedures used to minimize these hazards.

b. Training shall be conducted by a competent person and shall include:

(1) Nature of fall hazards in work area(s).

(2) Correct procedures for erecting, inspecting, and disassembling fall protection systems to be used.

(3) Use and operation of guardrail systems, personal fall arrest systems, safety net systems, warning line systems, safety monitoring systems, controlled access zones, and any other protection used.

(4) Role of each individual in safety monitoring system used.

(5) Limitations on the use of mechanical equipment during performance of roof work on low-sloped roofs.

(6) Correct procedures for handling and storage of equipment and materials, and erection of overhead protection.

(7) Personnel climbing towers should report any defects discovered during their climb.

c. Remedial training shall be conducted when changes to the work center or fall protection techniques render previous training ineffective, or personnel who have received training cannot demonstrate adequate knowledge of fall protection procedures.

d. Training requirements for personnel using ladders and stairways are provided in reference (t). The training program must enable each user to recognize hazards related to ladders and stairways and use proper procedures, including fall protection systems, to minimize these hazards.

Chapter 14

Office Safety

1. Purpose. To provide general requirements, clarification, and guidance for implementing safety precautions within administrative office areas.

2. Background. Although office spaces are not normally considered a high hazard environment, office injuries do occur and can be serious. Office injuries include, but not limited to:

a. Slipping, tripping, and falling.

b. Improper lifting techniques when handling materials or equipment.

c. Striking against, or being struck by doors or other objects.

d. Injuries from shredders, electric staplers, paper cutters, or other equipment.

3. Emergency Action Plan (EAP). Commanders, department heads, and supervisors shall ensure that all office areas have a written EAP describing the required safety actions personnel should take during emergencies such as fires, earthquakes, storms, and floods. The EAP shall be reviewed by all personnel.

a. The EAP, established per reference (p), shall provide procedures for emergency escape, routes and accounting for all personnel after evacuation. Evacuation plans shall be conspicuously posted in buildings and office spaces.

b. Medical. First aid is readily available through the NHCL and its branch clinics; or Occupational Health. Emergency care is accomplished by calling 911. If the office provides a first aid kit; the kit must be inspected, inventoried monthly, maintained and personnel must be trained in its use. This does not apply to personally owned first aid kits.

c. All personnel shall be trained in the following:

(1) Types of Potential Emergencies;

(2) Evacuation Plans;

(3) Alarm Systems;

(4) Reporting Procedures; and

(5) Procedures to contact duty or emergency recall personnel.

4. General Equipment

a. File Cabinets. To reduce and minimize most common hazards associated with file cabinets supervisors shall:

(1) Ensure file cabinets are located away from traffic areas such as entrance doors or aisles.

(2) Ensure file cabinets do not become imbalanced (i.e., unloading lower drawers may cause cabinet to be top heavy and tip easily).

(3) Ensure one file drawer is opened at a time.

(4) Ensure file drawers shall never be opened where the drawer is situated over another person's head.

(5) Ensure handles on cabinet drawers are used for opening and closing file cabinet drawers.

(6) Ensure cabinets are aligned with others of the same size (depth) to prevent personnel from striking protruding corners of cabinet frames.

(7) Ensure heavy items are not placed on top of file cabinets.

(8) Ensure filing cabinet systems are free from hazards such as burrs and other deformities that create a shape surface. Cabinets posing a hazard to personnel shall be removed from service until repaired.

b. Paper Cutters. Paper cutters shall have the cutting blades locked down or secured when not in use. Paper cutters with missing or unserviceable securing devices intended to lock the blade should be removed from the work center and the blade secured with a zip-tie or product capable of locking the blade in the down position. Equipment removed from service shall be tagged "Out of Service" until repairs can be completed.

c. Ladders

(1) All folding and step ladders shall be inspected before use.

(2) Ladders and similar devices shall be used in accordance with the manufacture's instruction with the safety and warning labels affixed to the equipment.

(3) Personnel shall not climb or step on cross bracing.

(4) Metal locking or spreader devices shall be functional and fully locked out into position on both sides to hold open folding ladders/step ladders.

(5) Personnel shall not step on the top step of any type of ladder.

(6) Metal ladders shall not be used when changing light bulbs or lamps.

5. Desks and Computer Work Stations. In addition to proper ergonomics, the follow regulations shall eliminate or reduce office setting mishaps.

a. Computer keyboards on a sliding tray should always be stowed when not in use.

b. Containers are to be provided to store sharp objects when not in use. Paper cutters and razor blades shall have the cutting edge covered when not in use.

c. The use of plate glass on top of desks is not authorized. Tops made of non-reflective safety glass or acrylic plastic may be used.

d. Equipment must be arranged so it does not protrude from the sides of work surfaces, desks, or other furniture.

e. Desk drawers shall not be left open.

f. Chairs. All chair feet/wheels shall remain in contact with the floor. Swivel chairs shall have no less than a five casters/wheels base to prevent turning over. Chairs shall be adjustable in height for various sized personnel. Chairs shall be checked for structural integrity; defective chairs shall be taken out of service until repaired or disposed.

g. Personnel shall not stand on chairs, desk, or other furniture items.

6. Video Display Terminal (VDTs). Chapter 15 of this Order provides guidance regarding ergonomic criteria for VDTs.

a. Using VDTs for long periods of time may cause personnel to suffer from eye or muscle fatigue, repetitive motion injuries, stress, or headaches.

b. In general, VDTs shall be adjusted to a height that is 10 degrees below the user’s eye level. Adjustments shall vary for personnel who wear bifocals, trifocals, or progressive lenses.

c. Glare from VDTs may be reduced by use of auxiliary glare screens or relocation of display screens.

7. Machines, Appliances, and Devices. Supervisors shall ensure safe operations of powered and manual office machines.

a. Office machines and equipment shall be arranged and located to prevent falling or tipping over.

b. All electrical equipment placed into service must be listed by a nationally recognized laboratory for testing equipment such as UL.

c. Do not handle electrical plugs or connection devices with wet hands. Be sure that all electrical equipment is grounded, if applicable.

d. Protection shall be provided against moving parts of shredders, bookkeeping machines, tabulating machines, and other types of power driven office equipment.

e. Equipment with damaged or unserviceable cords (missing ground prongs, torn or opened insulation, spliced wires, etc.) shall be tagged "Out of Service." Repairs to electrical cords and equipment must be accomplished by a qualified person and tested prior to being placed back in-service.

f. Operators/users of electrical equipment with long flexible cords such as buffers, vacuum cleaners, and audio visual carts shall inspect the cords for damage prior to operating.

g. Coffee Makers and Similar Items. Supervisors:

(1) Ensure coffee makers are positioned on noncombustible surfaces (laminated or metal) and away from traffic areas.

(2) Ensure coffee makers are not used in storerooms, closets, shelves, or other limited or restrained locations where they cannot be observed.

(3) Ensure coffee makers be plugged directly into a permanent outlet and may not be powered by extension cords or other portable outlet devices such as power strips.

h. Ensure toasters and toaster ovens are unplugged when not in use.

i. Extension Cords. For the purpose of this Order, extension cords are not considered by definition the same as portable outlet devices and are intended for temporary use only. Extension cords shall meet the following:

(1) Shall not be used as permanent (fixed) wiring. Equipment should be relocated near an electrical outlet if possible. Submit a request through a work order that an electrical outlet be installed when equipment must be powered and cannot be moved closer to an existing power source.

(2) Shall be inspected prior to each use.

(3) Extension cords and Christmas lighting components shall not be routed through door openings, walls, floors, windows, or any other equivalent opening.

(4) When used, extension cords shall not be tightly coiled.

j. Portable Outlet Devices. For the purpose of this instruction, power strips, surge protectors, and spike protectors are known as portable outlet devices. The following applies:

(1) Shall be certified and used per manufacture's instruction.

(2) May supply energy to equipment requiring electronic noise filtering and/or to low-powered equipment such as computers, computer monitors, computer speakers, portable radio/CD systems etc.

(3) May not supply high-powered loads such as coffee makers, heaters, refrigerators of any size, window air-conditioning units, microwaves, copy machines, etc.

(4) Are to be plugged directly into permanently installed branch circuit outlets. Portable outlet devices shall not be powered by extension cords and other portable outlet devices.

(5) Shall not be located on counter tops with adjoining sinks or that are used in processing, or transferring of liquids.

(6) Shall not be used in damp or wet locations.

(7) Shall not be routed through door openings, walls, floors, windows, or any other equivalent opening.

k. Fans. Electric fans when used in the workplace shall meet the following:

(1) All ventilating fans within seven feet of the floor shall have the fan blades covered with an appropriate guard that has openings no larger than 1/2 inch.

(2) Shall be inspected at least quarterly by the supervisor or the work center safety representative to ensure:

(a) Guards are functional and free from defects.

(b) Power cords are serviceable and free of splices and in-house repairs.

(c) Plugs are serviceable to include grounding terminals for fans required by the manufacture to be originally equipped with a ground.

l. Electric Space Heaters. Where authorized and approved for use, electric heaters shall be in compliance with the following:

(1) Shall be "Listed" with a nationally recognized laboratory such as UL and shall be equipped with an automatic shut-off and emergency tip-over switch.

(2) Shall be used in accordance with the manufactures instructions, specifications on the unit's label, and in the user manual.

(3) Shall be free from defects and in good working order to include grills, guards, and other features intended for safety and function by the manufacture.

(4) Shall be supplied power directly from permanently installed branch circuit outlet. Extension cords and portable outlet devices shall not supply power to electric heaters.

(5) Shall not be left unattended and shall be unplugged when not in use.

(6) Shall be located on a level and stable surface. Heaters shall not be located in high traffic areas.

(7) Combustible materials such as draperies, furniture, clothing, boxes, trash cans, and paper must remain clear of heaters. At no time shall combustible materials be closer than three feet of the heating face or heating grill/coil section.

(8) Shall remain in plain view. Electrical space heaters shall not be placed under a desk or similar area.

8. Safety Inspections. Safety inspection of office spaces shall be conducted, per chapter 4 of this Order.

Chapter 15

Ergonomics

1. Purpose. To establish procedures and requirements for the ergonomics program. The goal is to prevent work-related musculoskeletal disorders (WMSDs) for military and civilian personnel through the application of identifying, evaluating, and controlling ergonomic risk factors.

2. Background

a. WMSDs are defined as a class of disorders involving damage to muscles, tendons, tendon sheaths, and related bones and nerves. They may also be known more specifically as repetitive strain injuries, Cumulative Trauma Disorders, and Overuse Syndrome. WMSDs result from the cumulative effect of repeated traumas associated with specific workplace risk factors, to the musculoskeletal system.

b. WMSDs represent over half of all rated military disabilities, and over one-third of all reported civilian injuries and illnesses within the Marine Corps.

c. In recent years, MCB CAMLEJ has seen an increase in musculoskeletal disorders such as back injuries and carpal tunnel syndrome which can be attributed to changes in work processes.

3. Information. Musculoskeletal disorders affect soft tissues of the back, neck, shoulder, elbow, hand, wrist, and fingers. These include the nerves, tendons, cartilage, ligaments, and muscles. Musculoskeletal harm and reduced human performance capabilities often result from a mismatch between workers and manual tasks required of them. Ergonomics seeks to adapt job and workplace to worker by designing tasks and tools that are within the worker's capabilities and limitations. Risk factors include, but are not limited to:

a. Force. The amount of physical effort required to maintain control of equipment or tools or perform a task such as heavy lifting, pushing, pulling, grasping, or carrying.

b. Repetition. Performing the same motion or series of motions continually or frequently for an extended period of time with little variation. (e.g., prolonged typing, assembling components, and repetitive hand tool usage.)

c. Awkward or Static Postures. Awkward posture refers to positions of the body (limbs, joints, back) that deviate significantly from the neutral position while performing job tasks (e.g., overhead work extended reaching, twisting, squatting, or kneeling.) Static postures refer to holding a fixed position or posture (e.g., gripping tools that cannot be set down or standing in one place for prolonged periods of time.)

d. Vibration. Localized vibration, such as vibration of the hand and arm, occurs when a specific part of the body comes into contact with vibrating objects such as powered hand tools (e.g., chain saw, electric drill, chipping hammer) or equipment (e.g., wood planer, punch press, and packaging machine). Whole-body vibration occurs when standing or sitting in vibrating environments (e.g., operating a pile driver or driving a truck over bumpy roads) or when using heavy vibrating equipment that requires whole-body involvement (e.g., jackhammers).

e. Contact Stress. Results from occasional, repeated, or continuous contact between sensitive body tissues and a hard or sharp object. Examples include resting the wrist on a hard desk edge; tool handles that press into the palms or using the hand as a hammer. When present for sufficient duration, frequency, magnitude, or in combination, these risk factors may cause WMSDs. In addition, personal risk factors, such as physical conditioning, existing health problems, gender, age, work technique, hobbies, and organizational factors (e.g., job autonomy, quotas, and deadlines) may contribute to but do not cause the development of WMSDs. Additionally, environmental conditions such as working in temperature extremes may contribute to developing WMSDs.

4. Responsibilities

a. Commanders and Department Heads:

(1) Ensure personnel exposed to musculoskeletal risks receive appropriate training.

(2) Ensure work center evaluations are completed, per the MCB CAMLEJ Ergonomics Plan. These evaluations should be included in the periodic IH surveys.

(3) Allocate resources to ensure ergonomic considerations become a fundamental aspect of process improvement and program implementation.

(4) Ensure newly appointed supervisors, managers, and personnel receive appropriate ergonomics training.

(5) Use local medical treatment facility (MTF) recommendations in the assignment of injured workers to light or restricted duty.

b. DOS:

(1) Establish an Ergonomics Program.

(2) Appoint in writing an ergonomic trained safety specialist (0018 Job Series) as a member of the MCB CAMLEJ Ergonomics Committee and as the MCB CAMLEJ Ergonomic Program Manager.

The trained safety specialist shall have received at least 40 hours of formal training by attending the NAVOSH Navy Ergonomics Program (CIN: A-493-0085) or similar program.

(3) Ensure the CG is advised on ergonomic issues as they occur.

(4) Coordinate ergonomics training and education for the ergonomics committee.

(5) Oversee safety aspects of the ergonomics effort.

c. CO, NHCL:

(1) Appoint a Medical Officer to chair the MCIEAST-MCB CAMLEJ Ergonomic Committee.

(2) Appoint an NHCL IH to serve as a member of the MCIEAST-MCB CAMLEJ Ergonomic Committee.

d. MCIEAST-MCB CAMLEJ Ergonomics Committee:

(1) Review all exceptional or special needs ergonomic furniture and equipment based upon survey results.

(2) Provide recommendations to supervisors on appropriate furniture/equipment prior to purchase.

(3) Ensure coordination of medical aspects of the ergonomics program with responsible MTF.

(4) Review injury and illness records related to musculoskeletal disorders, develop trend analyses, and report results to OSH Safety Council.

(5) Set program goals and develop strategies.

e. MCIEAST-MCB CAMLEJ Ergonomics Program Manager:

(1) Serve as focal point for the MCB CAMLEJ ergonomics program and perform ergonomic evaluations on high risk areas, processes, and personal work stations.

(2) Ensure accurate record keeping of ergonomics committee minutes.

(3) Ensure ergonomic training is coordinated with the SD and AC/S, G-1 for MCIEAST-MCB CAMLEJ personnel.

(4) Audit status of implementation of the ergonomics plan annually to include workplace processes, awareness, and documentation.

(5) Identify existing and potential musculoskeletal risks for trending purposes.

(6) Conduct worksite evaluations upon request. These evaluations should be included in the periodic IH surveys.

(7) Set priorities for identified musculoskeletal risks for abatement.

(8) Implement corrective action plans.

(9) Develop methods to evaluate the effectiveness of corrective actions and document results.

(10) Maintain documentation on annual surveys, committee meetings, trend analyses, investigations, ergonomic improvements, and associated costs.

f. Supervisors/USO/DSR:

(1) Ensure personnel receive ergonomics awareness training.

(2) Request assistance from the USO/DSR or MCIEAST-MCB CAMLEJ Ergonomic Program Manager for recognizing, assessing, and monitoring musculoskeletal risk factors.

g. Non-supervisory Personnel:

(1) Request supervisory assistance when assessing potential musculoskeletal risks.

(2) Report unsafe work conditions to supervisors.

(3) Provide knowledge and feedback on any job changes proposed or implemented.

(4) Recognize symptoms and causes of musculoskeletal disorders and report them early.

(5) Support workplace innovations and changes that reduce the risk of musculoskeletal disorders.

(6) Report all work-related injuries/illnesses to your supervisor.

5. Ergonomics Program Elements. Further guidance is available in references (a) and (ac).

a. Management Commitment and Personnel Involvement. A collaborative partnership between all working levels is essential to prevent musculoskeletal disorders. Command emphasis, management commitment, and demonstrated visible involvement by all personnel provide the organizational resources and motivation necessary to

implement a sound ergonomics program. Personnel involvement is crucial for preventing musculoskeletal disorders by risk identification and developing an effective means for hazard abatement.

b. Requesting an Ergonomics Survey. A request should be routed through the employee's supervisor, after identifying perceived hazards or from Occupational Health once there has been a diagnosis of an ergonomics related injury or illness.

c. Work Center Analysis. Purpose of a workplace analysis is to identify existing hazards that may cause musculoskeletal disorders and other injuries. Identification of jobs with musculoskeletal risk factors shall assist in determining where detailed job analysis and intervention priorities are needed.

(1) One method of workplace analysis requires a review by the MCIEAST-MCB CAMLEJ Ergonomic Committee of mishap logs, compensation claims, personnel complaints and suggestions, safety inspections, and IH surveys for musculoskeletal disorders.

(2) Another method of workplace analysis may include questionnaires, personnel interviews, direct observations, and videotaping the work process to provide information for detailed job analysis. Where walk-through surveys (safety inspection or IH survey) reveal potential for musculoskeletal, a symptom or body part discomfort survey shall be administered to determine if intervention is warranted. This method provides a proactive approach on collecting information prior to actual injury.

d. Hazard Prevention and Control. The goal of hazard prevention and control is to eliminate, reduce, or control the presence of musculoskeletal risk factors. Effective design or redesign of a task or workstation is the preferred method of preventing and controlling exposure. Methods of intervention include engineering controls, administration controls, and PPE (back belts and wrist splints are not considered PPE). All risks identified shall be assigned a RAC and entered into the hazard abatement log as described in chapter 7 of reference (a).

(1) Managers must recognize and understand ergonomic issues in order to support the Ergonomic Program with adequate resources.

(2) Supervisors are required to recognize and abate hazardous work situations.

(3) Personnel are required to identify and report stressful work situations to their supervisors and corporate intervention measures.

(4) Ergonomic committee members shall interpret safety, health, and compensation data to make informed program and management recommendations.

6. Program Evaluation and Review. The Ergonomics Program Coordinator shall annually assess the implementation and effectiveness of MCB CAMLEJ Ergonomic Plan.

7. Training

a. Ergonomics awareness training shall be made available to all military and DoD civilian personnel. Training should enable each person to recognize work center risk factors (ergonomic), as well as understand procedures used to minimize these risks.

b. Ergonomics awareness training should include:

(1) Ergonomics definition and concepts.

(2) Work center physical risk factors and personal traits that may contribute to an injury.

(3) How to recognize and report early warning signs and symptoms associated with various WMSDs.

(4) How to prevent WMSDs by recognizing physical risk factors and identifying the basic elements of an effective design. Know how to report physical risk factors to their supervisors and cooperate with intervention measures.

(5) Conducted annually and upon request.

(6) Training shall be documented, per chapter 9 of this Order.

(7) Additional training shall be conducted when personnel are assigned to a new job with different risks, or when risks are newly identified in a job.

Chapter 16

Recreation and Off-Duty Safety (RODS)

1. Purpose. Provide policy and instruction for the reduction or elimination of all off-duty and recreational mishaps.

2. Background. Off-duty and recreational mishaps are the leading cause of Class A/B injuries within the DoD. Specifically four wheel personal mobility vehicle and motorcycles account for the majority of off-duty fatalities. High-risk activities, such as open water swimming, recreational vehicles (all-terrain vehicles, utility terrain vehicles, and dirt bikes) pose significant risk without proper training or RM.

3. Responsibilities

a. Commanders, Department Heads, and Supervisors shall: Encourage personnel who participate in high risk sports or activities to inform leadership of their participation. Personnel should be encouraged to seek further guidance from the USO/DSR or SD regarding training requirements, hazard recognition and awareness and steps towards mitigation.

b. DOS:

(1) Appoint in writing a qualified SOH Specialist to serve as the MCB CAMLEJ RODS Program Manager.

(2) Routinely distribute RODS promotional materials. This information may include the following: home safety, ORM, Consumer Product Safety Commission Publications, Coast Guard Consumer Fact Sheets, National Safety Council Bulletins, and through local media Semper Safe articles. Other resource information is available at the Naval Safety Center (NAVSAFECEN) website: www.safetycenter.navy.mil and the CMC (SD) website: http://www.safety.marines.mil/.

(3) Ensure safety and health inspections of recreational activities, to include facilities and equipment, are conducted at least annually, per applicable regulations. In cases where no Marine Corps orders are available, Federal OSHA standards and other national consensus standards shall be adopted.

(4) Review all plans for proposed construction or renovation to recreational facilities for safety and health considerations prior to and during all phases of construction or prior to contracting of service.

(5) Provide safety briefs, presentations, and safety fairs to tenant commands upon request.

(6) Provide guidance and support for operation pauses and “safety stand-downs” upon request.

c. AC/S, MCCS:

(1) Develop and publish SOPs, including the minimum safety requirements, for the use of each MCCS activity and/or equipment. SOPs shall be maintained at each facility/activity.

