

GUIDE FOR SAFETY REPRESENTATIVES



**OSHA MANAGEMENT OFFICE
FORT MONMOUTH
NEW JERSEY**

GUIDE FOR SAFETY REPRESENTATIVES

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PREPARED BY
OSHA MANAGEMENT OFFICE

GUIDE FOR SAFETY REPRESENTATIVES

INTRODUCTION

The primary function of a Safety Program is to reduce and ultimately eliminate workplace accidents and their potential to result in:

- Injury, pain, and suffering to the workforce,
- Medical and workman's compensation costs,
- lost productivity,
- property damage,

in order to reduce the overall economic impact on the organization.

The Activity chief, whether a Commanding General, Director, or Activity Chief is responsible to implement a comprehensive safety and accident prevention program in their respective organizations.

To assist and support the Activity Chief, Safety Managers develop programs and support materials that seek to achieve this goal. Additionally, Safety Programs function to:

- meet regulatory safety compliance requirements,
- provide safety training and awareness requirements, and
- provide detailed safety performance profiles of an organization.

In addition to the Safety Manager, the Activity Chief delegates the day to day Safety Program duties to a responsible person, commonly referred to as the Collateral Duty Safety Representative or Safety Rep. The Activity Safety Rep is Activity Chief's "Eyes and Ears" when it comes to safety issues.

The OSHA Management Office, called the OMO, provides training and a Guide to assist you to perform your collateral duties in the most efficient and economical manner possible. The Guide is designed as a series of appendices to:

- assist you in your responsibilities and
- provide you with the necessary tools, sample programs, and reference materials

It is the Goal of the OSHA Management Office to make your tasks as simple and painless as possible. The better you perform your functions, the safer the workforce, which is our ultimate Goal.

Please use this Guide as your "Bible" when it comes to performing your collateral duty safety functions.

GUIDE FOR SAFETY REPRESENTATIVES

SAFETY REPRESENTATIVE RESPONSIBILITIES

1. Implement an internal Safety Program IAW CECOM-R 385-4 (APPENDIX B).
2. Conduct monthly inspections using SEL Form 1045 series (APPENDIX C).
3. Prepare an annual Safety Survey and Program Evaluation of the office utilizing a safety survey checklist (APPENDIX D).
4. Initiate Installation Hazard Abatement Plan (DA Form 4756) for OSHA violations which are not corrected in 30 days (APPENDIX E).
5. Conduct Safety Committee meetings to include: (a) prepare agenda; and (b) submit copy of minutes of meeting to OMO each month (APPENDIX F).
6. Submit Safety Progress Reports (SEL Form 1043) to the OMO by the 5th of each month (APPENDIX G).
7. Provide new employee safety orientation utilizing the sample Safety Inprocessing Checklist (APPENDIX H).
8. Distribute MAPP calendars, safety promotional and educational materials.
9. Attend the quarterly Ft. Monmouth Safety and Occupational Health Committee Meetings.
10. Maintain a file of current DA, AMC and CECOM safety regulations.
 - a. AR 385-10, 23 Jun 88. "The Army Safety Program."
 - b. AMC Suppl 1 to AR 385-10.
 - c. CECOM-R 385-4, 1988. "Safety Program."
 - d. AR 385-40, 1 May 87. "Accident Reporting and Records."
 - e. AMC Suppl to AR 385-40, 10 Aug 87.
 - f. CECOM-P 385-1.1, 1988. "Off Duty Safety Education (Traffic)."
 - g. CECOM-P 385-1.2, 1988. "Off Duty Safety Education (Recreation)."
 - h. CECOM-P 385-1.3, 1988. "Off Duty Safety Education (Home)."

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SAMPLE WRITTEN PROGRAM

(Activity)

MEMORANDUM FOR ALL PERSONNEL

SUBJECT: Safety Program

1. Purpose: This memorandum outlines the Safety Program of the (Activity) Fort Monmouth, NJ.
2. Scope: This memorandum applies to all personnel assigned or attached to the (Activity).
3. Objectives:
 - a. The primary function of a Safety Program is to reduce and ultimately eliminate workplace accidents and their potential to result in:
 - Injury, pain, and suffering to the workforce,
 - Medical and workman's compensation costs,
 - lost productivity, and
 - property damage,
 - b. To provide a safe and healthy working environment through the implementation of programs designed to insure compliance with the Occupational Safety and Health Act (OSHA).
 - c. To provide safety advice and service to increase the efficiency of operations.
 - d. To establish procedures for accident reporting, safety training, promotion and education.
4. Policy: Accident prevention is the responsibility of all personnel. All personnel are expected to refrain from unsafe acts and to conform to safety rules and regulations promulgated for their protection by competent authority within CECOM and higher headquarters.

GUIDE FOR SAFETY REPRESENTATIVES

- (7) Provide for the notification of the Safety Office of all accidents/injuries, which occur that involves personnel of the (activity).
- f. All personnel will attend all special safety orientations and briefings presented by the command safety office to the maximum extent consistent with operational necessity.
 - g. Office layout modifications and machine installations will be coordinated with safety representative.
 - h. Supervisors will: enforce safety rules and regulations, perform day-to-day safety observations, and provide any necessary safety training for each person under their jurisdiction.
 - i. Each individual is responsible to adhere to all safety instructions and will use the personnel protective equipment provided for their work.
6. References: CECOM Regulation 385-4.

SIGNATURE BLOCK

SAFETY AND HOUSEKEEPING INSPECTION -- TROOP HOUSING AND MESS FACILITIES
CECOM-R 385-4

Organization _____ Location (bldg) _____

Director _____ Inspected by _____

This checklist shall be utilized by the Safety Representative for internal monthly inspections. The monthly checklists will be filed by the Safety Representative and shall be inspected during the annual safety survey.

	YES	NO		YES	NO
1. Are pertinent safety regulations on hand?	_____	_____	BUILDINGS (cont)		
FIRE PROTECTION			16. Are tripping hazards, i.e. cords, removed from aiseways?	_____	_____
2. Is SEL form 1261, Emergency Instructions, and telephone emergency numbers posted?	_____	_____	17. Are rafters, beams, and supports free of cracks?	_____	_____
3. Is emergency lighting in hallways, stairs, and day rooms?	_____	_____	18. Are floors in good repair?	_____	_____
4. Are flammables safely stored in approved storage cabinets?	_____	_____	SUPPLY ROOMS		
5. Are fire extinguishers in good condition and accessible?	_____	_____	19. Are storage shelves properly anchored?	_____	_____
Are exits properly marked and not blocked?	_____	_____	20. Are materials properly stacked?	_____	_____
7. Are fire escapes clear of recognized hazards?	_____	_____	21. Are materials stored 18" below the ceiling and light fixtures?	_____	_____
ELECTRICAL HAZARDS			DAY ROOMS		
8. Is electrical equipment free of frayed wires?	_____	_____	22. Is furniture sturdy and in good repair?	_____	_____
9. Are electrical motors and fans properly guarded/grounded?	_____	_____	23. Is adequate room provided for daily activities?	_____	_____
10. Are light fixtures and bulbs in good condition?	_____	_____	OUTSIDE AREAS		
11. Are electrical outlets in good condition and ground fault interrupters located in bathrooms?	_____	_____	24. Is material stored properly, not under or against the building?	_____	_____
BUILDINGS			25. Are sidewalks free of hazards?	_____	_____
12. Are walks and stairs in good condition?	_____	_____	MESS HALL		
13. Is good housekeeping noted in boiler and furnace rooms?	_____	_____	26. Is cleaning material stored in separate areas from food items?	_____	_____
14. Are structures free from loose and protruding nails?	_____	_____	27. Are eating utensils and dining areas inspected?	_____	_____
15. Are cleaning materials - mops, brooms, etc. - properly stored in a locker or storage room?	_____	_____	28. Are electrical appliances guarded and grounded?	_____	_____
			29. Are hot water and steam pipes insulated to prevent bodily contact?	_____	_____
			30. Are refrigerator compressors guarded?	_____	_____
			31. Are ventilation and exhaust hoods inspected and cleaned weekly?	_____	_____

SAFETY AND HOUSEKEEPING INSPECTION -- OFFICES & CLASSROOMS
CECOM-R 385-4

Organization _____ Location (bldg) _____

Director _____ Inspected by _____

This checklist shall be utilized by the Safety Representative for internal monthly inspections. The monthly checklists will be filed by the Safety Representative and shall be inspected during the annual safety survey.

	YES	NO		YES	NO
1. Are pertinent safety regulations on hand?	___	___	OFFICE EQUIPMENT		
FIRE PROTECTION			15. Is furniture and office equipment in good repair and not obstructing aisles?	___	___
2. Is SEL form 1261, Emergency Instructions, and telephone emergency numbers posted?	___	___	16. Are office machines guarded and properly grounded?	___	___
3. Are adequate number of fire extinguishers on hand?	___	___	17. Are fans properly guarded and securely mounted?	___	___
4. Is there safe storage for flammable materials?	___	___	18. Is equipment securely in place?	___	___
5. Are designated smoking areas posted?	___	___	19. Are extension cords free from cracks, fraying and other damages?	___	___
SLIPS, TRIPS, FALLS			HOUSEKEEPING		
6. Are floors and stairs free of oil and other slippery substances?	___	___	20. Is the office arranged in accordance with proper housekeeping rules?	___	___
7. Are floors highly polished and free of wax build-up?	___	___	21. Are cabinet tops cleared of storage items?	___	___
8. Are tile floors and carpets flat and secured?	___	___	22. Are exposed steam pipes insulated from accidental contact?	___	___
9. Are stair handrails sturdy and free from rough edges?	___	___	23. Are washrooms and bathrooms in clean and sanitary conditions?	___	___
10. Is there sufficient lighting in stairs and corridors?	___	___	24. Is there correct and sufficient illumination and ventilation?	___	___
11. Are stair treads in good condition?	___	___	FALLING OBJECTS		
12. Are anti-skid mats secured and free of tripping hazards?	___	___	25. Are filing cabinets secured and safely balanced to prevent toppling over?	___	___
13. Are extension cords used so that they do not present a tripping hazard?	___	___	26. Are overhead light fixtures securely fastened?	___	___
14. Are electrical outlets correctly installed and do not project where they could be bumped against?	___	___			

SAFETY AND HOUSEKEEPING INSPECTION -- SHOPS & LABS

CECOM-R 385-4

Organization _____ Location (bldg) _____

Director _____ Inspected by _____

This checklist shall be utilized by the Safety Representative for internal monthly inspections. The monthly checklists will be filed by the Safety Representative and shall be inspected during the annual safety survey.