(2) Ensure facility supervisors provide activity-specific safety training to patrons, as appropriate. Only patrons with the required safety training shall be permitted use of the area. The area/activity/facility supervisor shall develop a process for enforcing the training and testing requirements. Training records shall be maintained for at least five years.

(3) Per chapter 4 of this Order, ensure safety and health inspection reports are reviewed and appropriate action completed.

(4) Enforce the use of required PPE for patrons participating in all NAF recreational and athletic activities.

(5) Consult with SD on all plans for proposed construction or renovation to recreational facilities for safety and health considerations prior to contracting of service.

(6) Consult with the SD for safety and RM considerations for high-risk recreational activities such as archery, trap/skeet, and paint ball, etc. during the design phase of all recreational facilities.

d. USO/DSR:

(1) Administer the unit/department's RODS program.

(2) Document all RODS safety training.

(3) Conduct and document all RODS briefings. Briefs should include information on local recreation hazards, special weather conditions, environmental conditions, and PPE requirements.

4. Off-Duty ORM Applications Guidance

a. ORM should be used to manage the inherent risks present during off-duty and recreational activities in the same manner as within military operations and training evolutions.

b. The application of ORM in off-duty situations identifies the hazards in advance and mishaps may be avoided through proper planning. Use the following as a simple ORM mishap prevention tool to assist you.

(1) Identify Hazards - Ask "what if"; brainstorm.

(2) Assess Hazards - Assign a RAC based on probability and severity.

(3) Make Risk Decisions - Address the highest RACs first; identify control options to lower the level of risk.

(4) Implement Controls - SOP; verbal briefing; use of PPE.

(5) Supervise - Watch for changes; spot checks.

c. Off-duty/recreational example scenarios using the ORM Mishap Prevention tool can be found in reference (ac) or on MarineNet. For assistance in off-duty activities that may be used for ORM applications, review the information provided on the CMC (SD) website at http://www.safety.marines.mil/ and on the NAVSAFECEN website at www.safetycenter.navy.mil.

Chapter 17

Respiratory Protection Program (RPP)

1. Purpose. To establish a RPP at MCIEAST-MCB CAMLEJ as required by references (g) and (ac) to protect personnel from inhalation hazards produced during worksite operations. Engineering controls shall be used whenever possible to control air contaminants at their source of generation.

2. Scope

a. This command has made a commitment to establish and maintain a RPP to protect personnel where Respirators are used:

(1) As an interim measure until proper engineering controls can be installed.

(2) Where engineering controls are not feasible.

(3) Where emergency Respirators are required.

(4) Where Respiratory protection must be worn in addition to engineering controls.

b. The RPP shall include written SOPs for hazard assessment; Respirator selection and assignment, cartridge change out schedules, fit testing, medical surveillance, equipment cleaning, storage, inspection and maintenance, and program evaluation.

c. SOPs shall be developed for the specific Respiratory protection requirements of each shop. The MCIEAST-MCB CAMLEJ SD Installation Respiratory Protection Program Manager (IRPPM) can provide a template for a shop SOP. Shop SOPs shall be posted in the work areas and shall include at a minimum: a summary of the command RPP, shop-specific details concerning Respirator selection, maintenance and inspection procedures, breathing-air quality, if applicable; emergency/rescue guidance, and Respirator cartridge change out schedules if appropriate.

3. Responsibilities

a. Commanders and Department Heads: Establish an RPP and appoint a qualified ORPPM using figure 17-1, if there are personnel required to use a Respirator. Ensure that the purchase of Respirators is approved for only certified/qualified personnel.

b. DOS: Appoint in writing a safety specialist (series 0018) as the MCIEAST-MCB CAMLEJ IRPPM. The MCIEAST-MCB CAMLEJ SD safety specialist shall be trained and certified in one of the following courses: the OSHA Training Institute Course 2225 or 2220; NIOSH Course 593; or the Navy RPPM Course, RPM (A-493-0072).

c. CO, NHCL: As required by reference (ac) is to provide the following services:

(1) Medically evaluate personnel identified to wear Respiratory protection. Military personnel shall be evaluated by the unit's medical department and DoD Civilian personnel shall be evaluated by the NHCL Occupational Health Clinic.

(2) Issue "RPP Qualification and Certification Cards", figure 17-2, for individuals who pass the Respirator user's medical evaluation. The ORPPM shall conduct the fit testing and training and complete the certification data on the opposite side of the card and issue to the individual upon completion of all program requirements.

d. NHCL IH. In support of the IRPPM, the IH shall:

(1) Provide an evaluation of Respiratory hazards.

(2) Determine the selection and use of approved/certified Respiratory Protective Equipment (RPE).

(3) Provide MCB CAMLEJ unit Commanders with an annual written evaluation of the effectiveness of the Respirator Program.

e. AC/S, G-F:

(1) When feasible, eliminate or reduce airborne environmental contaminants in the workplace by installing the proper engineering controls.

(2) With the NHCL IH Branch and the MCIEAST-MCB CAMLEJ SD, coordinate the review of engineering design plans and workplace deficiencies submitted for the NAVOSH Deficiency Abatement Program as provided for in reference (a).

f. Organization Respiratory Protection Program Manager (ORPPM). The ORPPM must complete and pass one of the following training courses as specified in paragraph 1512 of reference (ac): the OSHA Training Institute Course 2225 or 2220; NIOSH Course 593; or the Navy RPPM Course, Respirator Protection Management (A-493-0072).

(1) Administer the ORPP program.

(2) Specific duties of the organization include, but are not limited to:

(a) Selecting and purchasing appropriate, approved RPE based on IH survey reports, references (g), (ac), and (ad), and available literature.

(b) Developing Respirator cartridge change out schedules.

(c) Training personnel in the proper use, limitations and maintenance of RPE.

(d) Conducting Respirator fit testing when initially issued and annual refresher training.

(e) Developing procedures for regular cleaning and inspection.

(f) Designating appropriate storage locations and procedures.

(g) Developing procedures for inventory control.

(h) Establishing a medical surveillance program based on IH surveys and medical recommendations by the NHCL Occupational Health Clinic.

(i) Annually evaluating (auditing) and modifying the written Respirator program and SOPs.

g. Shop Supervisors. Must have a thorough understanding of every aspect of the organization's SOP, and references (g), and (ac). Shop supervisors shall:

(1) Ensure that Respirators are properly worn and maintained by shop personnel.

(2) Ensure where applicable, a copy of the RPP SOP is kept in each shop office.

h. Personnel Required to Wear Respirators. Personnel are responsible for the following:

(1) Properly use the RPE selected by the ORPPM.

(2) Inspecting the RPE before and after each use as described below:

(a) Half Mask

1. Visually inspect face piece for cracks, deformities, tears, dirt, and any modification.

2. Inspect Straps. They must be elastic, pliable, and not frayed. Straps must have points of attachment for the face piece. No modifications are allowed.

3. Inspect inhalation and exhalation valves for tears, cracks, distortion, and foreign materials (i.e., hair, lint, and dirt). Make sure valves lay flat on valve assembly. Ensure that exhalation valve cover is in place and not cracked or broken.

4. Inspect cartridges, cartridge holders, O-rings, threads, etc.

(b) Full Mask

1. Ensure that the lenses are not scratched, cracked, or broken.

2. Ensure that the lenses are completely sealed.

3. Ensure that the area where the lens holder comes in contact with rubber is not cut or torn.

4. If the Respirator has a speaking diaphragm, ensure that it is in place and not punctured. Also ensure the gasket is in place.

5. Straps must be elastic, pliable, and not frayed. Straps must have points of attachment for the face piece. No modifications are allowed.

6. Make sure all the clips are present and that the straps are attached securely to the mask.

7. Ensure that the inhalation valves are present and in good working order.

(c) Gas Masks, Airline Respirators, and Self-contained Breathing Apparatus (SCBA) Masks

1. Ensure lenses are not scratched, cracked, or broken.

2. Ensure lenses are completely sealed.

3. Ensure the area where the lens holder comes in contact with rubber is not cut or torn.

4. If the Respirator has a speaking diaphragm, ensure that it is in place and not punctured. Also ensure that the gasket is in place.

5. Straps must be elastic, pliable and not frayed and must have points of attachment for the face piece. No modifications are allowed.

6. All clips must be present, and the straps must be attached securely to the mask.

7. Ensure the gasket is in place.

(d) Airline Respirator Hose

1. Ensure the correct airline hose is used with the supplied-air Respirator.

2. Ensure airline connections are correct.

3. Check hose integrity for cuts, deterioration, tears, etc.

(e) SCBA. Follow the manufacturer's recommended inspection and maintenance procedures.

(f) Gas Masks

1. Make sure that all required clamps are present.

2. Ensure that the gaskets are present in all inhalation and exhalation ports.

3. Check for cuts, gouges, and scratches on the threads.

4. Make sure that the canister is approved and that the shelf life has not expired.

5. Ensure that the back and front mounted canisters have a harness assembly.

(g) Hoods

1. Examine the hood and its shroud for rips, tears, and seam integrity.

2. For abrasive blasting hoods, examine the integrity of the protective headgear and the suspension inside the headgear.

3. Examine the protective face shield for cracks, breaks, or impaired vision.

4. Abrasive-blasting hoods must have a cape or a shroud that is not ripped or torn.

a. Ensure the buckets or snaps on the cape or shroud are present and in good working condition.

b. Ensure the collar is present under the shroud. It must fit tightly around the neck by either a drawstring or an elastic collar.

c. The collar must be in good working condition with no tears or rips.

d. Inspect belts and hoses for tears or deterioration.

e. Check airline connection and valves.

(3) Returning the equipment to the Respirator storage area when its use is no longer required or at the end of the day.

(4) Performing positive and negative user seal checks on tight fitting Respirators before every use.

(5) Reporting any Respirator malfunction to the immediate supervisor. If the Respirator needs to be repaired or replaced, return immediately to the ORPPM. Warning signs of Respiratory failure, malfunction, etc. include, but are not limited to:

(a) Particulate Air-Purifying. When breathing difficulty is encountered with a filter Respirator (due to partial clogging with increased resistance), the filter(s) must be replaced. Disposable filter Respirators must be discarded.

(b) Gas or Vapor Air-Purifying. If, when using a gas or vapor Respirator (chemical cartridge or canister), any of the warning properties (e.g., odor, taste, eye irritation, or Respiratory irritation) occur, promptly leave the area and check the following: proper face seal, damaged or missing Respirator parts, saturated or inappropriate cartridge or canister. If any of the warning properties appear again, the concentration of the contaminants may have exceeded the cartridge or canister design specification. When this occurs, an airline Respirator or SCBA is required.

(c) Service Life of Air-Purifying Respirator Canisters and Cartridges. The canisters or cartridges of air-purifying Respirators are intended to be used until filter resistance precludes further use, or the chemical sorbent is expended as signified by a specific warning property, (e.g., odor, taste, etc.). New canisters, cartridges or filters shall always be provided when a Respirator is reissued. When in doubt about the previous use of the Respirator, obtain a replacement canister or cartridge.

(d) Supplied Air Respirator. When using an airline Respirator, leave the area immediately when the compressor failure alarm is activated or if an air pressure drop is sensed. When using a SCBA, leave the area as soon as the air pressure alarm is activated.

(6) Maintain and store individual Respirators according to established procedures and guarding against damage to or loss of Respiratory protection equipment.

(7) Carrying the RPP Qualification and Certification Card while working in hazardous environment requiring Respiratory protection. A copy of the card shall also be readily available in each person's work center.

i. MCIEAST-MCB CAMLEJ SD's IRPPM:

(1) Administer the MCB CAMLEJ RPP through annual assessments and routine surveillance and documenting finalized compliance reports.

(2) Coordinate with NHCL Occupational Health Clinic and IH to maintain a current listing of qualified personnel and respirators.

j. CHRO-E: Coordinate with the NHCL Occupational Health Clinic to ensure that pre-placement medical evaluations of DoD civilian employees wearing RPE are performed as required in references (a), (d), (g), (ac), and (ad).

k. OICC: Ensure contractor personnel comply with references (g) and ANSI Z88.2.

4. RPP Elements

a. Respirator Selection

(1) Respirator selection is based on the hazards to which personnel are exposed, as determined by an IH survey. Respirators are selected by the ORPPM using the following guidelines:

(a) The Assigned Protection Factors, figure 17-3, shall be used for selecting Respirators for protection against hazardous substances and oxygen deficient atmospheres and for providing the necessary criteria to support this selection. Respirators shall be NIOSH approved. Respirator selection for the specific types of hazards adheres to the following criteria.

1. FESD must use NIOSH approved full-face pressure demand SCBA that meets NFPA requirements.

2. All Respirators used for entry into and escape from oxygen deficient or immediately dangerous to life and health (IDLH) atmosphere must use full face pressure demand SCBAs or combination full face pressure demand airline Respirators with auxiliary SCBA.

3. For less than IDLH or non-oxygen deficient atmospheres, the minimum protection factor needed shall be calculated by dividing the time-weighted average (TWA) exposure concentration by the permissible exposure limit (PEL) for the contaminant. For contaminants with a ceiling limit, divide the contaminant concentration by the ceiling limit.

a. Select the appropriate class of particulate, gas/vapor, or combination particulate and gas/vapor cartridge and filter in accordance with Figure 17-4. Make sure that the assigned protection factor, figure 17-3, is greater than the calculated minimum protection factor.

b. Airline Respirators or cartridges with end-of-service-life indicators must be used for gas/vapor contaminants. The end-of-service-life indicators must be visible to the Respirator wearer. Alternatively, chemical cartridge change out schedule must be established according to figure 17-5. Air-purifying Respirators can be selected for gases or vapors having no warning properties provided a cartridge change out schedule is established and implemented.

4. Special considerations must be made for escape only Respirators, such as the distance to the nearest area with breathable air. Respirators are selected on the basis of the hazards to which the employees are exposed, as determined by the IH surveys.

(2) Activities shall only use Respirators that are currently approved by NIOSH.

b. Cleaning, Disinfecting, Issuing, and Inventory Control. The ORPPM or supervisor is responsible to ensure that each Respirator user properly disassembles, cleans, and reassembles their Respirators. Cleaning cycles shall be determined by the manufacture's recommendations. ORPPM shall determine cleaning codes and ensure they are specified in each Shop SOP for cleaning, disinfecting, issuing, and inventorying Respirators are:

(1) Cleaning Respirators. Respirators shall be cleaned and inspected after each use. Respirators shall be inspected monthly, and a written record shall be maintained with the Respirator. The manufacturer's instructions and reference (g) for cleaning, disinfecting, and inspecting Respirators shall be followed.

(2) Issuing and Inventory Control. The ORPPM/supervisor is designated to issue Respirators and is responsible for inventory control. The ORPPM/supervisor must be trained and thoroughly knowledgeable in the following areas:

(a) Respirator selection for each shop.

(b) Respirator inventory.

(c) Shop personnel shall present their Respirator qualification card, figure 17-2, to the issuing person when requesting a Respirator.

(3) ORPPM/Supervisors shall:

(a) Ensure the correct brand and type of air purifying cartridge is issued with the Respirator (i.e., North cartridges are issued with North Respirators).

(b) Ensure cartridges are free of dents and cracks.

c. Inspection, Repair, and Storage

(1) Inspection. The ORPPM or supervisor shall ensure Respirator inspections are performed in accordance with the organization SOP and this Order.

(2) Repair. The ORPPM shall ensure that personnel are trained to identify the need for Respirator repairs. No attempts shall be made to replace components or make adjustments beyond the recommendations of the manufacturer. All alarms, regulators, repairs reduction and

admission valves must be returned to the manufacturer or to a factory certified, trained technician for adjustment or repair.

(3) Storage. Personnel shall store their Respirators in an individual clean plastic bag in their locker or other designated storage space. Loose storage in improper undesignated areas is prohibited. Respirators shall be laid flat in a natural position and protected from sunlight, chemicals, or excessive temperatures. Emergency Respirators shall be stored in the unit location specified in the organization SOP.

(4) Emergency Respirators and SCBA. Emergency Respirators and SCBA's shall be cleaned and inspected after each use according to the manufacturer's instructions. Emergency Respirators and SCBA's shall be inspected monthly; a written record of inspections shall be maintained with the Respirator.

d. Breathing Air Quality. Units that have sources of compressed breathing air for atmosphere supplying Respirators shall be tested quarterly to ensure that air quality meets the minimum Grade D requirements of the Compressed Gas Association Commodity Specification for Air, Pamphlet G-7.1-1997.

(1) For a complete listing of breathing air test kits and for an example of an air quality testing SOP go to http://www-nehc.med.navy.mil/ih/Respirator/Resp index.htm. Results of these tests shall be recorded as directed in figure 17-6 and 17-7 and maintained in the section/shop.

(2) The ORPPM is responsible for recording the breathing air test results and ensuring that the air compressor Carbon Monoxide alarm systems, high temperature alarms, sorbent beds, and filters are maintained and inspected before each use; that Carbon Monoxide monitor and alarm systems are calibrated, per manufacturer's recommendations, and that the inspection results are recorded in figure 17-8 and maintained in the section/shop.

e. Medical Evaluation. The NHCL Occupational Health Clinic or unit's MTF shall evaluate and determine the personnel physiological and psychological ability to wear a Respirator.

(1) Personnel shall be medically qualified by the NHCL Occupational Health Clinic or unit MTF before the initial fit testing.

(2) Procedures

(a) Unit/Shop supervisors shall complete the top portion of the Medical Clearance Form, figure 17-9.

(b) Unit/shop personnel shall take the form with them to the appropriate MTF.

(c) MTF personnel shall complete their section of the form.

(d) Personnel shall then return the form to the unit/shop supervisor. A copy shall be given to the ORPPM.

(e) The ORPPM shall record the medical clearance information on the employee's record.

f. Training. Respirator training is required to ensure that everyone required to wear a Respirator is properly informed of hazards and the possible consequences resulting from not wearing their Respirator; the reason for wearing a particular type of Respirator; the capabilities and limitations of the Respirator; the method of donning the Respirator and checking its operation methods of Respirator maintenance, and recognizing and dealing with emergency situations.

(1) Responsibility

(a) Supervisors: Ensure that personnel are properly trained per this Order, and training criteria is contained in the organization's RPP SOP.

(b) ORPPM: Ensure that all training and fit testing are done according to this Order and its SOP. The MCIEAST-MCB CAMLEJ SD IRPPM is responsible for maintaining and repairing all fit testing equipment.

(2) Training Requirements

(a) Prior to fit testing and annually thereafter, the ORPPM shall ensure that personnel receive at least one hour of training developed specifically for using and maintaining the selected Respirators.

(b) Respirator wearers must receive the training specified in the organization SOP which includes at a minimum:

1. Why Respirators are required, including specific workplace hazards and Respirator selection for their unit/shop.

2. Status of engineering controls.

3. Respirator capabilities and limitations.

4. How to don the Respirator and perform positive and negative user seal checks and how improper fit, usage, or maintenance can compromise the protective effect of the Respirator.

5. Respirator cleaning, disinfection, and storage procedures.

6. Inspecting Respirators.

7. Issuing Respirators.

8. Breathing air quality, inspection, and maintenance if applicable.

9. When to change filters/cartridges, if applicable.

10. Location of the organization's Respirator SOP.

11. Emergency procedures.

12. Organization specific Respirator problems, including communications, vision, use in excessive heat or cold, IDLH and oxygen deficient atmospheres, and confined spaces.

13. Recognition of medical signs and symptoms that may limit or prevent the effective use of Respirators.

14. Use of contact lenses with Respirators.

15. Use of emergency Respirators for emergency rescue teams and for all personnel required entering IDLH or oxygen deficient atmospheres. The gas free engineer (GFE) shall provide training on emergency IDLH atmosphere entry procedures and provide practice emergency scenarios.

(c) Supervisors must be trained and thoroughly knowledgeable in the following areas:

1. Workplace hazards and Respirator selection.

2. Training requirements and completion for their personnel.

3. Respirator cleaning, disinfecting, storing, inspections, and issue procedures.

4. Breathing air quality, inspection, and maintenance.

(d) Personnel assigned to issue, inspect, and inventory Respirators must be trained and thoroughly knowledgeable in the following:

1. Respirator selection for each unit/shop.

2. Respirator cleaning, disinfecting, storing, inspection, and inventory procedures.

g. All personnel must be aware of the location of references (a), (ae), and the organization Respirator SOP. These should be located in the section/shop for review by personnel as needed.

h. Fit Testing. Fit testing procedures shall be performed per reference (g).

(1) Fit Testing Frequency

(a) Personnel wearing Respirators shall be fit tested initially and annually. The ORPPM shall ensure fit testing is recorded using figure 17-10. Personnel shall not be fit tested unless they have been medically evaluated and qualified.

(b) Fit testing shall also be performed when personnel have experienced:

1. Weight change of 20 pounds or more.

2. Facial scarring in area of face seal.

3. Any dental changes.

4. Any reconstructive surgery or cosmetic surgery.

(2) It is each person's responsibility to notify their supervisor and the ORPPM of the above changes or other conditions that might interfere with the facial seal of the Respirator.

(3) Personnel with facial hair that could interfere with face seal or valve function shall not be fit tested because the length and condition of facial hair changes daily and would necessitate daily fit testing.