	YES	NO		YES	NO
			SHOPS		
1. Are pertinent safety regulations on hand?	___	___			
2. Is SEL form 1261, Emergency Instructions, and telephone emergency numbers posted?	___	___			
3. Are adequate number of fire extinguishers on hand?	___	___			
4. Are floor surfaces free of oil, grease, and tripping hazards?	___	___			
5. Are proper receptacles provided for waste and refuse (oily rags, wood, paper, etc)?	___	___			
6. Are compressed gas cylinders adequately secured and labeled?	___	___			
7. Is electrical equipment inspected for defects and proper grounding?	___	___			
8. Are machines properly lubricated and areas around machines free of oil/grease?	___	___			
9. Are tool lockers and work benches in good repair and kept orderly and neat?	___	___			
10. Are safe practices followed by users of shop tools and equipment?	___	___			
11. Are slings, chains, and blocks and tackles in good working condition and inspected annually?	___	___			
12. Are fire escapes properly marked and not obstructed?	___	___			
13. Are safety shoes/boots/goggles glasses worn if required?	___	___			
14. Are ladders inspected quarterly and tagged per AMC-R 385-100	___	___			
			LABS		
15. Are the Hazardous Communication (HAZCOM) regulations being implemented in the labs?	___	___			
			LABS (cont)		
			16. Have lab personnel attended the HAZCOM training class?	___	___
			17. Are all chemical containers approved and properly labeled?	___	___
			18. Are materials stored in a stable manner and can be easily reached?	___	___
			19. Are laboratory hoods inspected quarterly?	___	___
			20. Are exhaust hood doors kept at proper openings when hood is in operation?	___	___
			21. Are refrigerators used for chemical storage kept free of food and drinks?	___	___
			22. Is eye protection provided and used when necessary?	___	___
			23. Are proper gloves and aprons provided and used when needed?	___	___
			24. Are emergency eye wash stations present where toxic and acid spills can occur?	___	___
			25. Are eye wash stations flushed a least three minutes once a week?	___	___
			26. Are required warning signs posted in the labs?	___	___
			27. Are approved SOP's posted at hazardous locations?	___	___
			28. Are flammable liquids kept to a minimum and stored in approved storage cabinets?	___	___
			29. Are safety siphons used to dispense acids?	___	___
			30. Are compressed gas cylinders adequately secured and labeled?	___	___
			31. Are required interlocks provided on high voltage equipment?	___	___

SAFETY AND HOUSEKEEPING INSPECTION -- WAREHOUSE & STORAGE FACILITIES
CECOM-R 385-4

Organization _____ Location (bldg) _____
Director _____ Inspected by _____

This checklist shall be utilized by the Safety Representative for internal monthly inspections. The monthly checklists will be filed by the Safety Representative and shall be inspected during the annual safety survey.

	YES	NO		YES	NO
1. Are pertinent safety regulations on hand?	_____	_____	INDUSTRIAL LIFT TRUCKS (cont)		
STORAGE			17. Are all loads properly stacked to allow the driver adequate vision to drive?	_____	_____
2. Is SEL form 1261, Emergency Instructions, and telephone emergency numbers posted?	_____	_____	18. Are approved safety platforms used when personnel are hoisted by lifts?	_____	_____
3. Are stacks straight and stable, not leaning?	_____	_____	19. Do all lift truck operators possess current licenses?	_____	_____
4. Are pallets used for high tiering of cardboard cartons?	_____	_____	20. Are lift trucks equipped with load safety racks and overhead guards when engaged in high tiering?	_____	_____
5. Are smaller materials crosstiered when palletized?	_____	_____	21. Are all traffic rules obeyed by drivers?	_____	_____
6. Are adequate clearances maintained between storage and sprinkler heads?	_____	_____	22. Are all lift trucks equipped with proper fire extinguishers?	_____	_____
Are fire escapes clear of recognized hazards?	_____	_____	23. Are gasoline powered lift trucks equipped with carbon monoxide filters for use in buildings?	_____	_____
8. Are flammable and corrosive materials stored in segregated areas?	_____	_____	24. Are battery charging areas properly marked?	_____	_____
9. Are ladders inspected quarterly and tagged per AMC-R 385-100?	_____	_____	25. Are personnel trained to charge truck batteries?	_____	_____
10. Are compressed gas cylinders stored in an upright position and secured?	_____	_____	26. Do battery charging areas contain emergency eye washes?	_____	_____
11. Are aisleways kept clear?	_____	_____	27. Are eye wash stations flushed for 3 minutes once a week to verify operation and to clean the line?	_____	_____
12. Are "No Smoking" signs posted in the work areas?	_____	_____	MANUAL HANDLING		
13. Are storage shelves properly anchored?	_____	_____	28. Have personnel been trained in correct and safe lifting techniques?	_____	_____
INDUSTRIAL LIFT TRUCKS			29. Are all areas where people work adequately lighted?	_____	_____
14. Do drivers stop and sound their horns before entering buildings, approaching blind corners or entrance ramps?	_____	_____	30. Are all areas free from debris which could cause a tripping hazard?	_____	_____
15. Are industrial lift trucks equipped with backing alarms?	_____	_____	31. Are all lifting devices, lift trucks, hand trucks, and tow jacks, inspected annually?	_____	_____
16. Are all loads squared and centered on pallets to prevent toppling over?	_____	_____	32. Are hand trucks available for handling heavy or bulky loads?	_____	_____

**SAFETY SURVEY AND EVALUATION CHECKLIST
(CECOM-R 385-4)**

RATING SCALE

SUPERIOR	- 558 - 600 POINTS
EXCELLENT	- 498 - 557 POINTS
SATISFACTORY	- 438 - 497 POINTS
UNSATISFACTORY	- 438 OR LOWER

Activity Rated: _____

Evaluation Points Earned: _____

Rating Assigned: _____

Date of Evaluation: _____

Name of Activity Chief: _____

Name of Safety Representative: _____

Name of Evaluator: _____

1. The enclosed checklist will be used by the CECOM and Garrison Safety Offices to evaluate the safety programs of CECOM organizations, and as a basis for determining the recipients of the CECOM Award of Honor in each category.
2. Each question has a numerical value, some are weighted more than others because of their importance. Some questions require subjective evaluations. The evaluator should award points based on his/her knowledge of the activity's safety program in comparison to other activities.
3. In accordance with AR 385-10, Army Safety Program, a representative of the activity chief and authorized representative of civilian employees will be given the opportunity to accompany the evaluator during the physical inspection of workplaces in the activity.

B. SAFETY PROGRAM ELEMENTS

- 10. Are accident/injury reports sub
 - 11. Is the Activity Safety representative notified immediately in the event of a serious accident? Does the Safety representative participate in the accident investigation?
 - 12. Are requests for personal protective equipment, hazardous machines and substances coordinated with the appropriate Safety Office?
 - 13. Are safety promotion/education materials adequately displayed/used?
 - 14. Are required SOPs developed and approved by the Activity Chief and the appropriate Safety Office?
 - 15. Does the Activity Chief encourage employee participation in special safety emphasis program?
 - 16. Does the Activity Chief maintain a file of current DA, AMC and CECOM safety regulations pertinent to the organization?
- SUB TOTAL

MAXIMUM POINTS	POINTS EARNED
12	
10	
10	
24	
10	
20	
15	
200	

SAFETY PROGRAM STANDARDS

PART II

- 1. Is required personal protective equipment (PPE) provided, maintained and used by personnel?
- 2. Are machines and equipment provided with suitable guards and are the guards in place during operation?
- 3. Are appropriate warning signs displayed?
- 4. Are good housekeeping standards maintained?
- 5. Is material stored in proper locations and in a stable manner?
- 6. Do work area layouts permit freedom of movement and unobstructed access to exits?
- 7. Are exits accessible and appropriately marked?
- 8. Are measures taken to effectively control environmental hazards (noise, dusts, fumes, vapors, etc.)?
- 9. Are hand and guard rails, and toe boards provided as required for stairways, ramps, platforms, floor openings and scaffolds?
- 10. Are an adequate number of appropriate fire extinguishers available?
- 11. Are floors in good repair and properly maintained (e.g. free of cracked or broken tiles, wax buildup, spills, etc.)?
- 12. Are special inspections and tests performed as required (ladders, lifting devices, spray booths, etc.)?
- 13. Are danger areas appropriately marked and protected, and is access controlled?
- 14. Are personnel included in the medical surveillance program as required? Do they report for periodic examinations when notified?

MAXIMUM POINTS	POINTS EARNED
5	
5	
5	
15	
15	
15	
5	
5	
5	
5	
10	
5	
5	
5	

SAFETY SURVEY AND EVALUATION CHECKLIST
SUMMARY SHEET

PART I

A. COMMAND AND STAFF

B. SAFETY PROGRAM ELEMENTS

PART II SAFETY PROGRAM STANDARDS

PART III HAZARD COMMUNICATION PROGRAM

TOTAL

MAXIMUM POINTS	POINTS EARNED
100	
200	
190	
110	
600	

RATING (Check the appropriate rating)

_____ SUPERIOR (558 - 600)

_____ EXCELLENT (498 - 557)

_____ SATISFACTORY (438 - 497)

_____ UNSATISFACTORY (438 or less)

NUMBER OF VALIDATED FECA CLAIMS (Claims listed on OWCP Table II) for the Fiscal Year. _____

INSTALLATION HAZARD ABATEMENT PLAN

For use of this form, see AR 385-10; the proponent agency is Office of The Inspector General.

1. PROJECT NO.	2. DATE PREPARED	3. DATE REVISED
4. ACTIVITY/ORGANIZATION	5. HAZARD LOCATION(S)	6. RISK ASSESSMENT CATEGORY
7. CITATION OF SPECIFIC OSHA AND OTHER STANDARD VIOLATED		
8. DESCRIPTION OF PROPOSED CORRECTIVE ACTION OR REMEDIAL MEASURES		
9. ESTIMATED COST OF CORRECTIVE ACTION \$ _____ APPROPRIATION _____ PROGRAM ELEMENT NUMBER _____ BUDGET COST ESTIMATED (BCE: YES _____ NO _____)		
10. ESTIMATED ADDITIONAL OPERATING AND MAINTENANCE COSTS, IF ANY \$ _____		
11. DESCRIPTION OF INTERIM HAZARD CONTROL MEASURES IN EFFECT		
12. OTHER RELEVANT INFORMATION		
13. ESTIMATED ABATEMENT COMPLETION DATE		
PREPARED BY	APPROVED BY	

GUIDE FOR SAFETY REPRESENTATIVES

SAMPLE

SAFETY MEETING MINUTES

1. The January meeting of PM, Researcher was called to order at 1330 hours on 17 January. Following is a list of attendees:

D. Boss	Chairman
S. T. Repp	Recorder
L. Money	Budget Div.
R. Nowhere	Logistics Div.
I. M. Off	Switching Div.
SGT Facts	Technical Div.
SFC Doitall	Operations Div.

2. The following old business was discussed:

- a. Repair of curled up rug in RM 2C222.
- b. Repair of frayed cord on highly sophisticated research equipment.
- c. Work order submitted for repair of loose stair railing.

3. The following new business was discussed:

- a. No accidents were reported during the month of December.
- b. Falls Prevention is the special emphasis topic for the month of January. Safety literature and posters were distributed.
- c. Proper procedures for jump-starting cars in cold weather.
- d. Safety Bulletin pertaining to winter driving hazards was distributed and discussed.
- e. Safe-Alert pertaining to rotary chairs with defective welds was discussed. This PM does not have any of the subject chairs.