(4) Fit Test Operator. Fit test operator training and evaluation shall be conducted per this Order. The ORPPM is responsible for ensuring fit test operators are properly trained and possess the necessary skills for performing fit testing. The IRPPM can either train fit test operators in-house or send them to commercially available training courses. The IRPPM shall use the Fit Test Operator Evaluation Form, figure 17-11, to evaluate and verify fit test operators' qualifications. A fit test operator must demonstrate mastery of the fit test procedures of reference (ac) along with being proficient in the appropriate sections of the Command Respiratory Protection Instruction concerning Respirator fit testing, inspection, cleaning, and storage. Fit test operators shall receive training and demonstrate proficiency in the following areas:

(a) Respiratory protective devices used in activity workplaces:

1. Respirator components and their function.

2. Respirator inspection, cleaning, and maintenance.

3. Brands and models of Respirators worn.

4. Respirator capabilities and limitations.

5. Proper donning/doffing procedures along with positive and negative pressure user seal checks.

(b) Fit test methods:

1. Purpose of fit testing (be able to explain the fit test purpose and procedures to personnel being fit tested).

2. Fit testing procedures.

3. Limitations of the test methods (e.g., sensitivity tests and subjective responses of qualitative methods).

4. Fit test results.

5. Proper Respirator cleaning and sanitizing.

6. Proper cartridges/filters for each fit test method used.

7. Probes or fit test adapters used in quantitative fit testing.

8. Qualitative fit test materials.

9. Quantitative fit test equipment, including assembly, and operational checks.

10. Understand when not to perform fit testing based on facial characteristics, features, jewelry, and other problems such as facial hair that would interfere with the face piece-sealing surface.

11. Evaluating and recording fit test results.

i. Workplace Surveillance and Program Evaluation

(1) Workplace Surveillance. Personal air samples must be collected to determine eight-hour TWA exposures and short-term exposures. Air sampling shall be conducted by an NHCL IH and the results shall be made known to personnel within five days after receipt by this organization.

(a) Unit/Shop supervisors shall immediately contact the overseeing NHCL IH when there are any operational changes. The NHCL IH shall reevaluate the process and collect additional air samples if necessary.

(b) Unit/Shop supervisors shall immediately notify the overseeing NHCL IH when ventilation systems are installed or changes to the systems are implemented to reevaluate the need for Respiratory protection.

(2) Program Evaluation. The ORPPM shall:

(a) Conduct an annual assessment of the Respirator program. Figure 17-12 is provided as guidance.

(b) Conduct random, not less than monthly, inspections of work areas where Respirators are worn using figure 17-13. The ORPPM shall maintain a record of inspection dates and findings and ensure that copies are provided to the appropriate unit/shop supervisors.

(c) Per paragraph 1513.b(2)(a) of reference (ac), the NHCL Occupational Health Clinic in agreement with NHCL IH shall provide a written evaluation on the effectiveness of the Respirator program to the IRPPM based on occupational medicine and IH reviews.

(d) The ORPPM shall act immediately to correct all faults found in the program and/or procedures.

j. Record Keeping. The ORPPM shall document Respirator fit testing and include the type of Respirator (make, model, style, and size), method of test and test results, strip chart recording or other recording of test results for quantitative fit test, test date, the name of the instructor/fit tester, medical clearance, and training using figure 17-7. Completed Medical Clearance Forms and printouts from quantitative fit testing must be attached to figure 17-8. Personnel shall be issued a RPP Qualification and Certification Card (figure 17-2) indicating which model and size Respirator(s) they are qualified to wear. This card must be presented each time the Respirator is issued. Personnel shall immediately report lost or stolen Cards to the ORPPM so that a replacement can be issued.

k. Facial Hair. Per paragraph 5a(1)(b) of reference (ae), no Respiratory protection equipment, except positive pressure supplied-air hoods, or loose fitting powered air purifying Respirators where appropriate, shall be worn by personnel when conditions such as beards, sideburns, etc., may prevent a good face seal.

l. Contact Lenses and Spectacle Kits. As stated in paragraph 1511.i of reference (ad), contact lenses may be worn with Respiratory protection in a contaminated atmosphere. If wearing corrective eyeglasses or lenses shall meet the ANSI Standard Z87.1 requirements. Spectacle kits shall be provided for personnel needing vision correction who are required to wear full-face Respirators.

m. Voluntary Use of Respirators. The ORPPM may only issue NIOSH approved filtering face piece Respirators for voluntary use. Voluntary Respirator use is defined as personnel choosing to wear Respirators when they are not required to control exposures or when Respirators are not required by this command. The NHCL IH voluntary Respirator use protocol shall be followed.

(1) The organization may or may not provide voluntary use Respirator to personnel, but supervisor must make sure personnel who is

using the Respirator does not use it in any way that would cause adverse health problems.

(2) The supervisor and ORPPM must have documentation of Respirator wearer receiving Appendix D, Section 134 of reference (g) on file, figure 17-14.

(3) Respirator use medical questionnaire is needed by all personnel (military or civilian) in order to wear a Respirator and must be on file. EXCEPTION: Organizations are not required to include in a written RPP those personnel whose only use of Respirators involves the voluntary use of NIOSH approved filtering face pieces.

(4) Health Care Providers who may sign off on a Respirator questionnaire are: Physician, Physician Assistant, Registered Nurse, Nurse Practitioner, Licensed Practical Nurse, and Independent Duty Corpsman.

(5) The organization needs a full RPP if a volunteer is using a half mask with cartridges and above Respirators. This program would include physicals, fit test, training, and a written SOP.

(6) Voluntary use Respirators can be issued without fit testing and medical examination. Issuance of these Respirators must be under the control of the ORPPM. Voluntary Respirator users shall be trained annually on the limitations stated on the Respirator approval label and upon issuance of voluntary use Respirator card, figure 17-15 on the information contained in Appendix D, Section 134 of reference (g). The ORPPM must ensure these Respirators are not dirty or contaminated and that they do not interfere with working safely. All other Respirator usage requires enrollment in the complete RPP.

n. Respirator Cartridge Change Out Schedules. Reference (g) requires that change-out schedules for chemical cartridges are based on objective information or data that shall ensure that cartridges are changed before the end of their service life. Chemical cartridge air-purifying Respirators may be used (up to their maximum use concentration) for protection against substances without good warning properties as long as a cartridge change out schedule is developed and implemented. SOPs shall contain procedures for establishing, verifying, and implementing Respirator cartridge change out schedules per the following guidance:

(1) Figure 17-5 shall be filled out by the ORPPM for every operation requiring a Respirator cartridge change out schedule to ensure cartridges are changed before breakthrough occurs.

(2) Establishing cartridge change out schedules for gas and vapor contaminants shall require concerted efforts between ORPPM's and the NHCL's IH. The ORPPM shall provide a copy of figure 17-5 to NHCL IH to aid calculating cartridge change out schedules. The ORPPM shall make arrangements with the local NHCL IH to:

(a) Provide Respiratory hazard exposure data in both mg/m3 and parts per million.

(b) Calculate threshold limit values for mixtures when appropriate.

(c) Provide environmental data concerning workplace temperature, humidity, and worker breathing rate.

(d) Provide the boiling points of the chemicals of concern. (Chemicals with boiling points less than 65° C (149° F) may be desorbed from cartridge sorbent material during periods of non-use or be replaced by chemicals with higher boiling points.)

(e) Verify cartridge change out schedules by collecting air samples behind the cartridges using air-sampling methods supported by the Consolidated IH Laboratories.

(3) When the organization personnel wear air-purifying Respirators for protection against multiple contaminants, follow the guidelines below for establishing change out schedules:

(a) Calculate the mole fraction of each mixture component in the workplace environment.

(b) Mole fraction is calculated by dividing concentrations of each mixture component in parts per million (ppm) by total ppm of the mixture.

(c) Look up the cartridge service life calculator estimated breakthrough time for each mixture component on the Respirator manufacturer’s service life software.

(d) Multiply mole fraction of each mixture component by its estimated breakthrough time to calculate breakthrough time based on each component’s proportion in the mixture.

(e) Base the change out schedule on the shortest mixture component breakthrough time. Incorporate a safety factor, by establishing a change out schedule that is at least 10 percent less than the shortest mixture component break-through time.

(4) To verify the estimated change out schedules in the field, the ORPPM shall make arrangements with the NHCL IH to collect air samples behind the Respirator cartridges using a PortaCount® mask-sampling adapter. These samples must be collected in the same environment where Respirator use is required. Air samples shall be collected on sorbent tubes behind the cartridges at the highest flow rate allowed by IH Sampling Guide for Consolidated IH Laboratories (latest revision).

(5) NHCL IH shall install the PortaCount® mask-sampling adapter between the Respirator face piece and the cartridge. They shall detach

the "Sample Tube" along with the "Suction Cup" and "Clip" and attach tubing to the outside fitting of the PortaCount® mask-sampling adapter. They shall close off the end of this tubing with a heavy wire paper clip to prevent contaminated air from entering. The worker shall then re-don the Respirator.

(6) Upon returning to the workplace, the clip is removed and the sampling device is attached to the end of this tubing. If there are no chemical contaminants detected in the samples, then significant breakthrough (<25 percent OEL's) has not occurred and the change out schedule is confirmed. Change cartridges according to the estimated (now verified) change out schedule.

(7) For single contaminants, use the Respirator manufacturer's chemical cartridge service life calculators to determine the breakthrough time for the single component. Set a convenient change out schedule at least 10 percent less than the estimated breakthrough time. Arrange for NHCL IH to collect an air sample behind the cartridge using a PortaCount® mask-sampling adapter to verify the change out schedule.

ORPPM Appointment Letter

UNIT/DEPARTMENT HEADING

5100
SSIC
DATE

From:
To: _____ [Name of Appointee]

Subj: ORGANIZATION RESPIRATORY PROTECTION PROGRAM MANAGER (ORPPM) APPOINTMENT

Ref: (a) OPNAVINST 5100.23_
(b) MCB CAMLEJO 5100.8
(c) 29 CFR §1910.134

1. As required by references (a) and (b), you are designated as the ORPPM for _____ [unit/organization].

2. You shall be familiar with and ensure implementation of the requirements of references (a) through (c). Duties include, but are not limited to, Respirator selection; cartridge change out schedules; Respirator purchase; personnel training and fit testing; and maintenance/revision of command instructions and standing operating procedures for Respiratory protection.

3. This appointment remains effective until your detachment or reassignment.

Signature
- -
Office Code
Date

FIRST ENDORSEMENT

From: Appointee
To:

I acknowledge receipt of my appointment as the ORPPM for _____ [unit/organization]. Furthermore, I have read and fully understand the references and my assigned duties.

_____ _____
Signature Date

Figure 17-1.--ORPPM Appointment Letter

RPP Qualification and Certification Card

RESPIRATORY PROTECTION PROGRAM QUALIFICATION AND CERTIFICATION		
EMPLOYEE'S NAME (Last, First, MI) _____		
This person has been trained, fitted, and certified for use of the following respirators:		
TYPE	DATE	SAFETY OFFICER

Back of Card This person was evaluated and found medically qualified for work requiring respiratory protection.	
MEDICAL EXAM DATE	MEDICAL OFFICER
LIMITATIONS: This card if to be carried by employee working in a hazardous environment requiring respiratory protection.	

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Figure 17-2.--RPP Qualification and Certification Card

Assigned Protection Factors

ASSIGNED PROTECTION FACTOR (APF)	CLASS OF RESPIRATOR	SOURCES OF APF[2]
5	Filtering face pieces[3]	NIOSH
	Quarter mask Respirator	NIOSH
10	Elastomeric[4] half mask Respirator with particulate filters and/or chemical cartridges, or combination particulate/ chemical cartridge filters	ANSI/ NIOSH
	Supplied-air half mask Respirators operated in the demand mode	ANSI/NIOSH
25	Powered air-purifying Respirators equipped with hood or helmet	NIOSH
	Supplied-air Respirators equipped with a hood or helmet operated in a continuous flow mode	NIOSH
	Powered air-purifying Respirators with a loose fitting face piece[5]	ANSI
50	Air-purifying full face Respirator equipped with particulate filters, chemical cartridges or combination particulate/ chemical cartridges	NIOSH
	Powered air-purifying full face or half mask Respirator with HEPA or P-100 filters, chemical cartridges, or combination HEPA or P-100/chemical cartridges	NIOSH
	Gas mask equipped with chemical canister or combination particulate/chemical canister	NIOSH
	Powered air-purifying gas mask with chemical canister or combination HEPA or P-100/chemical canister	NIOSH
	Supplied-air half mask Respirator run in continuous flow mode	NIOSH
	Half mask pressure demand supplied-air Respirator	
	Supplied-air full face Respirators operated in demand or continuous flow mode	
	Full face demand SCBA	NIOSH
2,000	Full face pressure demand supplied-air Respirator	NIOSH
>2,000 or IDLH Atmosphere	Full face pressure demand SCBA or combination full face pressure demand supplied-air Respirator with auxiliary SCBA	NIOSH
Firefighting	Full face pressure demand SCBA[6]	NIOSH

Figure 17-3.--Assigned Protection Factors

Assigned Protection Factors

1. For protection against contaminants that are regulated by individual standards (e.g., formaldehyde, benzene, vinyl chloride, asbestos, and lead), refer to the Respiratory protection in the specific standard to obtain the correct APF.

2. NIOSH reference is NIOSH Respirator Decision Logic. ANSI reference is ANSI Z88.2-1992.

3. Filtering face piece Respirators are air-purifying Respirators with face pieces consisting of filter media. Tight fitting Respirators on which user seal checks cannot be performed may not be worn.

4. Elastomeric face pieces are made of rubber-like synthetic polymer, such as silicone rubber.

5. Loose-fitting Respirators form a partial seal with the face and do not cover the neck and the shoulders.

6. Firefighting SCBA's must meet current NFPA requirements

Figure 17-3.--Assigned Protection Factors-Continued

Cartridge and Filter Color Coding Chart

Color	Type of Protection
Black	Organic Vapor Cartridge
White	Acid Gas Cartridge
Yellow	Organic Vapor and Acid Gas Cartridge
Green	Ammonia and Methylamine Cartridge
Olive Green	Organic Vapor and Formaldehyde Cartridge
Purple(Magenta)	Dust, Fumes, Mists, Asbestos, Radio Nuclides and Highly Toxic Particulates (HEPA) Filter
Black/Purple	Organic Vapor and Hepa Combination
White/Purple	Acid Gas and Hepa Combination
Yellow/Purple	Organic Vapor/Acid Gas and Hepa Combination
Green/Purple	Ammonia/Methylamine and Hepa Combination
Olive Green/Purple	Organic Vapor/Formaldehyde and Hepa Combination
Pre-Filters	Dusts, Fumes and Mists or Pesticides or Paints

Always read the NIOSH cartridge and/or filter labels prior to use to make certain that you are using the correct one for your application and for use with the Respirator you have been trained and fitted for. Respirators labeled “for protection against particulates only” shall not be used for gases or vapors. Respirators labeled “for protection against gases and vapors only” shall not be used for particulates.

Figure 17-4.--Cartridge and Filter Color Coding Chart

Reporting Requirement: MC-5100-08

Cartridge Change Out Schedule Worksheet

Operation	
Location	
Respirator Model	
Cartridge	

CHEMICAL	EXPOSURE LIMIT	CONCENTRATION	BOILING POINT*

*Chemicals with boiling points less than 65° C (145° F) may be desorbed from sorbent during periods of non-use.

OPERATION PARAMETERS				
Frequency Per Week:			Duration of Respirator Wear:	
Estimated Work Rate: ☐ Light ☐ Moderate ☐ Heavy				
ENVIRONMENTAL DATE				
Highest Temperature:			Highest Humidity:	
Mixture Component	UTL 95%, 95% Concentration (ppm)	Mole Fraction (1)	Cartridge Service Life Calculator Estimated Breakthrough Time for Single Component (Hours)	Breakthrough Time of Components Based on Mixture (Hours)
Total ppm				

(1) Mole Fraction = ppm contaminant/total ppm of the mixture components

Change out Schedule Including Safety Factor of 10 Percent:				
☐ Every _____ Hours	☐ After Each Shift	☐ Weekly	☐ Other Specify	

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Figure 17-5.--Cartridge Change Out Schedule Worksheet

Reporting Control Symbol:DD-5090-04

Compressor Breathing Air Quality Report

Date: _____

Compressor Model: _____ Serial Number: _____

COMPONENT ANALYZED	SPECIFICATION	RESULTS
Oxygen	19.5% - 23.5%	%
Carbon Dioxide	1,000 ppm max	ppm
Carbon Monoxide	10 ppm max	ppm
Oil	5 mg/m3	mg/m3
Water Vapor	18 mg/m3 (24 ppm v/v)	mg/m3 or ppm
	Or moisture content corresponding to the dew point at 1 atm that is at least 10F lower than the temperature in which the Respirator shall be worn (see note 3 Table 1 and Table 3 of CGA G-7.1-1997)	
Odor	*Not Objectionable*	

This is to certify that the above referenced sample DOES ☐ or DOES NOT ☐ meet the Grade D air purity standards for compressed breathing air per CGA G-7.1-1997.

Sample Taken By: _____

Next Sample Due On: _____

MCIEAST-MCB CAMLEJ/SAFETY/5100.8/30 (4/14) PREVIOUS EDITIONS ARE OBSOLETE ADOBE 9.0

Figure 17-6.--Compressor Breathing Air Quality Report

Results of Quarterly Air Quality Testing of Breathing Air Compressors

SHOP: _____
[number/name]

Date	Passed/Failed Grade D Air	Air Line Pressure Measured at Respirator	Signature

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Figure 17-6.-- Results of Quarterly Air Quality Testing of Breathing Air Compressors

Inspection of Breathing Air Compressors Carbon Monoxide Monitor, Carbon Monoxide and High Temperature Alarms, Filters, Desiccant, and Sorbent Beds

SHOP: _____
[number/name]

Date	CO/High Temp Alarm Operational? Calibration?	CO Monitor Reading	Condition of Air Purifiers	Signature

MCIEAST-MCB CAMLEJ/SAFETY/5100.8/32 (4/14) PREVIOUS EDITIONS ARE OBSOLETE ADOBE 9.0

Figure 17-8.--Inspection of Breathing Air Compressors Carbon Monoxide and Monitor, High Temperature Alarms, Filters, Desiccant, & Sorbent Beds

Reporting Requirement: MC-5100.8-05

Request for Medical Clearance for Medical Respirator Use
Medical Written Evaluation

SHOP _____
[number/name]

Note: Combine this page with enclosure (6) to provide a complete respirator history record.

PRIVACY ACT STATEMENT

Information collected on this form is maintained in the Systems of Records Notice DHA19-Defense Occupational & Environmental Health Readiness System - Industrial Hygiene (DOEHRS-IH).(August 26, 2010, 75 FR 52513). **AUTHORITY:** 10 U.S.C Chapter 55, Medical and Dental Care; 29 CFR 1910.1020, Access to Employee Exposure and Medical Records; 45 CFR Parts 160 and 164, Health Insurance Portability and Accountability Act, Privacy and Security Rules; DoDI 6055.1, Sec. 4.1, DoD Safety and Occupational Health Program; DoDI 6055.5, Industrial Hygiene and Occupational Health, reissued May 6, 1996; and E.O. 9397 (SSN), as amended. **PRINCIPLE:** Active duty members, Reserve members, National Guard members, DoD employees, foreign affiliates, DoD OCONUS hires, and Foreign Nationals who work in areas which require longitudinal data related to occupational health. **PURPOSE(S):** For longitudinal exposure record keeping and reporting to support the risk management process and occupational illness evaluation during all phases of military operations. **ROUTINE USES:** In addition to those disclosures generally permitted under 5 U.S.C. 552a(b) of the Privacy Act of 1974, these records may specifically be disclosed outside the DoD as a routine use pursuant to 5 U.S.C. 552a(b)(3), DoD 6025.18 and 42 U.S.C. 290dd-2. **DISCLOSURE:** Mandatory under conditions of employment.

Employee: _____ SSN: _____ Position: _____

Supervisor: _____ Phone: _____ Code: _____

Department: _____

☐ Air Supplied (tight fitting)	☐ Air Purified (powered) (tight fitting)
☐ Air Supplied (hooded)	☐ Air Purified (hooded)
☐ Open Circuit SCBA	☐ Air Purified (nonpowered) Filtering face piece or elastomeric N, R, P 95, 99, 100 Type of Chemical Cartridge
☐ Closed Circuit SCBA	☐ Combination Airline/SCBA

WORK EFFORT:	☐ Light	☐ Moderate	☐ Heavy	☐ Strenous
EXTENT OF USAGE	☐ On a daily basis			
	☐ Occasionally, but more than once a week			
	☐ Rarely, or for emergency situations only			

LENGTH OF AVERAGE WORK DAY IN RESPIRATOR: _____

SPECIAL WORK CONDITIONS: (i.e., high places, temperature/humidity extremes, hazardous materials, other protective clothing worn, climbing, space restraints, etc.)