4. The monthly safety calendar was distributed by internal mail prior to the meeting.

5. Meetings was adjourned at 1430 hours.

S. T. Repp
PM, Researcher Safety Rep

SAFETY PROGRESS REPORT
(ECOMR 385-4)

PERIOD

REPORTS CONTROL SYMBOL
SELSF-101

TO

FROM

1. INJURIES DATA	AVG NO PERSONNEL	NO DSABL INJ	NO FIRST AID INJ	OFF DUTY DSABL INJ
a. Military Personnel				
b. Civilian Personnel				
c. Other Personnel				

2. ACCIDENT DATA

a. Army Motor Vehicle Miles Driven _____	No Acct Over \$100.00 Damage _____	No Acct Under \$100.00 _____		
b. Army Aircraft Accidents	HOURS FLOWN	NO ACCTS	NO FLIGHTS	NO LANDINGS
(1) Fixed Wing				
(2) Rotary Wing				
TOTAL				

3. SAFETY MEETINGS: a. No Held During Period _____ b. Total Attendance _____
c. Topics Discussed:

4. HAZARDS DETECTED AND CORRECTED

Date Detected	Date Corrected	Location	Describe Hazard and Method of Correction

5. HAZARDS DETECTED AND NOT CORRECTED

PE Work Order No	Date Submitted	Location	Description of Hazard

6. SAFETY REPRESENTATIVE'S SIGNATURE:

7. ACTIVITY OFFICE CHIEF'S SIGNATURE:

1 Incl
Minutes of Safety Committee Meeting

ORGANIZATIONAL DEVELOPMENT OFFICE

SAFETY INPROCESSING CHECKLIST

PURPOSE: Is to provide you as a new person in the Organizational Development (OD) Office with an overview of the Office Safety Program and to stress the importance of safety awareness in both on and off the job situations.

SPECIAL INSTRUCTIONS: Blank spaces on this checklist will be completed during the inprocessing orientation. The checklist will be completed in two (2) copies: one will be provided to the individual inprocessing and the other will be retained in the Office Safety Book.

TOPIC

INITIAL

1. My supervisor discussed the Office Safety procedures and policies during my incoming orientation.
2. I have read and understand the Office Safety Program SOP, dated 4 November 1985.
 - a. The Safety Representative for the Office is _____
 - b. The Alternate Safety Representative for the Office is _____
 - c. I am aware the Office has a Safety Committee which meets monthly to discuss safety aspects of our work and off-duty safety topics. Attendance at this meeting is mandatory.
3. I have read and understand the Department of Defense Occupational Safety and Health Program, DD Form 2272, as completed for the OD Office.
4. I am aware and understand my responsibilities and rights outlined in the DOD, DA, CECOM and OD Office Safety Programs:
 - a. Accident prevention is the responsibility of all personnel.
 - b. That any unsafe or unhealthful working condition(s) will be reported to my supervisor.
 - c. That if I consider my supervisor's actions to rectify unsafe or unhealthful working conditions to be inappropriate, I have the right to request an inspection of the office by the Safety Office using DA Form 4755.

OD OFFICE, SAFETY INPROCESSING CHECKLIST

TOPIC

INITIAL

10. Fire Safety:

a. I have been personally shown (walked to or through):

- (1) The fire evacuation exit for members of the OD Office (Rm # 3B-06).
- (2) The location of the emergency fire alarm and fire hose/extinguisher (3d floor entrance door to the stairway leading to the Main Lobby of the COB).

b. Fire Evacuation Instructions:

- (1) The fire alarm is a continuous ringing bell.
- (2) Close all windows and doors.
- (3) Leave the building by the nearest exit.
- (4) Exit for the OD Office is at the end of the Green Wing.
- (5) Handicapped personnel (if any) will report to the elevator lobby for evacuation. (Note: handicapped personnel will be escorted.)
- (6) Your fire warden is _____.

11. Bomb Threat Instructions:

a. I have read and understand the Office Bomb Threat SOP.

b. Bomb Search Team Personnel for the Office are: _____

c. Evacuation Procedures:

- (1) Partial evacuation - notification by my immediate supervisor to a place to be designated.
- (2) Full evacuation of the building - alarm will be same as the fire alarm.
- (3) In the event of a full evacuation the procedures will be the same as for fire evacuation (except all windows and doors will be opened).

12. Fall Out Shelter:

a. The fall out shelter is located in the basement of the COB.

SAFETY AND HOUSEKEEPING INSPECTION -- TROOP HOUSING AND MESS FACILITIES
CECOM-R 385-4

Organization _____ Location (bldg) _____

Director _____ Inspected by _____

This checklist shall be utilized by the Safety Representative for internal monthly inspections. The monthly checklists will be filed by the Safety Representative and shall be inspected during the annual safety survey.

	YES	NO		YES	NO
1. Are pertinent safety regulations on hand?	_____	_____	BUILDINGS (cont)		
FIRE PROTECTION			16. Are tripping hazards, i.e. cords, removed from aisleways?	_____	_____
2. Is SEL form 1261, Emergency Instructions, and telephone emergency numbers posted?	_____	_____	17. Are rafters, beams, and supports free of cracks?	_____	_____
3. Is emergency lighting in hallways, stairs, and day rooms?	_____	_____	18. Are floors in good repair?	_____	_____
4. Are flammables safely stored in approved storage cabinets?	_____	_____	SUPPLY ROOMS		
5. Are fire extinguishers in good condition and accessible?	_____	_____	19. Are storage shelves properly anchored?	_____	_____
Are exits properly marked and not blocked?	_____	_____	20. Are materials properly stacked?	_____	_____
7. Are fire escapes clear of recognized hazards?	_____	_____	21. Are materials stored 18" below the ceiling and light fixtures?	_____	_____
ELECTRICAL HAZARDS			DAY ROOMS		
8. Is electrical equipment free of frayed wires?	_____	_____	22. Is furniture sturdy and in good repair?	_____	_____
9. Are electrical motors and fans properly guarded/grounded?	_____	_____	23. Is adequate room provided for daily activities?	_____	_____
10. Are light fixtures and bulbs in good condition?	_____	_____	OUTSIDE AREAS		
11. Are electrical outlets in good condition and ground fault interrupters located in bathrooms?	_____	_____	24. Is material stored properly, not under or against the building?	_____	_____
BUILDINGS			25. Are sidewalks free of hazards?	_____	_____
12. Are walks and stairs in good condition?	_____	_____	MESS HALL		
13. Is good housekeeping noted in boiler and furnace rooms?	_____	_____	26. Is cleaning material stored in separate areas from food items?	_____	_____
14. Are structures free from loose and protruding nails?	_____	_____	27. Are eating utensils and dining areas inspected?	_____	_____
15. Are cleaning materials - mops, brooms, etc. - properly stored in a locker or storage room?	_____	_____	28. Are electrical appliances guarded and grounded?	_____	_____
			29. Are hot water and steam pipes insulated to prevent bodily contact?	_____	_____
			30. Are refrigerator compressors guarded?	_____	_____
			31. Are ventilation and exhaust hoods inspected and cleaned weekly?	_____	_____

SAFETY AND HOUSEKEEPING INSPECTION -- OFFICES & CLASSROOMS
CECOM-R 385-4

Organization _____ Location (bldg) _____

Director _____ Inspected by _____

This checklist shall be utilized by the Safety Representative for internal monthly inspections. The monthly checklists will be filed by the Safety Representative and shall be inspected during the annual safety survey.

	YES	NO		YES	NO
1. Are pertinent safety regulations on hand?	___	___	OFFICE EQUIPMENT		
FIRE PROTECTION			15. Is furniture and office equipment in good repair and not obstructing aisles?	___	___
2. Is SEL form 1261, Emergency Instructions, and telephone emergency numbers posted?	___	___	16. Are office machines guarded and properly grounded?	___	___
3. Are adequate number of fire extinguishers on hand?	___	___	17. Are fans properly guarded and securely mounted?	___	___
4. Is there safe storage for flammable materials?	___	___	18. Is equipment securely in place?	___	___
5. Are designated smoking areas posted?	___	___	19. Are extension cords free from cracks, fraying and other damages?	___	___
SLIPS, TRIPS, FALLS			HOUSEKEEPING		
6. Are floors and stairs free of oil and other slippery substances?	___	___	20. Is the office arranged in accordance with proper housekeeping rules?	___	___
7. Are floors highly polished and free of wax build-up?	___	___	21. Are cabinet tops cleared of storage items?	___	___
8. Are tile floors and carpets flat and secured?	___	___	22. Are exposed steam pipes insulated from accidental contact?	___	___
9. Are stair handrails sturdy and free from rough edges?	___	___	23. Are washrooms and bathrooms in clean and sanitary conditions?	___	___
10. Is there sufficient lighting in stairs and corridors?	___	___	24. Is there correct and sufficient illumination and ventilation?	___	___
11. Are stair treads in good condition?	___	___	FALLING OBJECTS		
12. Are anti-skid mats secured and free of tripping hazards?	___	___	25. Are filing cabinets secured and safely balanced to prevent toppling over?	___	___
13. Are extension cords used so that they do not present a tripping hazard?	___	___	26. Are overhead light fixtures securely fastened?	___	___
14. Are electrical outlets correctly installed and do not project where they could be bumped against?	___	___			

SAFETY AND HOUSEKEEPING INSPECTION -- SHOPS & LABS
CECOM-R 385-4

Organization _____ Location (bldg) _____

Director _____ Inspected by _____

This checklist shall be utilized by the Safety Representative for internal monthly inspections. The monthly checklists will be filed by the Safety Representative and shall be inspected during the annual safety survey.

	YES	NO		YES	NO
1. Are pertinent safety regulations on hand?	_____	_____	SHOPS		
2. Is SEL form 1261, Emergency Instructions, and telephone emergency numbers posted?	_____	_____			
3. Are adequate number of fire extinguishers on hand?	_____	_____			
4. Are floor surfaces free of oil, grease, and tripping hazards?	_____	_____			
5. Are proper receptacles provided for waste and refuse (oily rags, wood, paper, etc)?	_____	_____			
6. Are compressed gas cylinders adequately secured and labeled?	_____	_____			
7. Is electrical equipment inspected for defects and proper grounding?	_____	_____			
8. Are machines properly lubricated and areas around machines free of oil/grease?	_____	_____			
9. Are tool lockers and work benches in good repair and kept orderly and neat?	_____	_____			
10. Are safe practices followed by users of shop tools and equipment?	_____	_____			
11. Are slings, chains, and blocks and tackles in good working condition and inspected annually?	_____	_____			
12. Are fire escapes properly marked and not obstructed?	_____	_____			
13. Are safety shoes/boots/goggles glasses worn if required?	_____	_____			
14. Are ladders inspected quarterly and tagged per AMC-R 385-100	_____	_____			
			LABS (cont)		
			16. Have lab personnel attended the HAZCOM training class?	_____	_____
			17. Are all chemical containers approved and properly labeled?	_____	_____
			18. Are materials stored in a stable manner and can be easily reached?	_____	_____
			19. Are laboratory hoods inspected quarterly?	_____	_____
			20. Are exhaust hood doors kept at proper openings when hood is in operation?	_____	_____
			21. Are refrigerators used for chemical storage kept free of food and drinks?	_____	_____
			22. Is eye protection provided and used when necessary?	_____	_____
			23. Are proper gloves and aprons provided and used when needed?	_____	_____
			24. Are emergency eye wash stations present where toxic and acid spills can occur?	_____	_____
			25. Are eye wash stations flushed at least three minutes once a week?	_____	_____
			26. Are required warning signs posted in the labs?	_____	_____
			27. Are approved SOP's posted at hazardous locations?	_____	_____
			28. Are flammable liquids kept to a minimum and stored in approved storage cabinets?	_____	_____
			29. Are safety siphons used to dispense acids?	_____	_____
			30. Are compressed gas cylinders adequately secured and labeled?	_____	_____
			31. Are required interlocks provided on high voltage equipment?	_____	_____
			LABS		
			Are the Hazardous Communication (HAZCOM) regulations being implemented in the labs?	_____	_____