_____

_____

☐ No restrictions on the respirators checked above
☐ Respirator use with some restrictions
☐ No respirator use allowed
☐ Alternate respirator recommended

COMMENTS/RESTRICTIONS:

_____

_____

ROUTINE FOLLOW-UP MEDICAL EVALUATION REQUIRED		
☐ (Under 35) 5 Years	☐ (35-45) 2 years	☐ (Over 45) 1 Year
or		
Due to medical findings, return on: DATE	(Employee has been given a copy of this recommendation)	

_____ _____
Clinician's Signature Date

MCIEAST-MCB CAMLEJ/SAFETY/5100.8/17 (9/13) PREVIOUS EDITIONS ARE OBSOLETE ADOBE 9.0

Figure 17-9.--Request for Medical Clearance for Medical Respirator Use Medical Written Evaluation

Reporting Requirement: MC-5100-07

Personnel Record of Respirator Medical Clearance, Fit-Testing, and Training

PRIVACY ACT STATEMENT

Information contained on this form is maintained under the System of Records Notice, NM01500-3, Advanced Skills Management (ASM) System Records.(November 12, 2008, 73 FR 66883). **principle:** Navy and Marine Corps military, government and contractor personnel. **AUTHORITY:** 10 U.S.C. 5013, Secretary of the Navy; 10 U.S.C. 5041, Commandant Marine Corps, and E.O. 9397 (SSN). **PURPOSE(S):** To maintain automated records concerning training, education, and qualifications of Navy and Marine Corps military, government and contractor personnel for use by Manpower, Personnel and Training (MPT) managers. **ROUTINE USES:** In addition to those disclosures generally permitted under 5 U.S.C. 552a(b) of the Privacy Act, these records or information contained therein may specifically be disclosed outside the DoD as a routine use pursuant to 5 U.S.C. 552a(b)(3). **DISCLOSURE**: Mandatory for employment.

Employee: _____ SSN: _____ SHOP: _____

1. MEDICAL CLEARANCE

Date	Clearance for Respirator Type	Restrictions

2. FIT TESTING

Date	Respirator Make, Model, Size	Fit Test Method	Fit Test Operator	Pass/Fail/Fit Factor

3. TRAINING

Date	Type of Training	Instructor

MCIEAST-MCB CAMLEJ/SAFETY/5100.8/18 (9/13) PREVIOUS EDITIONS ARE OBSOLETE ADOBE 9.0

Figure 17-10.--Personnel Record of Respirator Medical Clearance, Fit-Testing, and Training

Reporting Requirement: MC-5100-07

Fit Test Operator Evaluation Form

DEMONSTRATION OF KNOWLEDGE AND PERFORMANCE	ACCEPTABLE	NON-ACCEPTABLE	N/A
Demonstrated ability to set up fit test equipment:			
Selects proper cartridges or filters for the method	☐	☐	☐
Prepares/performs operational check of qualitative fit test materials	☐	☐	☐
Installs probes or fit test adapters (quantitative)	☐	☐	☐
Prepared quantitive fit test equipment, including assembly and operational checks	☐	☐	☐
Demonstrates performance of fit test:			
Recognizes when to refuse to perform fit testing due to facial characteristics or other problems interfering with face piece fit	☐	☐	☐
Explains purpose of fit test and procedures to test subjects	☐	☐	☐
Observes respirator donning without physically assisting the subject	☐	☐	☐
Ensures user seal checks are performed per Appendix I-3 of enclosure (1) or manufacturer's recommendations	☐	☐	☐
Observes test subject to ensure fit test is performed correctly during entire procedure	☐	☐	☐
Conducts fit test method according to Appendix A 29 CFR 1910.134	☐	☐	☐
Evaluates and records results of fit test	☐	☐	☐
Demonstrates a working knowledge of the material safety data sheets associated with challenge agents used in fit testing	☐	☐	☐
Performs face piece cleaning and sanitizing	☐	☐	☐
	ACCEPTABLE	NON-ACCEPTABLE	
Overall demonstration of knowledge and performance	☐	☐	

Signature of Respiratory Protection Program Manager

MCIEAST-MCB CAMLEJ/SAFETY/5100.8/19 (9/13) PREVIOUS EDITIONS ARE OBSOLETE ADOBE 9.0

Figure 17-11.--Fit Test Operator Evaluation Form

RPPM's Annual Respiratory Protection Program Audit

	Yes	No
1. Where feasible, are engineering controls used to control workplace contamination? (OPNAVINST 5100.23F, paragraph 1501 and 29 CFR 1910.134(a)(1))	○	○
2. Has the command appointed a Respiratory Protection Program Manager (RPPM) in writing? (OPNAVINST 5100.23F, paragraph 1503.a and 1513.a)	○	○
3. Is the Respiratory Protection Program Manager in one of the following Office of Personnel Management position series: GS-0018, Safety and Occupational Health Manager; GS-803, Safety Engineer; GS-019, Safety Technician; GS-0804, Fire Protection Engineer; GS-0081, Fire Protection Specialist/Marwil; GS-1306, Health Physicist; or GS-690, Industrial Hygienist? (OPNAVINST 5100.23F, Glossary, page G-15, RPPM)	○	○
4. Has the Respiratory Protection Program Manager received training according to OPNAVIST 5100.23 paragraph 1512?	○	○
5. Are Standing Operating Procedures (SOP's) written for each Shop and every aspect of the respirator program including: respirator selection, cleaning, disinfecting, storage, issue, inspection, emergency respirator use workplace surveillance, program evaluation, medical evaluation, training , fit testing? (OPNAVINST 5100.23F, paragraph 1513.a.(2))	○	○
6. Have unit SOP's been written and posted in the general area? (OPNAVINST 5100.23F, paragraph 1513.a.(2))	○	○
7. Are SOP's up to date with current workplace operations and industrial hygiene survey findings? (OPNAVINST 5100.23F, paragraph 1513.a.(2))	○	○
8. Does the local industrial hygienist perform an annual audit of the respirator program? (OPNAVINST 5100.23F, paragraph 1513.b.(2)(a))	○	○
9. Does the RPPM perform routine evaluations of the respirator program, including field observations of personnel wearing respirators, respirator storage and maintenance? (OPNAVINST 5100.23F, paragraph 1513.b.(2)(b))	○	○
10. Are respirators selected according to the specific hazard for which protection is required along with the protection factor and capabilities of the respirator? (OPNAVINST 5100.23F, paragraph 1507)	○	○
11. Are only NIOSH or NIOSH/MSHA-approved respirators being used? (OPNAVINST 5100.23F, paragraph 1507.a)	○	○
12. Are respirators cleaned and disinfected according to instruction in the SOP? (OPNAVINST 5100.23F, paragraph 1510)	○	○
13. Are respirators inspected for worn, torn, or deteriorated parts? (OPNAVINST 5100.23F, paragraph 1510)	○	○
14. Are respirators stored in convenient, clean and sanitary locations? (OPNAVINST 5100.23F, paragraph 1513.a(1)(c))	○	○
15. Are emergency respirators inspected monthly? (29 CFR 1910.134(h) (3) (b) and (c))	○	○
16. Is a written record kept of the monthly emergency respirator inspection? (29 CFR 1910.134 (h) (3) (c) (iv) (A) and (B))	○	○
17. Has the person issuing respirators received proper training to ensure that the correct respirator is issued for each operation in accordance with written SOP's? (ANSI z88.2-1992, clause 8.1.1)	○	○

MCIEAST-MCB CAMLEJ/SAFETY/5100.8/20 (10/13) PREVIOUS EDITIONS ARE OBSOLETE ADOBE 9.0

Figure 17-12.--IRPPM's Annual RPP Audit-Continued

MCIEAST-MCB CAMLEJO 5100.8

IRPPM's Annual Respiratory Protection Program Audit

	Yes	No
18. Have shop supervisors received proper training concerning the hazard to which employees are exposed; respirator selection; proper donning procedures; and proper respirator cleaning, maintenance and storage? (OPNAVINST 5100.23F, paragraph 1511, and ANSI z88.2-1992, clause 8.1.1)	◯	◯
19. Do respirators wearers receive annual training to include: the nature and degree of respiratory hazards; respirator selection based on the hazard; respirator capabilities and limitations; contact lenses, and respirator cleaning, maintenance and storage? (OPNAVINST 5100.23F, paragraph 1511)	◯	◯
20. Have respirator wearers been medically qualified? (OPNAVINST 5100.23F, paragraph 1513.a(4) and 1513.d(1))	◯	◯
21. Are respirators wearers fit tested annually? (OPNAVINST 5100.23F, paragraph 1509.a and 1513.a. (6))	◯	◯
22. Are employees with beards prohibited from wearing all respirators except positive pressure supplied-air hoods or loose fitting powered air purifying respirator? (NEHC Technical Manual, Industrial Hygiene Field Operations Manual, latest revision, paragraph 5.a.(1) (b))	◯	◯
23. Are Industrial hygiene surveys performed to evaluate employee exposure, including air sample result documentation in employee medical records? (OPNAVINST 5100.23F, paragraph 0802)	◯	◯

MCIEAST-MCB CAMLEJ/SAFETY/5100.8/20 (11/13) PREVIOUS EDITIONS ARE OBSOLETE ADOBE 9.0

Figure 17-12.--IRPPM's Annual RPP Audit-Continued

ORPPM Inspection Form

Organization Respirator Protection Program Manager (ORPPM) Inspection Form

	Yes	No
1. Are engineering controls being used where feasible to control workplace contamination? (OPNAVINST 5100.23F, paragraph 1501.b and 29 CFR 1910.134(a)(1))	____	____
2. Have work site standing operating procedures (SOP's) been written and posted in the general area? (OPNAVINST 5100.23F, paragraph 1513.a(2))	____	____
3. Are SOP's written for each shop and every aspect of the respirator program, i.1., respirator selection, cleaning, disinfecting, storage, issue, inspection, emergency respirator use, workplace surveillance, program evaluation, medical evaluation, training and fit testing? (OPNAVINST 5100.23F, paragraph 1513.a(2))	____	____
4. Are respirators selected according to the specific hazard for which protection is required, along with the protection factor and capabilities of the respirator? (OPNAVINST 5100.23F, paragraph 1507 and Table 9-1 of NEHC Technical Manual, Industrial Hygiene Field Operations Manual, latest revision)	____	____
5. Are only NIOSH or NIOSH/MSHA-approved respirators being used? (OPNAVINST 5100.23F, paragraph 1507.a)	____	____
6. Are respirators cleaned and disinfected according to instruction in the SOP? (OPNAVINST 5100.23F, paragraph 1510 and 29 CFR 1920.134(h)(1) and Appendix B-2)	____	____
7. Are respirators inspected for worn, torn, or deteriorated parts? (29 CFR 1910.134(h)(3))	____	____
8. Are respirators stored in convenient, clean, and sanitary locations? (29 CFR 1910.134 (h)(3)(A))	____	____
9. Are emergency respirators inspected monthly? (29 CFR 1910.134 (h)(3)(B) and (C))	____	____
10. Is a written record kept of the monthly emergency respirator inspection? (29 CFR 1910.134 (h)(3)(C)(iv)(A) and (B))	____	____
11. Are employees with beards prohibited from wearing all respirators except positive pressure supplied-air hoods or loose fitting powered air purifying respirators? (NEHC Technical Manual, Industrial Hygiene Field Operations Manual, latest revision, paragraph 5.a.(1)(b))	____	____
12. Is air from breathing air compressors checked quarterly to ensure that it meets Grade D air requirements? (OPNAVINST 5100.23F, paragraph 1511 and ANSI z88.2-1992, clause 8.1.4)	____	____
13. Have personnel on emergency rescue teams and all personnel wearing emergency respirators received proper training for entering and escaping from IDLH atmospheres? (OPNAVINST 5100.23F, paragraph 1511 and ANSI z88.2-1992, clause 8.1.4)	____	____
14. Have respirator wearers been medically qualified? (OPNAVINST 5100.23F, paragraph 1511 and ANSI z88.2-1992, clause 8.1.4)	____	____
15. Are respirators wearers fit tested annually? (OPNAVINST 5100.23F, paragraph 1509.a and 1513.a(6))	____	____

MCIEAST-MCB CAMLEJ/SAFETY/5100.8/21 (12/13) PREVIOUS EDITIONS ARE OBSOLETE ADOBE 9.0

Figure 17-13.--ORPPM Inspection Form

Appendix D to Section 134, 29 CFR 1910. (Mandatory) Information for Employees Using Respirators when not Required Under the Standard

A Respirator is an effective method of protection against designated hazards when properly selected and worn. Respirator use is encouraged, even when exposures are below the exposure limit, to provide an additional level of comfort and protection for workers. However, if a Respirator is used improperly or not kept clean, it can become a hazard to the worker. Workers may sometimes wear Respirators to avoid exposures to hazards, even if the amount of hazardous substances does not exceed the limits set by OSHA standards. If an employer provides Respirators for the employee's voluntary use, or if you own your own personal Respirator, one needs to take the following precautions to ensure that the Respirator itself does not present a hazard:

1. Read and heed all the manufacturer's instructions on use, maintenance, cleaning and care in addition to the warnings regarding the Respirator's limitations.

2. Choose Respirators certified for use to protect against the contaminant of concern. The NIOSH of the U.S. Department of Health and Human Services certifies Respirators. A certification label or statement should appear on the Respirator or the Respirator package. It tells what the Respirator is designed for and how much it shall protect the wearer.

3. Do not wear a Respirator into atmospheres containing contaminants for which the Respirator is not designed to protect against. For example, a Respirator designed to filter dust particles shall not protect against gases, vapors, or very small solid particles of fumes or smoke.

4. Employees should keep track of their Respirators so that they do not mistakenly use someone else's.

Refer to: [*63 FR 1152, Jan 8, 1998; 63 FR 20098, Apr 23, 1998*]

Figure 17-14.-- Appendix D to Section 134, 29 CFR 1910. (Mandatory) Information for Employees Using Respirators when not Required Under the Standard

Voluntary Use Filtering Face Piece Respirator Card

Front of Card

VOLUNTARY USE FILTERING FACE PIECE RESPIRATOR

This person was evaluated and found medically qualified to use a filtering face piece respirator (FFP).

Medical Exam date	Medical Provider

This Card must be carried by the employee while wearing FFP respirators.

Back of Card

VOLUNTARY FILTERING FACE PIECE RESPIRATOR PROGRAM

Employee Name:
Date:
Supervisor

This person has received a copy of Appendix D, of 29 CFR 1910.134, which describes the limitations of use.

MCIEAST-MCB CAMLEJ/SAFETY/5100.8/22 (12/13) PREVIOUS EDITIONS ARE OBSOLETE ADOBE 9.0

Figure 17-15.--Voluntary Use Filtering Face Piece Respirator Card

Chapter 18

Permit Required Confined Space Entry Program (PRCSEP)

1. Purpose. To establish policy and procedures for the PRCSEP for MCIEAST-MCB CAMLEJ.

2. Background. Confined spaces are enclosures that have limited means of entry and exit, and although they are large enough to get into, they are not designed for continuous occupancy. There are numerous confined spaces (such as storage tanks, pits, boilers, fuel cells, sewers, underground utility vaults, tunnels, crawl spaces, and manholes) aboard MCB CAMLEJ. Confined spaces present numerous potential safety hazards which include fall, electrical, hearing, burn, exposure to hazardous chemicals, hazardous atmospheres, engulfment, asphyxiation, entrapment, or any other safety or health hazard. These hazards can be prevented or mitigated through ORM, safety training, and applicable PPE.

3. Implementation. The PRCSEP is designed to prevent unauthorized entry into PRCSs, recognize and control hazards, establish procedures and practices for safe entry, and monitor the atmospheric conditions within the PRCS. It also includes procedures for entry operations, issuing and canceling entry permits, training, and reviewing the permit program annually.

a. The following measures shall be implemented:

(1) All personnel shall be trained by a competent person concerning the characteristics, hazards, and location of PRCSs within their work areas prior to entering a PRCS.

(2) All confined spaces requiring a permit for entry shall have a posted sign stating, "DANGER: Confined Space-Enter By Permit Only."

b. Atmospheric Testing/Monitoring. Before entering any PRCS, the atmospheric conditions must be evaluated by trained confined space personnel. Do not enter a PRCS without first testing its atmospheric conditions.

c. Evaluation of other potential hazards of PRCS prior to entry.

d. Personnel Requirements. The following is required prior to entry into the PRCS:

(1) An entry supervisor is assigned and in place with the ability to summon the Rescue and Emergency Services Team (REST), Base FESD. The attendant shall be properly trained in their PRCSEP duties and named on the permit.

(2) A qualified employee is on-site to test and monitor conditions within the PRCS before and during the entry in accordance with the entry permit.

(a) If the hazards of the PRCS cannot be effectively removed or controlled, a hazard assessment must be done to determine if the entry can be made safely with PPE.

(b) If a safe entry can be made, proper PPE must be provided and appropriately employed to minimize entrant(s) exposure to hazardous conditions.

(3) A minimum two person entry team must be on-site to execute each entry; that team shall consist of at least one attendant for every three entrants. They shall be properly trained in their PRCSEP duties and named on the permit. Before entry, the team must perform or review a hazard assessment of the space, consisting of atmospheric testing/monitoring and the evaluation of all physical, chemical, and biological hazards.

e. The principle of LOTO involves the control of hazardous energy such as electricity, steam, and hydraulics. LOTO procedures may also be used to protect against an engulfment or asphyxiation hazard. Procedures for LOTO are provided in chapter 7 of this Order.

f. If the PRCS is of a size, configuration, or depth that may require testing to be conducted from within the confines of the space, contact the MCIEAST-MCB CAMLEJ SD Confined Space Program Manager (CSPM) for specific guidance.

g. All necessary equipment involving work in a PRCS shall be provided at no cost to the employee. The types of equipment needed for a PRCS entry may include testing/monitoring equipment, ventilation equipment, communications equipment, PPE, barriers and shields, ingress and egress equipment, and rescue and emergency equipment. All equipment shall be properly maintained and in good repair. All PRCSEP personnel shall be properly trained regarding the use and care of such equipment.

h. MCB CAMLEJ personnel shall not enter a PRCS under IDLH conditions due to the potential for very serious injury or death to occur in a short period of time.

i. MSDS shall be kept at the worksite for immediate availability when entrants are exposed to regulated, hazardous substances.

4. Comprehensive Hazard Evaluation

a. All confined spaces shall be tested and evaluated prior to entry. The CSPM shall maintain a copy of the results and shall be available to supervisors of PRCSEP personnel. The hazards of PRCSs shall be included in the individual department/division inventories that are part of their SOPs.

b. Upon completion of the initial atmospheric testing, each space shall be classified as one of the following:

(1) Class I Space. Contains atmospheres or conditions which are IDLH.

(2) Class II Space. Contains atmospheres or conditions which are dangerous, but not IDLH.

(3) Class III Space. Contains atmospheres or conditions which are contaminated.

(4) Class IV Space. Contains no flammable or toxic agents, has an oxygen content consistent with the outside ambient conditions (19.5-22 percent), and presents little potential for generation of hazardous conditions.

c. Restrictions For Class I And II Spaces

(1) Class I Spaces. Entry into and work in or on Class I spaces shall not be permitted under normal operations and is authorized only in cases of rescue efforts, life threatening, or other extreme emergencies. Contact the CSPM for required entry into Class I spaces under other conditions.

(2) Class II Spaces. A flammable or toxic atmosphere or deviation of oxygen content may be due to materials and conditions within the space. The cause or source of contamination shall be identified and removed to the maximum degree possible by cleaning, ventilating, or other such treatments prior to entry or work.

5. Method of Entry. To enter a PRCS, you shall enter under one of the following three methods based on the conditions present and authorization from the CSPM:

a. Permit System

(1) Before entering a PRCS, a permit must be obtained from the CSPM, the Assistant (ACSPM), or a qualified entry supervisor. The permit shall be valid for a time period not to exceed eight hours.

(2) Figure 18-1 is a copy of the Confined Space Entry Permit. All portions of the PRCS permit shall be completed.

(3) The permit must be completed by the entry supervisor prior to the entry.

(4) The permit is completed by the entry supervisor and the entry authorized only after the training of the entry personnel has been verified, the equipment required to enter the space has been calibrated, tested, and is serviceable, and conditions of the space have been tested and is safe for entry.

(5) Post a copy of the permit at the entry point of the space. This shall allow entrants to view the results of the testing.

b. Alternate Entry Procedure. Requires written authorization from the CSPM.

c. Reclassified Space. The CSPM shall determine if the hazards have been eliminated and if so, shall certify the space as a non-permit confined space using figure 18-2.

6. Training

a. All entry supervisors, attendants, entrants, and emergency responders shall receive proper training for their respective duties, including non-entry rescue, prior to participating in the PRCSEP by competent personnel as determined by the SD. All of the aforementioned individuals shall also receive refresher training given by the CSPM or ACSPM at regular shop safety meetings on a semi-annual basis and as needed. All training must be documented with the employees name, date, and signature of the trainer.

b. The CSPM and ACSPM shall have successfully completed a course that fully qualifies them to perform all the requirements of references (a) and (g). Recommended courses are the OSHA 2260, PRCS Entry; NAVOSHENVTRAINCEN A-493-0030, Confined Space Safety; and equivalent courses. The CSPM and ACSPM shall also receive 80 hours of on-the-job training from a qualified CSPM.

c. Training must be provided when the employee is first assigned to the PRCSPEP or before a change in duties; a change in a PRCS that may present a new, unknown hazard for which the employee has not received proper training; or there is reason to believe there are either deviations from the accepted entry procedures or inadequacies in an employee’s knowledge and proper execution of the PRCSEP procedures.

d. Records of training and certification of competency shall be maintained for as long as such personnel are involved in the program or a minimum of five years and shall be readily available for review by personnel, supervisors, entry supervisors, and inspectors.

e. The responsible manager or supervisor shall certify that all authorized entrants are trained on the skills necessary for the safe performance of assigned duties, including specific hazards likely to be encountered as well as appropriate safety equipment and safety measures.

f. The responsible entry supervisor shall certify on the permit that the proposed entrants are properly trained in their duties.

7. Hot Work. A hot work permit must be issued before any operation involving welding, cutting, brazing, or heating to temperatures of 400 degrees Fahrenheit or more are conducted. Hot work permits shall only be issued by the MCB CAMLEJ FESD.

8. Gas Free Engineering

a. When performing hot work activities inside or on the outside of a confined space, the interior atmospheric conditions must be tested prior to starting the work to ensure the absence of flammability and explosive hazards. If the test reveals atmospheres below 10 percent of the Lower Explosive Limit (LEL) and all hazards have been controlled, a hot work permit may be issued by the FESD as described in paragraph 7. If the LEL is 10 percent or greater, the GFE or Assistant GFE must be contacted to devise an appropriate procedure to safely conduct hot work operations.

b. When a flammable/explosion hazard exists (LEL > 10 percent) within a PRCS, the GFE, or AGFE must develop an operational protocol designed to use accepted gas free engineering practices to eliminate or control those hazards. When hazards are controlled by inverting or pressing up a space, work must only be done from the outside of the space or vessel. All measures used to control hazardous conditions within a confined space must meet the requirements of NAVSEA S6470-AA-SAF-010 and must be approved by the GFE or AGFE.

c. The GFE or AGFE shall issue a Flammable/Explosive Vapor Test Certificate, figure 18-3, when it is determined that acceptable conditions exist. The certificate shall be valid for not more than eight hours.

9. REST and Non-Entry Rescue Procedures

a. Rescue and emergency services are per reference (g).

b. Non-entry retrieval systems or methods must be used whenever an authorized entrant enters a PRCS unless the retrieval system would increase the risk of entry or would not facilitate the rescue of the entrant. Retrieval systems shall meet the following requirements:

(1) Each authorized entrant shall use a full body harness with a retrieval line (lifeline) attached at the center of the entrant's back at or near shoulder level.

(2) Retrieval lines are attached to a mechanical device or a fixed point outside of the PRCS to enable rescue to begin immediately.

(3) Mechanical retrieval devices shall be in place and ready for use when personnel enter a vertical PRCS that exceeds five feet in depth. The full body harness of each entrant shall be directly hooked to the mechanical device's retrieval line. The mechanical retrieval device must be specifically designed for confined space rescue and may not be used for any other purpose.

(4) Specially designed devices must be approved by the CSPM.

(5) Mechanical devices used in retrieval systems shall provide a mechanical advantage of at least 4:1 ratio (i.e., a 25-pound force can

move a load of 100 pounds). Mechanica1, devices shall be designed so as not to allow inadvertent lowering of an entrant once retrieval has begun.

(6) The MCB CAMLEJ FESD shall be summoned immediately via 911 upon determination of the need for a non-entry rescue.

(7) All non-entry rescue equipment shall be carefully inspected prior to use.

10. Responsibilities

a. Commanders and Department Heads:

(1) Ensure organizations that employ individuals who must enter PRCS as defined in paragraph 12, develop and publish an internal PRCSEP SOP to include a PRCS inventory. Figure 18-4 contains an example of a PRCS Inventory Template (PI). CSPM/ACSPM can provide assistance in the development of this SOP.

(2) Ensure the SOP is approved by the CSPM. For each PRCS the SOP shall include the pre-entry protocol, including permit issuance and atmospheric testing; a background of the specific hazards of the PRCS and a JHA; protocol for entry operations including the types of work being done inside the PRCS and atmospheric testing/monitoring procedure, and the non-entry rescue protocol, including required equipment and how to configure the equipment for the job at hand.

(3) Ensure compliance with the training requirements for all personnel subject to PRCS entries as set forth in this Order and chapter 14 of references (a) and (g).

(4) Ensure that all personnel adhere to the SOP for all entries into PRCS.

(5) Conduct regular program audits at least annually to ensure compliance with applicable regulations and instructions. The PRCS Program Review Checklist, figure 18-5, is a good tool to use to audit your program or to assist in developing an internal checklist.

b. OICC:

(1) Ensure contractors involved in PRCS work aboard MCB CAMLEJ have established a PRCSEP and inform them that confined space personnel shall be adequately qualified and entries shall be conducted under the requirements section 1910.146 of reference (g).

(2) Conduct inspections to verify PRCSEP compliance at contractor worksites prior to contractor entry into PRCS and during the entry period as required by the permit.

(3) Review and approve the contractors PRCSEP, the contractor's entry permit, and entry protocol for PRCS.

(4) Ensure that contractors have trained their personnel concerning the hazards of the PRCS they shall enter and work aboard MCB CAMLEJ.

(5) Ensure that all contract personnel have received the required PRCS training and hold current certification for the duties to be performed.

c. MCB CAMLEJ Fire Chief:

(1) Provide required rescue services for the PRCSEP as required by this Order.

(2) Maintain appropriate rescue and training equipment to ensure the FESD's ability to execute rescue and recovery of entrants from PRCS aboard MCB CAMLEJ.

(3) Issue hot work permits and designate in writing individuals who are part of the PRCSEP and are authorized to issue hot work permits.

(4) Provide and document annual training for FESD personnel regarding PRCS entry rescue for each type of PRCS aboard MCB CAMLEJ.

(5) Maintain a current recall roster of MCB CAMLEJ CSPM and department ACSPMs in the event of a weekend emergency.

d. DOS:

(1) Maintain overall cognizance of the PRCSEP.

(2) Provide the required funding and support for the oversight of the PRCSEP by the CSPM.

e. CSPM:

(1) Provide oversight and guidance for the PRCSEP and for all organizations aboard MCB CAMLEJ.

(2) Conduct annual audits of commands and departments entry operations, SOPs, and training records. Provide recommendations for compliance with PRCSEP requirements and applicable regulations using the checklist provided in figure 18-5.

(3) Issue test entry permits for newly recognized PRCS. Oversee the initial testing/monitoring process when the PRCS is of a size, configuration, or depth that requires testing to be conducted from within the space, per this Order.

(4) Maintain records of entry operations (cancelled permits) for one year from the date of entry.

(5) Provide FESD with a current recall roster of MCB CAMLEJ CSPMs and all department ACSPMs in the event of an afterhours or weekend emergency.

(6) Conduct an annual self-assessment of the MCB CAMLEJ PRCSEP using the checklist provided in figure 18-5.

(7) Halt any PRCS operation not in compliance with the permit, applicable regulations or if unsafe practices are observed.

(8) Upon request, assist in the acquisition of additional specialized testing for MCB CAMLEJ activities working in PRCS.

f. Section Supervisors/Shop Supervisors/ACSPM:

(1) Identify all personnel involved in the PRCSEP. Figure 18-6 provides an example of the Authorized PRCSEP Personnel Letter template. The letter shall be submitted to the CSPM at least annually or as personnel changes occur.

(2) Review all permits after the termination of entry operations for correctness and compliance.

(3) Audit at least one entry, by each PRCSEP employee, semi-annually to determine safety awareness and evaluate the employee's level of competency or provide annual refresher training approved by the CSPM that focuses on the organizations local program. Ensure all audits of employee entries are documented. This can be completed by recording it on the permit used for the entry in the "Other Comments" block or by annotating the date of the audit on authorized PRCSEP roster.

(4) Ensure that all personnel involved in the PRCSEP receive the required initial training and appropriate refresher training. Maintain records of training and certification of competency for as long as such personnel are involved in the program or a minimum of three years. Forward copies of documented training to the CSPM within 15 days of completion. Ensure the records are readily available for review by entry supervisors and inspectors.

(5) Ensure all PRCSs are properly labeled, per paragraph 3a of this chapter.

(6) Ensure that all cutting, welding, brazing, and heating performed in PRCS is conducted per this Order and the local SOP.

(7) Ensure entry team personnel are provided with all required entry, communication, and rescue equipment.

(8) Submit copies of the cancelled entry permit to the CSPM for each PRCS entry operation within 30 days of the permit cancellation. Retain copies of canceled permits for one year.

(9) Ensure that only the assigned entry supervisor, attendant, or entrant performs atmospheric tests and assesses existing hazards within the PRCS. Further ensure that one member of the entry team monitors atmospheric conditions from outside the space.

g. Entry Supervisors. Procedures and duties for Entry Supervisors are clearly delineated in section 1910.146 of reference (g).

h. Entrants. Procedures and duties for Entrants are clearly delineated in section 1910.146 of reference (g).

i. Attendants. Procedures and duties for Attendants are clearly delineated in section 1910.146 of reference (g).

j. Contractors. When contractors or other non-DoD personnel enter MCB CAMLEJ PRCS to perform work, they shall:

(1) Notify the OICC and CSPM prior to PRCS entry. Upon notification, receive entry protocol guidance from the OICC and/or the CSPM.

(2) Adhere to reference (g) and all applicable local regulations.

(3) Do not enter a PRCS without prior approval of the OICC via the entry permit.

(4) Notify respective rescue services. Also, verify the availability of emergency response and viable means of communication with their rescue service provider.

k. NHCL IH Department. The NHCL IH Department must be available to provide specialized testing of PRCS that contain toxins listed in the NIOSH Pocket Guide to Hazardous Chemicals and the ACGIH Threshold Limit Value and Biological Exposure Indices Handbook, to ascertain whether concentrations of hazardous chemicals are within the prescribed limitations.

Example Confined Space Entry Permit

CONFINED SPACE ENTRY PERMIT

DATE PERMIT ISSUED:	TIME PERMIT ISSUED:	EXPIRATION DATE:	TIME OF EXPIRATION:
LOCATION (FAC #):		DESCRIPTION:	
PURPOSE OF ENTRY:			DEPT/DIV/SHOP:
AUTHORIZED ENTRANT(S):		AUTHORIZED ATTENDANT(S):	
TIME OF ACTUAL ENTRY:		TIME OF COMPLETION OF ENTRY:	

ATMOSPHERIC TEST DATA

TEST	PRE-ENTRY RESULTS	FOLLOW-UP TESTING RESULTS				
02 (19.5-22%)						
% LEL (<10%)						
CO (<25ppm)						
H2S (<10 ppm)						
TIME						
TOXICS						
1)						
2)						

PRE-ENTRY TESTING BY:	DATE:	TIME:

INSTRUMENT	MODEL	SERIAL#	GAS-CAL DATE/TIME	PASSED GAS-CAL: Y/N	
				☐ Yes	☐ No
				☐ Yes	☐ No

ZERO CALIBRATION PRIOR TO ENTRY CONDUCTED BY:

REQUIRED SAFETY CONTROLS/OBSERVED HAZARDS

REQUIREMENT	YES	NO	COMMENTS/CONTROL MEASURES/EQUIPMENT
ATTENDANT	☐	☐	
*Respiratory Protection	☐	☐	
*Protection Clothing	☐	☐	
*PPE	☐	☐	
Fire Extinguisher	☐	☐	
*Non-Entry Rescue Equip	☐	☐	
*Lockout/Tagout	☐	☐	
*Ventilation	☐	☐	
*Follow-up Testing	☐	☐	
*Other Controls	☐	☐	
Are Workers trained?	☐	☐	

*COMMENTS REQUIRED IF CHECKED "YES"

Communication: (Check)	☐ VISUAL ☐ DIRECT VERBAL ☐ PHONE ☐ RADIO	
EMERGENCY CONTACT: BASE FIRE DEPARTMENT (EMS)		***PHONE 911***
IS SPACE LABELED?	☐ YES ☐ NO OTHER COMMENTS:	
PERMIT ISSUED - ENTRY SUPERVISOR'S SIGNATURE		PERMIT CANCELLED - ENTRY SUPERVISOR'S SIGNATURE:
PRINT NAME HERE:		PRINT NAME HERE:

PERMIT REVIEWED BY:	SHOP SUPERVISOR: (Initial)	DATE:	CSPM: (Initial)	DATE:

*PERMIT MUST REMAIN AT ENTRY POINT(S) UNTIL WORK IS COMPLETE - A COPY MUST BE FORWARDED TO CSPM WITHIN ONE WEEK OF ENTRY - MAINTAIN ONE COPY OF SHOP LOCATION - ONLY AUTHORIZED ENTRANTS LISTED ON PERMIT MAY ENTER PRCS - PERMIT MUST BE FILLED OUT COMPLETELY -NOTIFY CSPM OF ANY UNEXPECTED HAZARDS OR EMERGINCIES ENCOUNTERED - FOR ASSISTANCE CALL CSPM - (910) 451-7449

MCIEAST-MCB CAMLEJ/SAFETY/5100.8/4 (11/12) PREVIOUS EDITIONS ARE OBSOLETE ADOBE 9.0

Figure 18-1.--Example Confined Space Entry Permit

Permit-Required Confined Space Re-classification Certification

Under 29 CFR 1910.146(c)(7), this confined space is re-classified as NON-PERMIT-REQUIRED due to the elimination of the following hazards:

1. Inwardly converging wall hazard at the bottom of the boiler has been mitigated with the use of temporary flooring, removing the possibility of being trapped or asphyxiated.

2. By evidence supported by hundreds of entries, there are no atmospheric hazards in the space.

These conditions must be followed:

1. Hard hats must be worn.

2. All remaining fly ash must be removed from the hoppers prior to entry.

3. The use of any chemicals or any work processes that may introduce a hazard could render the space permit-required. Check with CSPM before using any chemicals or work processes other than brickwork/inspection.

4. All PPE as required per shop SOP for brickwork inspection/maintenance shall be used.

5. This re-classification is only approved for boiler # 1 for entry on 19 August – 19 September 2008, at Building 1700, Main Steam Plant and only for the purpose of inspection and required brickwork. If additional time is required to complete the work, notify the CSPM to request an updated letter.

6. The boiler must be completely shut down, Locked Out/Tagged Out and all coal transport systems for boiler #1 must be non-functional and Locked Out/Tagged Out. The Lock Out/Tag Out procedures for the boiler have been verified to be effective by the Plant Supervisor on this date: _____, _____.

7. If any hazards arise within the space, employees shall immediately exit the space and the permit system shall be used. Notify the CSPM if this occurs.

8. Entry into the boiler with the sub-flooring removed shall be conducted on a permit as a Permit Required Confined Space. If the sub-flooring is to be removed for any reason during this period, it shall be done so from outside the space or it shall be conducted on a permit as a Permit Required Confined Space.

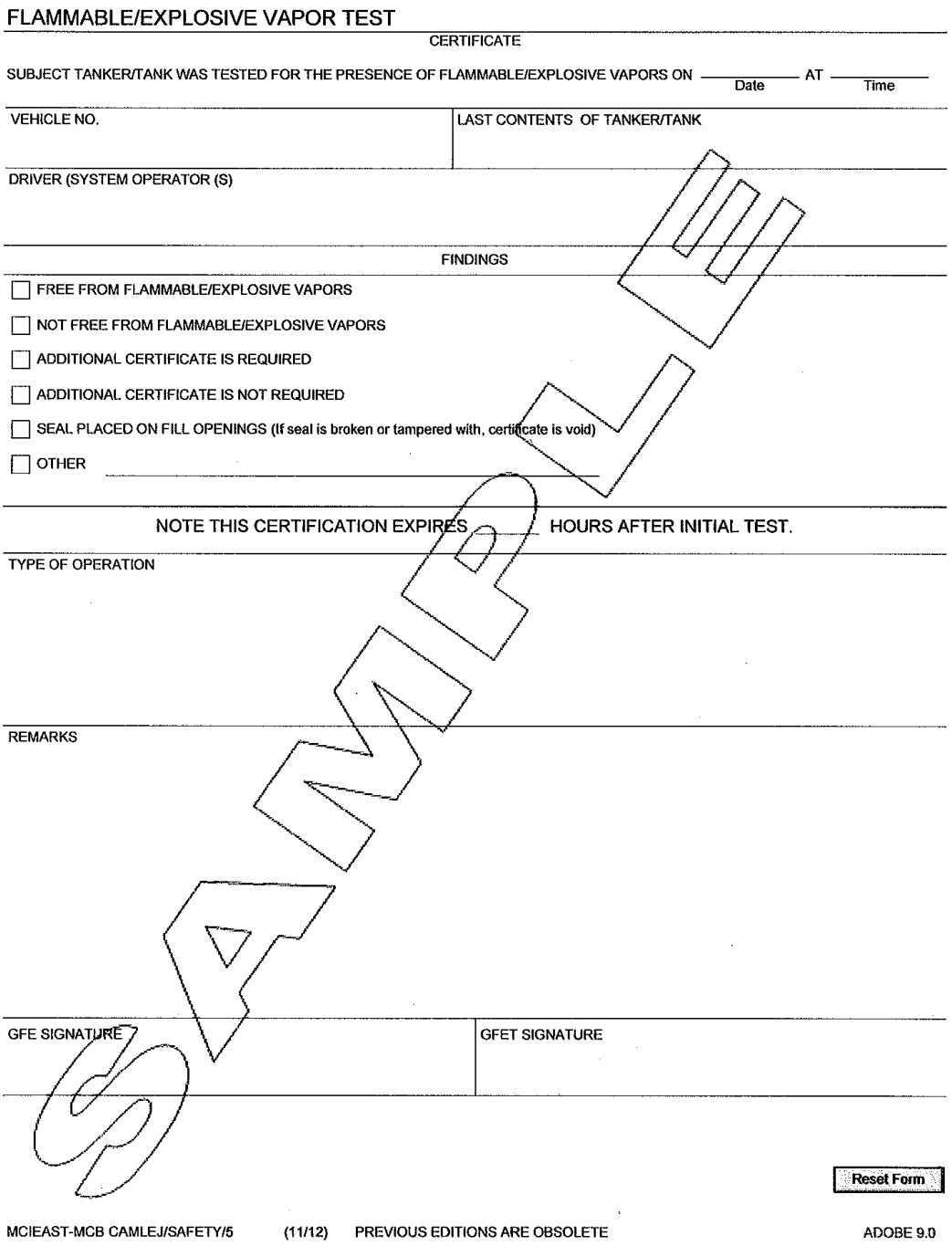
Figure 18-2.--Permit-Required Confined Space Re-classification Certification – Continue Permit-Required Confined Space Re-classification Certification

As certified by the Confined Space Program Manager on 19 August 2008.

CSPM Names (910) CSPM Telephone Number
Confined Space Program Manager (CSPM)
Marine Corps Base
Camp Lejeune, NC 28542

Figure 18-2.--Permit-Required Confined Space Re-classification Certification–Continued

Flammable/Explosive Vapor Test Certificate



FLAMMABLE/EXPLOSIVE VAPOR TEST

CERTIFICATE

SUBJECT TANKER/TANK WAS TESTED FOR THE PRESENCE OF FLAMMABLE/EXPLOSIVE VAPORS ON _____ (Date) AT _____ (Time)

VEHICLE NO.	LAST CONTENTS OF TANKER/TANK

DRIVER (SYSTEM OPERATOR (S)

FINDINGS

- ☐ FREE FROM FLAMMABLE/EXPLOSIVE VAPORS
- ☐ NOT FREE FROM FLAMMABLE/EXPLOSIVE VAPORS
- ☐ ADDITIONAL CERTIFICATE IS REQUIRED
- ☐ ADDITIONAL CERTIFICATE IS NOT REQUIRED
- ☐ SEAL PLACED ON FILL OPENINGS (If seal is broken or tampered with, certificate is void)
- ☐ OTHER _____

NOTE THIS CERTIFICATION EXPIRES ____ HOURS AFTER INITIAL TEST.

TYPE OF OPERATION

REMARKS

GFE SIGNATURE	GFET SIGNATURE

Reset Form

MCIEAST-MCB CAMLEJ/SAFETY/5 (11/12) PREVIOUS EDITIONS ARE OBSOLETE ADOBE 9.0

SAMPLE

Figure 18-3.--Flammable/Explosive Vapor Test Certificate

Example PRCS Inventory Template

PRCS ID # (Department Specific)	SD-001 (Steam Distribution Space #001)
CLASSIFICATION	CLASS III SPACE
NUMBER OF LIKE SPACES (Number spaces with the same hazards and entry requirements.)	2
FACILITY NUMBERS (List all applicable facility numbers.)	HP-30, AS-12
CHARACTERISTICS (List all that applies.)	Steam Pit, open top, grated. 6'-8' deep pit, metal grate covering pit, cement walls, single access hatch with fixed ladder, no lighting, no receptacles
POTENTIAL HAZARDS	Hazardous atmosphere, snakes, spiders, slip hazard, head, eye, hand injury, burns
ACTUAL HAZARDS	Active steam lines
REQUIRED PPE (List all required PPE and specific type as applicable.)	Hard hat, leather gloves, cotton coveralls, safety glasses, safety shoes/boots
REQUIRED RESCUE EQUIPMENT	Mechanical retrieval device, retrieval line, full-body harness, radio, cell phone
ATMOSHPERIC TESTING REQUIREMENTS	Pre-entry testing, continuous monitoring by the attendant
COMMON WORK PRACTICES	Preventative maintenance, valve replacement/repair, steam lead repair, removal of debris
OTHER CONSIDERATIONS	Perform LOTO procedure XXX when working on active lines.