SAFETY AND HOUSEKEEPING INSPECTION -- WAREHOUSE & STORAGE FACILITIES
CECOM-R 385-4

Organization _____ Location (bldg) _____
 Director _____ Inspected by _____

This checklist shall be utilized by the Safety Representative for internal monthly inspections. The monthly checklists will be filed by the Safety Representative and shall be inspected during the annual safety survey.

	YES	NO		YES	NO
1. Are pertinent safety regulations on hand?	_____	_____	INDUSTRIAL LIFT TRUCKS (cont)		
STORAGE			17. Are all loads properly stacked to allow the driver adequate vision to drive?	_____	_____
2. Is SEL form 1261, Emergency Instructions, and telephone emergency numbers posted?	_____	_____	18. Are approved safety platforms used when personnel are hoisted by lifts?	_____	_____
3. Are stacks straight and stable, not leaning?	_____	_____	19. Do all lift truck operators possess current licenses?	_____	_____
4. Are pallets used for high tiering of cardboard cartons?	_____	_____	20. Are lift trucks equipped with load safety racks and overhead guards when engaged in high tiering?	_____	_____
5. Are smaller materials crosstiered when palletized?	_____	_____	21. Are all traffic rules obeyed by drivers?	_____	_____
6. Are adequate clearances maintained between storage and sprinkler heads?	_____	_____	22. Are all lift trucks equipped with proper fire extinguishers?	_____	_____
7. Are fire escapes clear of recognized hazards?	_____	_____	23. Are gasoline powered lift trucks equipped with carbon monoxide filters for use in buildings?	_____	_____
8. Are flammable and corrosive materials stored in segregated areas?	_____	_____	24. Are battery charging areas properly marked?	_____	_____
9. Are ladders inspected quarterly and tagged per AMC-R 385-100?	_____	_____	25. Are personnel trained to charge truck batteries?	_____	_____
10. Are compressed gas cylinders stored in an upright position and secured?	_____	_____	26. Do battery charging areas contain emergency eye washes?	_____	_____
11. Are aiseways kept clear?	_____	_____	27. Are eye wash stations flushed for 3 minutes once a week to verify operation and to clean the line?	_____	_____
12. Are "No Smoking" signs posted in the work areas?	_____	_____	MANUAL HANDLING		
13. Are storage shelves properly anchored?	_____	_____	28. Have personnel been trained in correct and safe lifting techniques?	_____	_____
INDUSTRIAL LIFT TRUCKS			29. Are all areas where people work adequately lighted?	_____	_____
14. Do drivers stop and sound their horns before entering buildings, approaching blind corners or entrance ramps?	_____	_____	30. Are all areas free from debris which could cause a tripping hazard?	_____	_____
15. Are industrial lift trucks equipped with backing alarms?	_____	_____	31. Are all lifting devices, lift trucks, hand trucks, and tow jacks, inspected annually?	_____	_____
16. Are all loads squared and centered on pallets to prevent toppling over?	_____	_____	32. Are hand trucks available for handling heavy or bulky loads?	_____	_____

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2. THE ARMY WILL IMPLEMENT THE DOD REQUIREMENTS BEGINNING WITH FY

02. EFFECTIVE 1 OCT 01, AR 385-40 (REF B) IS CLARIFIED AS FOLLOWS:

A. PARA 2-2B, CHANGE "FIVE OR MORE PERSONNEL" TO "THREE OR MORE PERSONNEL."

B. PARA 2-2C, CHANGE "\$10,000 OR MORE" TO "\$20,000 OR MORE."

C. PARA 2-2D, CHANGE "LESS THAN \$10,000" TO "LESS THAN \$20,000."

3. POINT OF CONTACT AT THE US ARMY SAFETY CENTER IS FRAN WEAVER, DSN 558-1141, COMMERCIAL 334 255-1141, EMAIL WEAVERF@SAFETYCENTER.

ARMY.MIL.