Figure 18-4.--Example PRCS Inventory Template

PRCS Program Review Checklist

Marine Corps Installations East-Marine Corps Base, Camp Lejeune

Safety Department

Permit Required Confined Space (PRCS)

Entry Program Review Checklist

-DEPARTMENT NAME HERE-

Figure 18-5.--PRCS Program Review Checklist-Continued

PRCS Program Review Checklist

SUMMARY SHEET

Date of Audit:

Auditor(s):

Areas Audited:

Personnel Interviewed:

Permit Required Confined Space (PRCS) Entry Program Elements Reviewed:

A. Administrative Program Management/Training _____

B. Internal Evaluation Procedures/Infrastructure _____

C. PRCS Entry Operations _____

D. Corrective Action Required _____

E. Follow-up _____

_____ _____
Signature of auditing CSPM/ACSPM Date

Figure 18-5.--PRCS Program Review Checklist-Continued

PRCS Program Review Checklist

Administrative Program Management/Training

	Y	N	N/A
1. Has the organization/department/division established a PRCS Entry SOP?			
2. Have all PRCSs, under cognizance of the department, been labeled as required?			
3. Has each PRCSEP employee been provided with initial training and annual refresher training as required?			
4. Has additional training been provided to PRCSEP employees who have changed jobs, been assigned additional (new) duties, or if the spaces they are working with have changed?			
5. Are all permits filled out properly and completely on the proper permit form?			
6. Are cancelled permits kept on file for at least one year?			
7. Have copies of all cancelled permits been forwarded to the CSPM within 30 days for review?			
8. Is a daily calibration log maintained including the following information: (1) Calibrator's Name, (2) Instrument Model/Serial Number, (3) Calibration Date, (4) Calibration Time, (5) Calibration Results, (6) Comments, (7) Calibrator's Signature?			
9. Have all personnel working under the guise of the CSEP been properly identified to the CSPM?			
10. Is a current inventory of all confined spaces maintained?			
11. Are the following references applicable to the PRCSEP readily available to all CSEP personnel: (1) BO 5100.5, (2) NAVMC DIR 5100.5, (3) 29 CFR 1910.146, (4) Local SOP?			

Figure 18-5.--PRCS Program Review Checklist—Continued

PRCS Program Review Checklist
Administrative Program Management/Training

	Y	N	N/A
12. Have all employees been observed by their supervisor within the past 6 months for safety awareness, competence, and confined space duty performance or refresher training provided?			
13. Are training records kept for at least 3 years?			
14. Has an internal review of the program been conducted and documented, at least annually?			

B. Internal Evaluation Procedures/Infrastructure

	Y	N	N/A
1. Have all unique types of PRCSs been evaluated to recognize existing or potential hazards?			
2. Once hazards have been identified, have proper measures been employed to eliminate/control those hazards, such as lockout/tagout and mechanical ventilation?			
3. Do all cancelled permits indicate that the minimum acceptable entry conditions were observed?			
4. Is monitoring equipment calibrated/tested daily and prior to use, using a known gas sample?			
5. Do all CSEP personnel follow the established SOP?			
6. Are only qualified/trained personnel performing atmospheric testing and performing hazard assessment immediately prior to entry into a confined space?			
7. Does the entry supervisor review all permits before and after the entry for correctness, completeness, and full compliance?			
8. Is proper PPE/non-entry rescue equipment used by employees IAW BO 5100.5, Chapter 18 and other applicable regulations?			

Figure 18-5.--PRCS Program Review Checklist—Continued

Example Authorized PRCSEP Personnel Letter

UNITED STATES MARINE CORPS
MARINE CORPS INSTALLATIONS EAST-MARINE CORPS BASE
PSC BOX 20005
CAMP LEJEUNE NC 28542-0005

5100
CSP/Cert
DD Mon YY

From: Section Supervisor, Shop Supervisor, Assistant Confined Space Program Manager (ASCPM), Division or Department
To: Confined Space Program Manager, Marine Corps Base, Camp Lejeune

Subj: PERMIT REQUIRED CONFINED SPACE ENTRY PROGRAM PERSONNEL

Ref: (a) NAVMC DIR 5100.8
(b) MCB CAMLEJ 5100.8

Encl: (1) PRCSEP Personnel Roster

1. Per references (a) and (b), the following personnel listed in the enclosure have completed the Initial Permit Required Confined Space Entry Program training. In addition, personnel training records were reviewed to verify that required additional training such as Respiratory Protection, Lock Out/Tag Out, Hazard Communication, Fall Protection, and Personal Protection Equipment has been completed. Personnel have received training on all required equipment specific to this department to perform assigned work tasks when entering PRCSs.

2. The personnel listed in the enclosure are hereby certified to enter PRCSs to perform assigned duties.

3. The listed personnel have read and understand the requirements contained in the division/department standing operation procedures and references (a) and (b).

4. Point of contact for Division/Department is Mr. John Doe at 451-XXXX.

I. M. BOSS

Copy to:
Dept Head, (Div/Dept)
(Div/Dept) SafO

Figure 18-6.--Example Authorized PRCSEP Personnel Letter

Example Authorized PRCSEP Personnel Letter—Continued

NAME	JOB TITLE	PHONE #	EMAIL ADDRESS	ASSIGNED PRCS DUTIES	INITIAL TRAINING DATE	REFRESHER TRAINING/ ENTRY ADUIT DATE
John Doe	Pipe Fitter	451-1111	John.doe@usmc.mil	Entrant & Attendant	12/15/07	3/15/08 Audited 12/15/08
Billy Bob	Welder	451-1221	Billy.bob@usmc.mil	Entrant & Attendant	9/4/05	11/14/08 Audited 12/15/08
George Jones	Lead Pipe Fitter	451-7111	George.jones@usmc.mil	Entrant & Attendant & Entry Supervisor	9/4/05	11/14/08 Audited 12/15/08

Figure 18-6.--Example Authorized PRCSEP Personnel Letter—Continued

Chapter 19

Traffic Safety

1. Purpose. To eliminate or reduce deaths, personal injury, and property damage by establishing policy and procedures for the MCIEAST-MCB CAMLEJ Traffic Safety Program.

2. Background. Traffic safety is based upon three basic concepts; engineering, enforcement, and education. Traffic safety entails more than motor vehicles, it includes bicyclists, pedestrians, runners, and skate boards/skaters. Traffic safety is a combined effort of the MCIEAST-MCB CAMLEJ SD, PMO, and G-F.

3. Refer to reference (ae).

Chapter 20

Lead Safety Program

1. Purpose. To establish procedures and requirements to eliminate or mitigate exposures to lead hazards during industrial and construction activities performed by all military and civilian personnel aboard MCB CAMLEJ.

2. Background

a. Lead refers to metallic lead, all inorganic lead compounds, and organic lead soaps. Organic lead compounds are excluded. Common uses for lead and lead compounds include ballast, radiation shielding, ammunition, paint filler and hardener, rubber antioxidant, acoustical insulation component, solder for electrical components and pipe joints, high voltage cable shielding, batteries, roof flashing, and weights. While not an absolute indicator, red, forest green, chrome yellow, "school bus" yellow, and "OSH" yellow paints typically contain lead components such as lead oxides and lead chromates. Lead may also be contained in varnish, polyurethane, and water based paints.

b. Lead is a long recognized health hazard. In recognition of the serious health hazards associated with and numerous sources of potential lead exposure strict controls to limit both occupational and environmental exposures is required.

3. Responsibilities

a. Commanders, department heads, and supervisors shall ensure work operations using lead or materials containing lead are conducted per this Order and references (a) and (x).

b. Supervisors of personnel conducting operations with lead or lead containing materials shall:

(1) Notify the SD or USO/DSR before commencing operations, including self-help projects such as paint removal and sanding, which may generate any amount of airborne lead to ensure proper PPE is provided; and environmental work center containment and monitoring is conducted.

(2) Ensure personnel who enter lead controlled boundaries are trained according to references (g), (x), and this Order; and the work to be conducted.

(3) Ensure personnel who are assigned duties inside of lead controlled boundaries receive required medical examinations, and assigned to the medical surveillance program if applicable. Maintain a list of personnel on the medical surveillance program for lead. This list shall be made available to the SD or USO/DSR upon request.

(4) After consulting with the SD and NHCL IH, provide required PPE for personnel involved in lead operations.

(5) Notify the SD and NHCL IH of any significant change in the process or equipment that may affect personnel exposures to lead.

(6) Ensure personnel are trained per this chapter and chapter 9 of this Order.

c. DOS:

(1) Appoint in writing a Lead Program Manager (LPM) who has received appropriate training e.g., lead abatement courses offered by one of the NIOSH Education and Research Center Grants schools.

(2) Provide technical support and guidance on written aspects of the Lead Safety Program, appropriate training and PPE to supervisors and USO/DSRs.

(3) Redirect to the responsible NHCL IH any requests for evaluation of operations involving lead.

(4) Ensure a hazard assessment survey is completed.

(5) Notify the responsible NHCL IH of any personnel entering or working inside of lead controlled boundaries.

(6) Ensure supervisors are informed of proper safety equipment acquisition procedures.

d. Responsible NHCL IH:

(1) Evaluate work operations involving lead and conduct air sampling as required.

(2) Develop and recommend lead controlled boundaries based on air sampling data.

(3) In coordination with the SD, USO/DSR and supervisors, recommend required PPE.

(4) Advise supervisors of personnel recommended to be included in the medical surveillance program for lead.

(5) Provide technical support and guidance to the SD or USO/DSR.

e. Occupational Health Office: Provide medical surveillance for service members and DoD civilian employees.

f. Personnel Working with Lead:

(1) Comply with work control procedures, including the wear and use of the prescribed PPE.

(2) Report to supervisor any observed unsafe work conditions.

(3) Ensure they have received the proper medical examinations as required.

4. Housekeeping

a. Mechanical vacuum capture shall be the primary means of controlling exposure to lead. Dust should be collected as much as possible by local exhaust ventilation (shrouded tools) at the point of origin and be captured by HEPA filters. Emissions shall not be exhausted into another workspace. Recirculation of HEPA filtered air from lead operations is not recommended. At no time shall a non-HEPA vacuum be used in lead operations.

b. On a case-by-case basis, the LPM or responsible NHCL IH shall identify specific vacuum and ventilation requirements for dust producing operations.

c. Ventilation systems used to control personnel exposure to lead are required to be evaluated by the LPM and NHCL IH quarterly and within five days of any significant change in either the work process or equipment.

d. Compressed air shall not be used to clean work surfaces or personnel clothing. Vacuuming with HEPA-filtered vacuum cleaners or washing down with tri-sodium phosphate based cleaners is recommended. Wet sweeping, shoveling, or brushing shall only be used when other methods have been tried and found to be ineffective or not feasible. At no time shall dry-sweeping be employed. Cleaning materials, boundary materials, and wastewater shall be treated as lead contaminated HM.

5. Training

a. For purposes of training, designated lead workers are defined as those individuals who are exposed to airborne lead concentration in excess of the TWA. Training shall be coordinated by the SD.

b. Initial training and qualification shall be conducted before allowing any designated lead worker to work with or be exposed to lead dust or fumes. Training for designated lead workers shall be in accordance with references (g) and (x).

c. A copy of the lead standard, its appendices, and any other materials from OSHA pertaining to lead must be made readily available to all personnel working with lead, including those exposed below the TWA.

6. Warning Signs and Caution Labels. Warning signs shall be posted at each location where airborne lead may exceed the PEL of 50 ug/m3 as an eight hour TWA. Refer to references (g) and (x) for information on how to calculate the PEL for work shifts longer than eight hours. These

signs may contain a listing of required PPE and shall state as a minimum: "WARNING LEAD WORK AREA POISON NO SMOKING, EATING, OR DRINKING."

7. Worker Notifications. Within five working days after receipt of a health hazard evaluation, the responsible NHCL IH shall notify each worker in writing of their exposure. Where results indicate a worker was exposed above the PEL without regard to Respirator use, the statement shall include that fact and a description of corrective action(s) to be taken.

8. Lead Medical Surveillance Program. This program consists of three basic elements: pre-placement medical evaluation, semi-annual blood lead level monitoring, and follow-up medical evaluation. Personnel who are or may be exposed above the action level for more than 30 days per year, based on the IH evaluation, shall be included in the Lead Medical Surveillance Program. Inclusion in this Program is based on potential lead exposure without regard to use of PPE.

Chapter 21

Bloodborne Pathogen Exposure Control Plan and Program

1. Purpose. To limit occupational exposure of personnel to blood and other potentially infectious body fluids and materials (OPIM) that may transmit BBP and lead to disease or death.

2. Background. Microorganisms sometimes found in human blood and certain other potentially infectious materials can be occupationally transmitted between humans during the course of personnel daily duties.

a. Although a variety of harmful microorganisms may be transmitted through contact with infected human blood, HBV, Hepatitis C Virus (HCV) and HIV have been shown to be responsible for infecting workers in the course of their duties who were exposed to human blood and certain other body fluids containing these viruses, through routes like needle stick injuries and by direct contact of mucous membranes and non-intact skin with contaminated blood/materials.

b. Occupational transmission of HBV occurs much more often than transmission of HIV. Although HIV is rarely transmitted following occupational exposure incidents, the lethal nature of HIV requires that all possible measures be used to prevent, when possible, the exposure of our personnel to disease-causing microorganisms transmitted through human blood and OPIMs, and as a means of complying with reference (g). Figure 21-1 contains definitions of terms used throughout this chapter.

3. Applicability. This chapter applies to any organization, operation, procedure, or duty/work assignment where it is reasonable to anticipate that personnel shall have skin, eye, mucous membrane, or parenteral contact with blood or OPIMs. Exposure determination is made without regard to the use of PPE. Personnel are considered to be exposed even if they wear PPE.

4. Exposure Determination. The MCIEAST-MCB CAMLEJ BBP Exposure Plan identifies two distinct categories of work assignments for the purpose of this chapter; Category A and Category B.

a. Exposed Personnel. Job-related tasks with an inherent potential for membrane or skin contact with blood, body fluids, or tissues, or a potential for spills or splashes of them are Category A tasks. Figure 21-2 identifies personnel/work assignments considered to be a Category A risks and includes requirements for PPE.

b. Personnel Potentially Exposed. Category B tasks involve no exposure to blood, body fluids, or tissues, but employment may require performing unplanned Category A tasks. Appropriate protective measures shall be readily available to all personnel engaged in Category B tasks. See figure 21-3 for a list of MCIEAST-MCB CAMLEJ work assignments/billets assigned a Category B risk.

5. Responsibilities

a. Commanders and Department Heads:

(1) Use figures 21-2 and 21-3 as guides in determining workers identified as Category A and Category B exposure risk occupations. Newly established positions shall require assessment by an NHCL IH for possible inclusion in the Bloodborne Pathogen Exposure Control Plan.

(2) Write and implement a unit/department/section Bloodborne Pathogen Exposure Control Plan, per this Chapter.

(3) Ensure PPE and containers are provided to personnel.

(4) Ensure personnel receive required training.

(5) Ensure personnel identified as requiring the Hepatitis B vaccination is afforded the opportunity to receive inoculation; further, that recordkeeping requirements are met as a way of documentation of vaccination or declination is made in respective medical records.

(6) Be responsible via medical and SDs for medical surveillance of military and DoD civilian personnel and reporting of potential exposures to BBPs.

b. CO, NHCL:

(1) Assist Commanders and department heads in identifying personnel requiring inclusion in the Bloodborne Pathogen Exposure Control Plan during IH baseline and annual surveys.

(2) Provide HBV serum for inoculation of personnel identified for inclusion in the MCIEAST-MCB CAMLEJ Bloodborne Pathogen Exposure Control Plan.

(3) Be responsible for medical surveillance evaluation for personnel identified in the exposure control plan.

(4) Document vaccinations/declinations of vaccinations and medical surveillance in respective medical records.

(5) Provide training support concerning medical issues required by reference (g) to personnel included in the Bloodborne Pathogen Exposure Control Plan, supervisors, MCIEAST-MCB CAMLEJ Commanders and department heads aboard MCB CAMLEJ.

(6) Receive from MCIEAST-MCB CAMLEJ organizations/activities contaminated materials, (i.e., biohazard bag waste containing dressings, gloves, contaminated sharps, etc.) and process for disposal.

c. DOS shall assign a safety specialist with series code 0018 responsibilities as Bloodborne Pathogen Exposure Control Plan Manager.

d. Bloodborne Pathogen Exposure Control Plan Manager:

(1) Monitor effectiveness of the Bloodborne Pathogen Exposure Control Plan.

(2) Train employees identified within the exposure control plan in accordance with reference (g). The NHCL shall be considered the subject matter expert for complex cases or questions. Coordinate personnel/program training requirements with the CO, NHCL.

(3) Assist organizations in developing internal SOPs.

(4) Review annually and update, as needed, the MCB CAMLEJ Bloodborne Pathogen Exposure Control Plan.

6. Methods of Compliance

a. Universal Precautions. All blood and OPIM shall be handled as if contaminated by a BBP. Under circumstances in which differentiation between body fluid types is difficult or impossible, all body fluids shall be considered potentially infectious materials. Engineering and work practice controls shall be used to eliminate or minimize personnel exposure, where occupational exposure, remains after institution of these controls, PPE shall also be used. Evaluation and selection of new procedures and safer medical devices shall include personnel input as directed through the NHCL. These controls shall be maintained or replaced on a regular schedule. When processes, conditions, or the regulations require change, the SD shall review and recommend changes to ensure compliance.

b. Hand-washing and Other General Hygiene Measures. Hand-washing is a primary infection control measure, which is protective of both the personnel and other individuals. Appropriate hand-washing must be diligently practiced. Personnel shall wash hands thoroughly using soap and water whenever hands become contaminated, and as soon as possible after removing gloves or PPE. When other skin areas or mucous membranes come in contact with blood or OPIM, the skin must be washed with soap and water, and the mucous membranes shall be flushed with water as soon as possible. Other precautions include:

(1) Using antiseptic hand cleanser and towels, antiseptic towelettes, or waterless alcohol sanitizer if providing hand-washing facilities is not feasible (such as in emergency vehicles). Whenever antiseptic hand cleanser and towels, antiseptic towelettes, or waterless alcohol sanitizers are used, personnel must wash their hands with soap and water as soon as possible.

(2) Eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses are prohibited in work areas where there is a reasonable likelihood of exposure to blood or OPIM.

(3) Food and drinks shall not be kept in refrigerators, freezers, shelves, cabinets, on bench or countertops where blood or OPIM are present.

(4) Mouth pipetting/suctioning of blood or OPIM is prohibited.

(5) Use practices to minimize splashing, spraying, spattering, and generation of droplets during procedures involving blood or OPIM.

(6) Cover or provide a barrier for the opening of containers which contain suspect infectious materials. No personal needles (i.e., diabetic insulin) shall be disposed of in trash cans. All barriers shall be labeled with a bio-hazard warning label, figure 21-4, color-coded, leak-proof, and puncture-resistant, when necessary.

c. Sharps Management. No intrusive procedures shall be performed except by qualified personnel. Sharps shall be disposed of using accepted medical procedures.

d. Precautions in Handling Specimens. Specimens of blood and OPIM shall be placed in a container that is labeled with a bio-hazard warning label.

(1) The container must be closed before being stored, transported, or shipped.

(2) Bags or receptacles intended for contaminated items should be located within the first responder vehicle for immediate access.

(3) If outside contamination of the primary container occurs, or if the specimen could puncture the primary container, the primary container shall be placed within a secondary container that is labeled with a bio-hazard warning label.

e. Management of Contaminated Equipment. Any equipment, such as machines involved in a mishap where personnel have been injured, rescued or treated, that may be contaminated must be examined by qualified personnel prior to servicing or shipping. If the equipment is found to be contaminated, it must be decontaminated unless not feasible to do so. Any equipment that remains contaminated, (i.e., endoscopes, centrifuge or pumps, jaws-of-life, not patient beds or gurneys, etc.) must have an appropriate bio-hazard label attached.

(1) The label must describe portions of the equipment are contaminated.

(2) Information regarding the remaining contamination is conveyed to all affected personnel, the equipment manufacturer and the equipment service representative prior to handling, servicing, or shipping.

(3) Only trained personnel shall be summoned to assist and evaluate equipment that is considered contaminated.

f. PPE. All PPE (i.e., gloves, gowns, laboratory coats, face shields, masks, eye protection, mouthpieces, resuscitation bags, pocket masks, etc.) shall be provided, repaired, cleaned and disposed of at no cost to personnel. Personnel shall wear PPE when doing procedures in which exposure to the skin, eyes, mouth, or other mucous membranes is annotated in the organization/shop/section IH survey. The articles to be worn shall depend on the expected exposure. Figure 21-5 provides recommended PPE for tasks/activities.

(1) Gloves. Non-latex gloves and similar alternatives are readily available. All personnel must wear gloves whenever hand contact with blood or OPIM is anticipated (i.e., treating cuts or lacerations, etc.). Disposal (single use) gloves, such as surgical or examination gloves must be replaced as soon as possible if they are contaminated, torn, punctured, or otherwise lose their ability to function as a barrier to exposure. Disposable gloves cannot be washed or decontaminated for reuse.

(2) Protective Eyewear. Personnel shall wear protective eyewear devices such as goggles, glasses with side shields, face shields, etc., whenever splashes, spray, splatter, or droplets of blood or OPIM may occur.

(3) Body Clothing. Personnel shall wear appropriate protective body clothing, such as coats, jackets, aprons, etc., when body exposure to blood or OPIM is anticipated. If blood or OPIM penetrate a garment, it must be removed immediately or as soon as it is feasible.

(4) Personnel shall remove all potentially contaminated PPE prior to leaving their "work areas" (in many cases this means the accident/incident site). All contaminated clothing shall be decontaminated in accordance with decontamination protocols as contained in paragraph 5j below.

g. Housekeeping

(1) Worksites, work centers, response vehicles, and other surfaces affected by this chapter shall be maintained in a cleaned and sanitary condition. Appropriate disinfectants shall be used for this purpose (i.e., Wexcite, Sani-Cloth, Disinfectant, one part bleach to ten parts water). No specific schedule of decontamination is necessary.

(2) Decontamination. Contaminated work surfaces shall be decontaminated immediately after completion of procedures, or as soon as feasible, when surfaces are overtly contaminated or after any spill of blood or body fluids at the end of the work shift if the surface may have become contaminated since the last cleaning. Decontamination needs must be based on specific events including the type of soil present, type of surface to be cleaned and tasks or procedures that are performed in an area. Inspect and decontaminate all trash

containers, bins, pails, and similar receptacles that have a reasonable likelihood for becoming contaminated. This must occur immediately or as soon as feasible when surfaces are overtly contaminated, or at the end of the work shift if the surface may have been contaminated since last cleaning.

(3) Protective coverings, such as plastic wrap, aluminum foil, or imperviously-backed absorbent paper used to cover equipment and environmental surfaces shall be removed and replaced as soon as feasible when they become overtly contaminated or at end of the work shift if they may have become contaminated during shift.

(4) Broken glassware which may be contaminated shall not be picked up directly with the hands. It shall be cleaned up using mechanical means such as a brush and dust pan, tongs, cotton swabs, or forceps.

h. Special Sharps Precautions. Prohibit contaminated reusable sharps from being stored or processed in ways that require personnel to reach by hand into the containers where the sharps are located.

i. Regulated Waste

(1) Class "A" includes liquid or semi-liquid blood or OPIM; contaminated items that would release blood or OPIM in a liquid or semi-liquid state if compressed or OPIM capable of releasing these materials during handling; contaminated sharps; and pathological and microbiological wastes containing blood or OPIM. Any of these substances must be placed in containers that are closeable; labeled with a bio-hazard warning label. These containers must also be closed prior to handling, shipment or storage.

(2) Class "B" includes absorbent materials that are full with blood (not free flowing) and would not release infectious materials if compressed such as bandage, gauze, diapers, facial tissue, disposable gowns, sanitary napkins, etc. These items shall be disposed of in a sanitary manner (wrapped or bagged) and disposed of as regular trash.

(3) Regulated Waste Disposal. All Class "A" regulated-HW shall be turned over to the nearest Branch Medical Clinic or NHCL for handling and disposition in accordance with the NHCL Infectious Waste standards. For labeling, transportation, and storage requirements see reference (ag) and paragraph 7 of this chapter. Only Government trucks shall be used for the transportation of MW. MW cannot be transported in the personnel compartment of any vehicle. Privately owned vehicles are not authorized to transport MW.

j. Laundry. Contaminated laundry or laundry that is potentially contaminated with blood or other body fluids should be handled as little as possible.

(1) Yellow/green nylon laundry bags are designed for contaminated linen.

(2) Bio-hazard labels are not required.

(3) Contaminated or potentially contaminated laundry shall be placed and transported only in a properly labeled container with a bio-hazard warning label attached. If necessary, laundry shall be placed in a secondary container that is labeled with a bio-hazard warning label.

(4) Personnel handling laundry shall wear protective gloves and other PPE as deemed appropriate.

(5) If laundered locally, clothing/linen should be washed with hot water and detergent for at least 25 minutes. If laundry is shipped offsite to a second or contract facility, bags or containers with appropriate labeling and/or color-coding shall be used to communicate the hazards associated with the material.

(6) Laundering of PPE is to be provided at no cost to personnel.

(7) Workplace supervisors are responsible for ensuring the proper handling, storage, shipping or cleaning of contaminated clothing/laundry, per this chapter.

7. Communication of Hazards to Personnel. A warning label is the normal means of communicating bio-hazardous conditions.

a. Warning labels shall be affixed to:

(1) Containers of regulated waste, refrigerators, and freezers containing blood or OPIM.

(2) Containers used to store or transport blood or OPIM.

(3) Sharps disposal containers.

(4) Contaminated Equipment. Information about the portions of the equipment that remain contaminated shall be added to the label, per paragraph 6e of this chapter.

b. Labels shall be fluorescent orange or orange-red with lettering or symbols in a contrasting color. The label is either to be an integral part of the container or affixed as close as feasible to the container by a method which prevents loss or unintentional removal of the label. Figure 21-4 is an example.

8. Hepatitis B Virus (HBV) Vaccination Policy. Upon medical determination, personnel who have been identified as having exposure to BBPs shall be offered the HBV vaccination series at no cost. They shall also be offered a HBV titer evaluation to determine the effectiveness of the vaccination series.

a. Personnel whose titers do not show vaccine protection, a second full series of HBV vaccine shall be offered to include a post titer testing.

b. If the person continues to show a low titer, the person shall be counseled regarding their risk for HBV exposures. This counseling shall be documented in their respective health record. In addition, personnel shall be offered post-exposure evaluation and follow-up at no cost should they experience an exposure incident on the job.

c. The vaccination shall be offered to employees after receiving training on BBPs and within 10 working days of initial assignment to the specific job performed while exposed. See figure 21-6 for routing diagram.

d. The vaccination series shall not be offered to personnel who have previously received the complete HBV series; who have immunity as demonstrated through antibody testing, or to anyone for whom the vaccine is medically contraindicated and is documented in their medical record.

e. Exposed personnel who choose not to take the HBV vaccination shall be required to sign a declination statement, figure 12-7.

9. Evaluation and Follow-Up of Exposure Incidents

a. Exposure Incidents. An exposure incident is a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood, or OPIM that results from the performance of duties. Personnel who experience an exposure incident must immediately report their exposure to their supervisor. When personnel report an exposure incident, he/she shall immediately be offered a confidential medical evaluation and follow-up to include:

(1) Documentation of the route(s) of exposure.

(2) The circumstances under which the exposure incident occurred.

(3) Identification and documentation of the source individual unless identification is not feasible. If the infectivity status of the source individual is unknown, the individual’s blood shall be tested as soon as feasible per reference (ag). The exposed person shall be informed of the result of the source individual’s testing. The exposed person’s blood shall be collected and tested for HBV, HCV, and HIV serological status. The exposed person shall be offered post exposure prophylaxis, when medically indicated, as recommended by the United States Public Health Service. The exposed person shall be offered counseling and medical evaluation of any reported illnesses regarding the exposure, figure 21-8.

b. Exposure Evaluation. The following information shall be provided to the healthcare professional evaluating personnel after an exposure:

(1) A copy of the standard;

(2) Copy of completed Bloodborne Pathogen Incident Report, figure 21-9;

(3) Documentation (MCBCL 5100/3 Occupational Health Permit, CA-17 and a CA-1, if applicable) of the route(s) of exposure and circumstances under which the exposure occurred;

(4) Results of the source individuals blood testing, if available; and

(5) All medical records relevant to the appropriate treatment of the employee including vaccination status.

c. Healthcare Provider Action. The written opinion, provided by the healthcare provider at the time of evaluation, shall be limited to the following information:

(1) The person has been informed of the results of the evaluation.

(2) The person has been told of medical conditions resulting from exposure to blood or OPIM which require further evaluation or treatment. All other findings shall remain confidential and shall not be included in the written report. See figure 21-8.

10. Training. Personnel shall be trained regarding BBP at the time of initial assignment where exposure may occur and annually thereafter. Additional training shall be provided whenever there are changes in tasks or procedures which affect occupational exposure. This training shall be limited to the new exposure situation.

a. The training content shall include:

(1) Explanation of the BBP Program and the contents of this chapter.

(2) General explanation of the Epidemiology, modes of transmission and symptoms of bloodborne diseases.

(3) Explanation of the Exposure Control Plan and how it shall be implemented.

(4) Procedures that may expose personnel to blood or OPIM.

(5) Control methods that shall be used to reduce the risk of exposure to blood or OPIM.

(6) Explanation of the basis for selection of PPE.

(7) Information on the HBV vaccination program including the benefits and safety of vaccination.

(8) Information on procedures to use in an emergency involving blood or OPIM.

(9) Procedure to follow if an exposure incident occurs.

(10) Explanation of post-exposure evaluation and follow-up procedures.

(11) An explanation of warning labels and/or color-coding.

b. Training Records. Training records shall be maintained for three years from the date on which the training occurred. Training records shall be provided upon request for inspection, examination and copying to personnel, to personnel representatives, and to the Department of Labor and Industry in accordance with reference (g). Figure 21-10 or ESAMS may be used to document training. The following information shall be included:

(1) Dates of training sessions.

(2) Contents or a summary of the training sessions.

(3) Names and qualifications of trainer(s).

(4) Names and job titles of all persons attending.

11. Medical Records Disposition

a. Medical Recordkeeping

(1) Military Service Members. The appropriate medical clinic/battalion aid station shall maintain and dispose of their health records, per current regulations.

(2) DoD Civilian Employees. All medical records for civilian personnel shall be maintained at the NHCL Occupational Health Clinic. These records shall be maintained for the duration of employment plus 30 years in accordance with reference (g). The record shall include:

(a) Name and social security number.

(b) A copy of the HBV vaccination status with the dates of HBV vaccinations and any medical records relative to the person's ability to receive vaccination.

(c) A copy of examination results, medical testing, and any follow-up procedures.

(d) A copy of healthcare professional's written opinion.

(e) A copy of the information provided to the healthcare professional who evaluated personnel for suitability to receive HBV vaccination prophylactically and/or after an exposure incident.

b. Confidentiality of Medical Records. The record shall be kept confidential and shall not be disclosed or reported to any person within or outside the workplace without the person's express written consent, except as required by law or regulation. DoD civilian employee medical records required shall be provided, upon request for examination and copying, to the subject employee and to the Department of Labor and Industry, per reference (g).

Definitions

1. Blood – Human blood, human blood components and products made from human blood. This includes plasma, platelets, and serosanguinous fluids (wound exudates). Also includes medications derived from blood such as immune globins, albumins, and factor eight and nine.

2. Bloodborne Pathogen – Pathogenic microorganisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to: HBV, HCV, HIV, Human-T-Lymphotrophic Virus type 1, and pathogens causing Malaria, Syphilis, Babesiosis, Brucellosis, Leptospirosis, Arboviral infections, Creutzfeldt - Jakob disease, and Viral Hemorrhagic Fever.

3. Clinical Laboratory – A workplace where diagnostic or other screening procedures are performed on blood or other potentially infectious materials.

4. Contaminated – The presence or the reasonably anticipated presence of blood or other potentially infectious materials on an item or surface.

5. Contaminated Laundry – Laundry that has been soiled with blood or other potentially infectious materials or may contain sharps.

6. Contaminated Sharps – Any contaminated object that can penetrate the skin including, but not limited to, needles, scalpels, medical plastics, glass, capillary tubes and exposed dental wires/devices. Items may be broken or unbroken.

7. Decontamination – The use of physical or chemical means to reduce the number of microorganisms on a surface or item to the point that they are no longer capable of transmitting infectious particles. Thus the item is rendered safe for handling, use or disposal. May require pre-cleaning to remove biological material before disinfection and handling can occur.

8. Engineering Controls – Control measures that isolate or remove a hazard from the workplace, encompassing sharps with engineered safety devices, needleless systems, blunt suture needles, plastic or Mylar wrapped glass capillary tubes, as well as sharps disposal containers and bio-safety cabinets.

9. Exposure Incident – Specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that results from the performance of an individual’s duties. Non-intact skin includes skin with dermatitis, hangnails, cuts, abrasions, chafing, acne, etc.

10. Facility – Refers to the NHCL Occupational Health Clinic, Battalion Aid Station, Group Aid Station, and Flight- line Medical Clinic, etc.

Figure 21-1--Definitions

11. Hand-Washing Facility – A facility that provides an adequate supply of running potable water, soap and single use towels or hot air drying machines.

12. Occupational Exposure – Refers to any reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials that may result from the performance of personnel's duties.

13. OPIM

a. The following human body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids.

b. Any infixed tissue or organ (other than intact skin) from a human (living or dead).

c. HIV containing cell or tissue cultures, organ cultures, and HIV or HBV containing culture medium or other solutions; and blood, organs, or other tissues from experimental animals infected with HIV or HBV.

14. Parenteral – Piercing mucous membranes or the skin barrier through such events as needle sticks, human bites, cuts, and abrasions.

15. Regulated Waste – Liquid or semi-liquid blood or OPIM; contaminated items that would release blood or OPIM in a liquid or semi-liquid state if compressed; items that are full with dried blood or OPIM and are capable of releasing these materials during handling; contaminated sharps; and, pathological and microbiological wastes containing blood or OPIM.

16. Source Individual – Any individual, living or dead, whose blood or OPIM may be a source of occupational exposure to the personnel. Examples include, but are not limited to, hospital and clinic patients; clients in institutions for the developmentally disabled; trauma victims; clients of drug and alcohol treatment facilities; residents of hospices and nursing homes; human remains; and individuals who donate or sell blood or blood components.

17. Standard Precautions – An approach to infection control designed to reduce the risk of transmission of microorganisms from both recognized and unrecognized sources of infection. Standard Precautions apply to blood, all body fluids, secretions, and

excretions except sweat, regardless of whether or not they contain visible blood, non-tact skin, and mucous membranes, Standard

Figure 21-1—Definitions-Continued

Precautions applies to all patients regardless of their diagnosis or presumed infection status.

18. Sterilize – The use of physical or chemical procedure to destroy all microbial life including highly resistant bacterial endospores.

19. Work Practice Controls – Control that reduce the likelihood of exposure by altering the manner in which a task is performed.

Figure 21-1—Definitions-Continued

Worker Exposure, Category A

Worker Exposure, Category A			
TYPES OF EXPOSURE TO BODY FLUIDS	**BARRIER NEEDED**	**PROCEDURES**	**WORKERS**
1. Oral/ Pharyngeal Secretions: -Mouth -Trachea -Nares	1. Gloves 2. Gown/Apron 3. Disposable Coveralls (if soilage is likely)	Perform one of the following procedures: a. Paramedic b. EMT c. Basic Life Support d. First Responder	Firefighter: -Regular -Driver/ operator -Station Captain Fire Inspector Assistant Fire Chief Deputy Fire Chief
2. Blood		Needle Sticks andles blood, blood-soaked materials or other body fluids	Fire Chief MCCS: -Boxing Coach -Lifeguard (Military) PMO-Military Police: -Patrolman Pretrial Confinement Facility: -Confinement Facility Staff
3. Other Body Fluids: -Vaginal Secretions -Semen			Red Cross Worker (Volunteer) MCCS: -Boxing Coach -Lifeguard (Military) PMO-Military Police -Patrolman -Criminal Investigator: -Evidence Custodian NCIS-Drug Agent -Evidence Custodian

Figure 21-2.--Worker Exposure, Category A

Worker Exposure, Category B

WORKER EXPOSURE, CATEGORY B			
TYPES OF EXPOSURE TO BODY FLUIDS	**BARRIER NEEDED**	**PROCEDURES**	**WORKERS**
Task that involve no exposure to blood or body fluids, but occupation may require performing unplanned Category "A" task	Only if contact with blood or body fluids is required, use: 1. Gloves 2. Gown/Apron 3. Disposable Coveralls (if soilage is likely) Otherwise, no barriers needed	May have to perform CPR in emergencies Assertive training procedures for handling prisoners	Pretrial Confinement Center: -Correctional Specialist -Consular -Engineer MCCS: -Lifeguards (Seasonal) Physical Fitness Director -Recreation Specialist -Recreation Aides CDS: -Directors CDS-CDC -Caregivers CDS-in-Home Providers American Red Cross Workers (Paid) also handles blood containers

Figure 21-3.--Worker Exposure, Category B

Biohazard Label and Sign

1. BIOHAZARD LABEL: Fluorescent Orange or Orange-Red or predominately so.

2. BIOHAZARD LABEL: Fluorescent Orange or Orange-Red or predominately so.

BIOHAZARD
- Name of the Infectious Agent
- Special Requirements for Entering the Area
- Name, telephone number of the Laboratory Director or other responsible person

Figure 21-4.--Biohazard Label and Sign
Examples of recommended PPE for Worker Protection against HIV and HBV Transmission in Pre-Hospital Settings

TASK OF ACTIVITY	DISPOSABLE		PROTECTIVE	
	Gloves	Gown	Mask	Eyewear
Bleeding control with spurting blood	Yes	Yes	Yes	Yes
Bleeding control with minimal bleeding	Yes	No	No	No
Emergency childbirth	Yes	Yes	Yes, if splashing is likely	Yes, if splashing is likely
Blood Drawing	Yes	No	No	No
Starting an intravenous (IV) line	Yes	No	No	No
Endotracheal Esophageal Obturator	Yes	No	No, splashing is not likely	No, splashing is not likely
Oral/Nasal manually cleaning	Yes	No	No, splashing is not likely	No, splashing is not likely
Handling & cleaning instruments with contamination	Yes	No	No	No
Measuring blood pressure	No	No	No	No
Measuring temperature	No	No	No	No
Giving an injection	No	No	No	No

Figure 21-5.--Examples of recommended PPE for Worker Protection against HIV and HBV Transmission in Pre-Hospital Settings

<table>
<tr><th colspan="4">HEPATITIS B VACCINATION</th></tr>
<tr><th>EMPLOYER</th><th colspan="2">EMPLOYEE</th><th>MTF/PMU-OCC. HEALTH</th></tr>
<tr><td>Provides copy of Standard to MTF/PMU-OCC HEALTH Clinic</td><td colspan="2"></td><td>Receives copy of Standard (from Employer)</td></tr>
<tr><td>Provides training</td><td colspan="2">Receives training</td><td rowspan="2"></td></tr>
<tr><td rowspan="2">Offers vaccination within 10 working days to Category "A" Workers</td><td colspan="2">Responds to offer of vaccination</td></tr>
<tr><td>Declines

-- Signs Declination Form
-- No further action

-OR-

Declines,
-- Signs Declination Form
--and then changes their mind
--Move to Accepts Column</td><td>Accepts →</td><td>Receives referred Employee

--Establishes medical record
--Evaluates Employee for contraindications to vaccination or prior immunity.

Vaccinates Employee

--OR--

Discusses contraindications/ immunity with Employee

--Records clinic written opinion

--Provides copy of written opinion to employee (within 15 days)</td></tr>
</table>

Figure 21-6--Mandatory Hepatitis B Vaccination

Mandatory Hepatitis B Vaccination Declination Form

Hepatitis B Vaccination Declination Form

I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring the Hepatitis B Virus (HBV). I have been given the opportunity to be vaccinated with the Hepatitis B vaccine at no cost to me. However, I decline the Hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring Hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with the Hepatitis B vaccine, I can receive the vaccination series at no cost to me.

Signature	Position Unit/Department/Section
Printed Name	Date

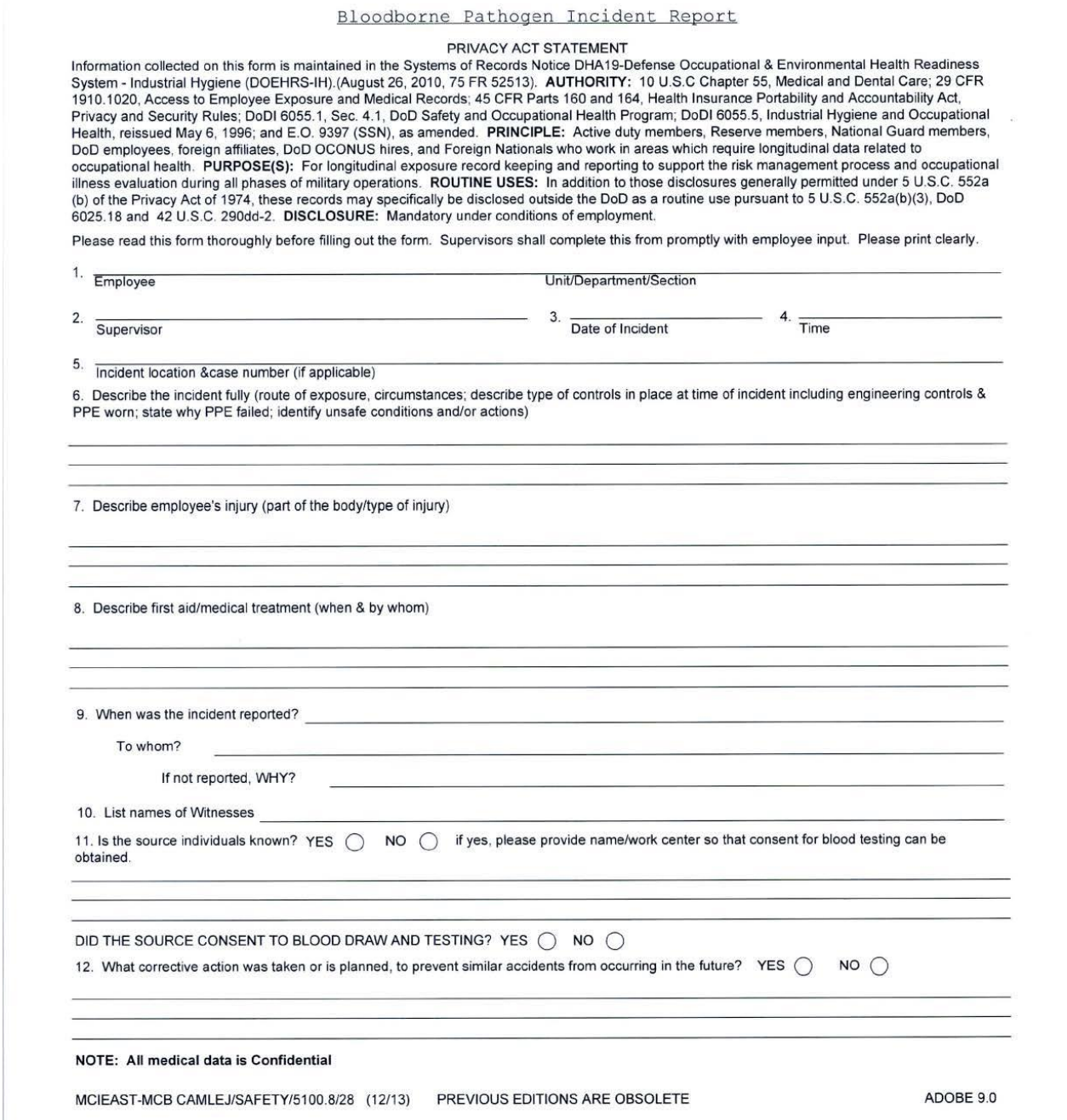
MCIEAST-MCB CAMLEJ/SAFETY/5100.8/25 (12/13) PREVIOUES EDITIONS ARE OBSOLETE ADOBE 9.0

Figure 21-7.--Mandatory Hepatitis B Vaccination Declination Form

INCIDENT AND POST-EXPOSURE EVALUATION AND FOLLOW-UPS		
EMPLOYEE ⟶	**EMPLOYER** ⟶	**MEDICAL DEPARTMENT**
Reports incident to Employer	Directs employee & source to NAVHOSCAMLEJ ER Sends to NAVHOSPCAMLEJ ER: -Copy of Standard -Job Description -ID of source individual -Incident Report -Employee's Hepatitis B Vaccine Status and other relevant medical information	Evaluated Exposure Incident -Arranges for testing of employee and source individual -Notifies employee of results of all testing -Provides counseling -Provides post exposure prophylaxis
MTF/OCC. HEALTH ⟶	**EMPLOYER** ⟶	**EMPLOYER**
Provides the Physician's written opinion to employee Documents: -that Employee was informed of evaluation results and the need for further follow-up -whether Hepatitis B Vaccine indicated and if vaccine was administered	Documents events on OSHA 300 and 301 Log, if applicable Documents MCBCL 5100/3 Occupational Health Permit, CA-17 and CA-1, if applicable Receives Physician's written opinion Provides copy of Physician's written opinion to Employee Provides copy to Employer medical department (voluntary) (within 15 days of completed evaluation)	Receives Physician's written opinion

Figure 21-8.--Incident and Post-Exposure Evaluation and Follow-ups

Bloodborne Pathogen Incident Report



Bloodborne Pathogen Incident Report

PRIVACY ACT STATEMENT

Information collected on this form is maintained in the Systems of Records Notice DHA19-Defense Occupational & Environmental Health Readiness System - Industrial Hygiene (DOEHRS-IH).(August 26, 2010, 75 FR 52513). **AUTHORITY:** 10 U.S.C Chapter 55, Medical and Dental Care; 29 CFR 1910.1020, Access to Employee Exposure and Medical Records; 45 CFR Parts 160 and 164, Health Insurance Portability and Accountability Act, Privacy and Security Rules; DoDI 6055.1, Sec. 4.1, DoD Safety and Occupational Health Program; DoDI 6055.5, Industrial Hygiene and Occupational Health, reissued May 6, 1996; and E.O. 9397 (SSN), as amended. **PRINCIPLE:** Active duty members, Reserve members, National Guard members, DoD employees, foreign affiliates, DoD OCONUS hires, and Foreign Nationals who work in areas which require longitudinal data related to occupational health. **PURPOSE(S):** For longitudinal exposure record keeping and reporting to support the risk management process and occupational illness evaluation during all phases of military operations. **ROUTINE USES:** In addition to those disclosures generally permitted under 5 U.S.C. 552a (b) of the Privacy Act of 1974, these records may specifically be disclosed outside the DoD as a routine use pursuant to 5 U.S.C. 552a(b)(3), DoD 6025.18 and 42 U.S.C. 290dd-2. **DISCLOSURE:** Mandatory under conditions of employment.

Please read this form thoroughly before filling out the form. Supervisors shall complete this from promptly with employee input. Please print clearly.

1. _____ Employee _____ Unit/Department/Section

2. _____ Supervisor 3. _____ Date of Incident 4. _____ Time

5. _____ Incident location &case number (if applicable)

6. Describe the incident fully (route of exposure, circumstances; describe type of controls in place at time of incident including engineering controls & PPE worn; state why PPE failed; identify unsafe conditions and/or actions)

7. Describe employee's injury (part of the body/type of injury)

8. Describe first aid/medical treatment (when & by whom)

9. When was the incident reported? _____

To whom? _____

If not reported, WHY? _____

10. List names of Witnesses _____

11. Is the source individuals known? YES ◯ NO ◯ if yes, please provide name/work center so that consent for blood testing can be obtained.

DID THE SOURCE CONSENT TO BLOOD DRAW AND TESTING? YES ◯ NO ◯

12. What corrective action was taken or is planned, to prevent similar accidents from occurring in the future? YES ◯ NO ◯

NOTE: All medical data is Confidential

MCIEAST-MCB CAMLEJ/SAFETY/5100.8/28 (12/13) PREVIOUS EDITIONS ARE OBSOLETE ADOBE 9.0

Figure 21-9.--Bloodborne Pathogen Incident Report

Training Roster

MCIEAST-MCB CAMLEJO 5100.8

Training Roster

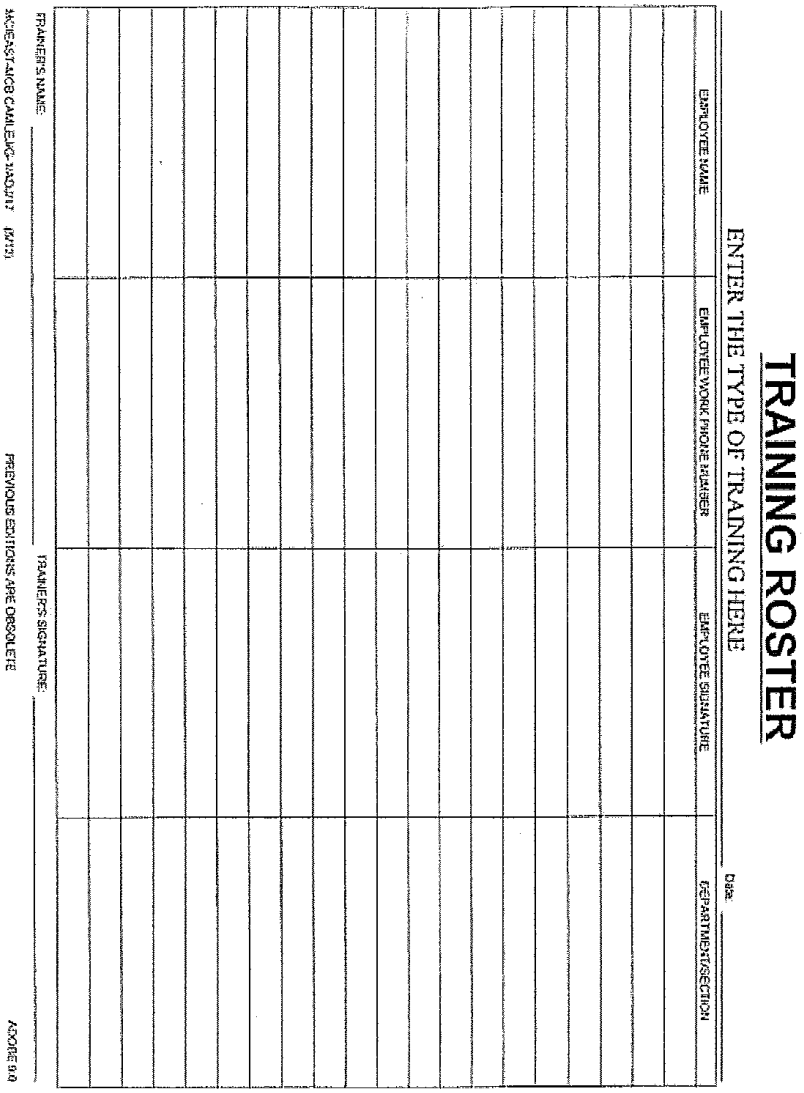


Figure 21-10.--Training Roster

Figure 21-10.--Training Roster

Chapter 22

Safety Awards

1. Purpose. To establish a Safety Awards Program for MCIEAST-MCB CAMLEJ.

2. Background. Safety awards provide recognition of commands, departments, and personnel for significant contributions and accomplishments in the field of safety and mishap prevention. It is important for the CG to emphasize the importance of recognizing commands, departments, and individual military and civilian personnel for their contributions and accomplishments made in the field of safety and mishap prevention. This chapter provides criteria and submission requirements for the MCIEAST-MCB CAMLEJ Safety Awards Program.

3. Implementation

a. MCIEAST-MCB CAMLEJ Award for Safety Excellence. This award shall be presented annually to MCIEAST-MCB CAMLEJ commands or departments that have established a comprehensive and effective safety program. This award shall include a citation signed by the CG MCIEAST-MCB CAMLEJ authorizing use of the title "Marine Corps Installations East-Marine Corps Base Camp Lejeune Award for Safety Excellence". The command or department shall also receive a commemorative wall plaque in recognition of this accomplishment.

(1) Eligibility. All MCIEAST-MCB CAMLEJ commands and departments are eligible.

(2) Award Criteria. Evaluation criteria with weighted percentages and specific mishap rates are prescribed to allow the selection board the latitude in assessing the overall performance of the winning command or department relative to unique factors and/or significant contributions in safety. Nomination packages should include a narrative limited to five pages describing the command's or department's superior performance during the previous year. Pictures are encouraged to support the narrative. In addition, the following is a list of criteria, at a minimum, that should be used to demonstrate the presence of an effective and superior safety program:

(a) Significant safety initiatives, campaigns, partnerships, and/or promotions;

(b) Successes and lessons learned;

(c) On and off duty mishap rates;

(d) Best safety practices; and

(e) Percentage of personnel trained in safety. Safety training consists of New Employee Safety Training, Supervisor Safety Training, and safety training modules listed in ESAMS.

(3) Nomination packages shall be forwarded by the unit/department to MCIEAST-MCB CAMLEJ SD no later than 31 January of the following year.

b. MCIEAST-MCB CAMLEJ Superior Achievement in Safety Award. This award is presented annually to one individual who has made the most significant contribution to their command's or department's safety program. The award shall include a citation signed by the CG MCIEAST-MCB CAMLEJ along with a personal plaque.

(1) Eligibility. All MCIEAST-MCB CAMLEJ military and civilian personnel are eligible.

(2) Award Criteria. Nominations shall be in narrative format, limited to three pages, and submitted through the chain of command. The narrative shall describe the contributions or noteworthy accomplishments the individual made to their command or department safety program.

(3) Nomination package shall be forwarded by the unit/department to MCIEAST-MCB CAMLEJ SD no later than 31 January of the following year.

Chapter 23

Enterprise Safety Applications Management Systems (ESAMS)

1. Purpose. To establish policy and procedures for administration, management, and use of ESAMS.

2. Background. ESAMS is designed to standardize the existing OSHA, DoD and Marine Corps SOH requirements implemented by the references.

a. ESAMS uses a centralized database that allows employees, supervisors, training coordinators, and safety professionals to manage OSHA/DoD/Marine Corps requirements: e.g., training, metrics, inspections, abatements, Respirator fit tests, mishap reporting, near miss reporting, trend analysis, and medical surveillance. The ESAMS system provides automated assistance as well as technical support.

b. ESAMS is a mechanism for the centralized collection of data with a core repository of information using integrated applications and standardized responses for data accountability and evaluation. It is not just a data collection tool. ESAMS performs automated site specific analysis functions across various applications and stores historical data that would not be available in other systems. Standardizing SOH program management functions and data call responses improves accuracy, provides real-time data, and results in better business decisions thereby increasing efficiency and cost savings throughout MCIEAST-MCB CAMLEJ.

3. Policy. MCIEAST-MCB CAMLEJ shall use ESAMS for all safety related matters including but not limited to:

a. Safety Training, including Motorcycle Safety Foundation and Driver Improvement Course. Many of the safety programs administered by SD have specific training and recording requirements. Refer to a specific chapter for a specific program, and chapter 9 for general training requirements.

b. Safety Inspections and Assessments. Refer to chapter 4 of this Order.

c. Reporting of Unsafe or Unhealthy Working Conditions. Refer to chapter 5 of this Order.

d. Mishap Reporting and Recordkeeping. Refer to chapter 10 of this Order.

4. Responsibilities

a. DOS: Assume overall local administration of ESAMS and appoint an ESAMS Administrator(s).

b. Commanders and Department Heads: Ensure compliance with this Order.

c. Military and Civilian Supervisors:

(1) Establish and use ESAMS per this Order.

(2) Ensure that employees establish and use ESAMS per this Order.

d. DoD Civilian (APF and NAF) Employees: Establish an account and use ESAMS.

e. DoD Contractors. DoD contractors may need access to ESAMS. For assistance DoD contractors can contact the MCIEAST-MCB CAMLEJ SD ESAMS administrator.

f. Military Service Members: Establish an account and use ESAMS.

5. Point of Contact (POC)

a. For access and general questions contact the MCIEAST-MCB CAMLEJ SD ESAMS Administrator at (910) 451-9497.

b. For specific safety program questions and documentation assistance, contact the specific program manager at the MCIEAST-MCB CAMLEJ SD. Contact information can be obtained as stated in paragraph 5a of this chapter.

c. Technical Assistance. Located on the ESAMS Homepage (https://esams.cnic.navy.mil/esams_gen_2/loginesams.aspx) assistance can be obtained for issues such as registration, forgotten login information.

Chapter 24

Operational Risk Management (ORM)

1. Purpose. To provide policy, guidance, and assign responsibility concerning the implementation and standardization of ORM per reference (ac).

2. Background. ORM is an integral part of the decision making process for effective RM. ORM is used by all civilian and military personnel at every level to reduce losses and thereby increase the probability for mission success.

a. ORM is a formal RM process which enhances one's ability to make informed decisions. The primary objective of ORM is to avoid unnecessary risk. Successful implementation of the ORM process shall increase mission effectiveness while minimizing unnecessary loss of assets, both personnel and material.

b. ORM minimizes risk to acceptable levels commensurate with mission accomplishment and the correct application of the ORM process shall reduce mishaps and associated costs.

3. Policy. MCIEAST-MCB CAMLEJ units, agencies, and departments shall use the ORM process in planning, military and non-military operations, training, and recreational/off-duty non-operational activities to optimize operational capability and readiness.

4. Responsibilities

a. Commanders and Department Heads:

(1) Apply ORM process to all aspects of command operations and activities.

(2) Ensure a risk assessment is conducted for new and complex evolutions, ensuring that acceptable risks and possible contingencies are included.

(3) Elevate risks decision to higher echelon when unable to mitigate identified hazards to an acceptable level.

(4) Ensure initial and annual training on the ORM process is provided to all personnel and documented in appropriate records.

b. Unit Commanders: Designate at least one ORM instructor who has completed an approved ORM instructor course. Document all ORM training in appropriate records.

c. MCIEAST-MCB CAMLEJ Command Inspector General: Evaluate the effectiveness of ORM implementation during inspections.

d. DOS: Serve as technical advisor regarding ORM and shall:

(1) Ensure Safety Specialists are trained and available to conduct ORM classes when requested by units.

(2) Coordinate ORM training with the AC/S G-3/5, and CHRO-E civilian ORM training on a regular basis.

(3) Assign a Safety Specialist as the ORM POC regarding ORM and ORM training.

e. Supervisors:

(1) Ensure personnel attend initial and annual ORM training as required.

(2) Ensure personnel use the ORM process as defined in reference (ac).

(3) Attend ORM training as required.

f. DoD Civilian Employees (APF and NAF): Practice ORM while on duty, and attend ORM training as directed. DoD civilian employees are highly encouraged to practice ORM in their off-duty activities.

g. Military Service Members: Use ORM while on and off-duty. All military service members shall complete initial and annual ORM training as directed.

5. Training. Initial and annual refresher training on the process of ORM shall be provided to all personnel. The level of training shall be commensurate with rank/pay grade, experience, and leadership position.

a. Initial ORM Training. Initial ORM training is conducted for DoD civilian personnel during the New Employee Orientation. Military service members shall receive initial ORM training during inprocessing unless previously documented in Marine Corps Training Information System.

b. Refresher/Annual ORM Training. Refresher ORM training shall be on annual basis or as needed dependent upon circumstances.

(1) Electronic ORM Training. Electronic ORM is available through ESAMS, MarineNet, Navy Knowledge Online, and similar websites as distance learning.

(2) Traditional Training. Traditional training such as classroom, briefings, etc. may be used as refresher training provided it is conducted by an appropriate instructor such as Safety Specialist with job series 0018, or qualified instructors.

c. ORM Instructors. ORM instructor qualification can be earned by completing all four modules of the Marine Corps ORM Distance Learning Course, the two day Chief of Naval Operations sponsored Applications and

Integration Course, or through graduation from the Aviation Safety Officer or Aviation Safety Command Course, or a similar course approved by the MCIEAST-MCB CAMLEJ DOS.

6. Reference. The ORM process, RACs, and an ORM matrix are also found in reference (ac). USOs/DSRs, and the MCIEAST-MCB CAMLEJ SD may be contacted for assistance regarding ORM.

APPENDIX A

ACRONYMS

AC/S	Assistant Chief of Staff
ACSPM	Assistant Confined Space Program Manager
AGFE	Assistant Gas Free Engineer
ANSI	American National Standards Institute
APF	Appropriated Fund
ASTM	American Society of Testing And Materials
BAS	Battalion Aid Station
BBP	Bloodborne Pathogens
BEI	Biological Exposure Indices
BMT	Base Motor Transportation
CDC	Child Development Centers
CHRO-E	Civilian Human Resource Office-East
CG	Commanding General
CMC	Commandant of the Marine Corps
CO	Commanding Officer
COS	Chief of Staff
CPR	Cardiopulmonary Resuscitation
CSPM	Confined Space Program Manager
Dep Comdr	Deputy Commander
DIC	Driver Improvement Course
Dod	Department of Defense
DOL OSHA	Department of Labor Occupational Safety and Health Administration
DOS	Director of Safety
DSR	Department Safety Representative
EAP	Emergency Action Plan
EMD	Environmental Management Department
ESAMS	Enterprise Safety Applications Management System
ESC	Executive Safety Council
ESO	Explosive Safety Officer
FESD	Fire and Emergency Services Division
GFE	Gas Free Engineer
GSM	Ground Safety for Marines Course
HAZCOM	Hazard Communication Program
HBV	Hepatitis B Virus
HCP	Hearing Conservation Program
HCV	Hepatitis C Virus
HEPA	High-Efficiency Particulate Air Filter
HIV	Human Immunodeficiency Virus
HM	Hazardous Materials
HMIL	Hazardous Material Inventory List
HMIRS	Hazardous Materials Information Reporting System
HMIS	Hazardous Materials Information System
H&S	Headquarters Support Battalion
HW	Hazardous Waste
IDHL	Immediately Dangerous To Life And Health

IDP	Individual Development Plan
IH	Industrial Hygiene
IRPPM	Installation Respiratory Protection Program Manager
JHA	Job Hazard Analysis
LEL	Lower Explosive Limit
LLE	Load Lifting Equipment
LOTO	Lock Out/Tag Out
LPM	Lead Program Manager
MCB CAMLEJ	Marine Corps Installations East–Marine Corps Base Camp Lejeune
MCTIMS	Marine Corps Training Information System
MCCS	Marine Corps Community Services
MHE	Material Handling Equipment
MSDS	Material Safety Data Sheets
MSF	Motorcycle Safety Foundation
MSHA	Mine Safety and Health Administration
MTF	Medical Treatment Facility
MW	Medical Waste
NAF	Non-Appropriated Fund
NAVOSH	Naval Occupational Safety and Health
NEC	National Electrical Code
NFPA	National Fire Protection Association
NHCL	Naval Hospital Camp Lejeune
NIOSH	National Institute of Occupational Safety and Health
OHE	Ordnance Handling Equipment
OIC	Officer in Charge
OICC	Officer in Charge of Construction
OPIM	Other Potentially Infectious Body Fluids and Materials
ORM	Operational Risk Management
ORPPM	Organization Respiratory Protection Program Manager
OEL	O Exposure Limit
OS	Overuse Syndrome
OSH	Occupational Safety and Health
OSHC	Occupational Safety and Health Committee
PEL	Permissible Exposure Limit
PMO	Provost Marshall Office
PPE	Personal Protective Equipment
PPM	Parts Per Million
PCRS	Permit Required Confined Space
PRCSEP	Permit Required Confined Space Entry Program
RAC	Risk Assessment Code
RAM	Radioactive Material
RM	Risk Management
RODS	Recreation and Off-Duty Safety
RPE	Respiratory Protective Equipment
RPP	Respiratory Protection Program
SD	Safety Department
SOH	Safety and Occupational Health

SCBA	Self-Contained Breathing Apparatus
SOP	Standing Operating Procedure
TLV	Threshold Limit Value
TM	Tactical Manual
TWA	Time-Weighted Average
USO	Unit Safety Officer
USSC	Unit/Department Supervisor's Safety Committee
VDT	Video Display Terminals
WFLC	Workforce Learning Center
WHE	Weight Handling Equipment
WMSD	Work-Related Musculoskeletal Disorders
WSR	Workplace Safety Representative
WTBN	Weapons Training Battalion

Reports Required

REPORT

REPORT TITLE	CONTROL SYMBOL	PAGE
I. Warrior Preservation Status Report	MC-5100-05	1-4
II. Safety and Health Inspection Reports	MC-5100-08	4-1
III. OSH Deficiency Notice Report (NAVMC 11400)	MC-5100.8	4-5
IV. Report of Unsafe and Unhealthful Working Conditions (NAVMC 11401)	MC-5100.8	5-4
V. Marine Corps Ground Anonymous Safety Report	MC-5100.06	5-5
VI. LOTO Program Evaluation (NAVMC 11402)	MC-5100.8	7-10
VII. Mishap Report	MC-5100.29b	10-3
IX. Compressor Breathing Air Quality Report	MC-5100.8	17-25
X. Bloodborne Pathogen Incident Report	MC-5100-05	21-9