BT

#5284

NNNN

**U.S. ARMY COMMUNICATIONS ELECTRONICS COMMAND
ACCIDENT FORMS & PROCEDURES**

FORM	ORIGINATED BY	FORWARD TO	# OF COPIES	USE
AMSEL FORM 1051, RECORD OF INJURY	SUPERVISOR	DISPENSARY WITH INJURED PERSON	ONE SET = ORIGINAL + 2 COPIES	FOR ANY INJURY, NO MATTER HOW SLIGHT. HANDCARRIED TO DISPENSARY BY INJURED PERSON, IF POSSIBLE "SUPERVISOR'S COPY" RETURNED TO SUPERVISOR BY INJURED PERSON. SUPERVISOR COMPLETES SECTION II & III AND FORWARD COPY TO OSHA MANAGEMENT OFFICE, SELFM-SO.
DA FORM 285, U.S. ARMY ACCIDENT REPORT	SUPERVISOR	OSHA MANAGEMENT OFFICE, SELFM-SO	ORIGINAL ONLY	ALL MILITARY LOST TIME INJURIES; ARMY CLASS A THRU C ACCIDENTS AND CLASS D PROPERTY-DAMAGE ACCIDENTS.
CA 1	EMPLOYEE & SUPERVISOR	PERSONNEL & TRAINING DIR.	ORIGINAL ONLY	FOR FEDERAL EMPLOYEES INJURED ON JOB IN ORDER TO CLAIM CONTINUATION OF PAY/COMPENSATION.
CA 16	EMPLOYEE & SUPERVISOR	PERSONNEL & TRAINING DIR.	ORIGINAL ONLY	FOR FEDERAL EMPLOYEES INJURED ON JOB IN ORDER TO BE EXAMINED AND/OR TREATED BY CIVILIAN PHYSICIAN.

ACCIDENT CLASSES

Class A. Total cost of reportable damage is \$1,000,000 or more; an Army aircraft, missile, or spacecraft is destroyed; or an accident and/or occupational illness results in a fatality or permanent total disability.

Class B. Total cost of reportable property damage is \$200,000 or more, but less than \$1,000,000; an injury and/or occupational illness results in permanent partial disability; or five or more people are hospitalized as inpatients.

Class C. Total cost or property damage is \$10,000 or more, but less than \$200,000; a nonfatal injury causes any loss of from work beyond day or shift on which it injury occurred; or a nonfatal illness or disability causes loss of time from work disability at any time (lost-time case).

Class D. Cost of property damage is \$2,000 or more, but less than \$10,000; or a nonfatal injury does not meet criteria of a Class A – C accident (i.e., no time was lost or time lost was restricted to day or shift on which injury occurred).

NOTE: All classes of Army accident are reportable to installation OSHA Management Office. However, only certain accidents require completion and submission of DA Form 285. These recordable accidents include Classes A, B, and C accidents and Class D property-damage accidents.

OSHA MANAGEMENT OFFICE

DEPARTMENT OF DEFENSE SAFETY AND OCCUPATIONAL HEALTH PROTECTION PROGRAM



THE OCCUPATIONAL SAFETY AND HEALTH ACT OF 1970, EXECUTIVE ORDER 12196 AND 29 CFR 1960 REQUIRE THE HEADS OF FEDERAL AGENCIES TO ESTABLISH PROGRAMS TO PROTECT THEIR PERSONNEL FROM JOB SAFETY AND OCCUPATIONAL HEALTH HAZARDS.

1. THE DEPARTMENT OF DEFENSE (DOD) DESIGNATED AGENCY SAFETY AND OCCUPATIONAL HEALTH OFFICIAL IS THE ASSISTANT SECRETARY OF DEFENSE (FORCE MANAGEMENT AND PERSONNEL).

2. THE DEPARTMENT OF THE ARMY
DOD COMPONENT

DESIGNATED SAFETY AND OCCUPATIONAL HEALTH OFFICIAL IS DEPUTY FOR ENVIRONMENT, SAFETY AND OCCUPATIONAL HEALTH (OSHA) (I&L)

TITLE ADDRESS

3. THE FORT MONMOUTH
NAME OF INSTALLATION/FACILITY

SAFETY AND OCCUPATIONAL HEALTH DESIGNEE IS
COMMANDING GENERAL

NAME/TITLE

4. THE FORT MONMOUTH
NAME OF INSTALLATION/FACILITY

SAFETY POINT OF CONTACT IS

CHIEF, GARRISON SAFETY OFFICE X20083
NAME TELEPHONE NUMBER

5. THE CHIEF, INDUSTRIAL HYGIENIST, PVM X22667
NAME OF INSTALLATION/FACILITY

OCCUPATIONAL HEALTH POINT OF CONTACT IS

FORT MONMOUTH
NAME TELEPHONE NUMBER

NAME OF INSTALLATION/FACILITY

HAS THE RESPONSIBILITY TO:

1. COMPLY WITH APPLICABLE OCCUPATIONAL

OCCUPATIONAL HEALTH STANDARDS.

2. SET UP PROCEDURES FOR SUBMITTING AND RESPONDING TO EMPLOYEE REPORTS of unsafe and unhealthful working conditions.

3. ACCESS, MAINTAIN, AND REQUIRE the use of approved personal protective equipment and safety equipment.

4. INSPECT ALL WORKPLACES with participation by civilian employee representatives to identify potential hazards.

5. ESTABLISH PROCEDURES TO ASSURE that no worker is subject to restraint, interference, coercion, discrimination, or reprisal for exercising his/her rights under the DOD safety and occupational health program.

6. POST NOTICES of unsafe or unhealthful working conditions found during inspections.

7. ASSURE PROMPT ABATEMENT of hazardous conditions. Workers exposed to the conditions shall be informed of the abatement plan. Imminent danger corrections must be made immediately.

8. SET UP A MANAGEMENT INFORMATION SYSTEM to keep records of occupational accidents, injuries, illnesses and their causes; and to post annual summaries of injuries and illnesses for a minimum of 30 days at each installation/facility.

9. CONDUCT SAFETY AND OCCUPATIONAL HEALTH TRAINING for management, supervisors, workers and worker representatives.

DOD PERSONNEL HAVE THE RESPONSIBILITY TO:

1. COMPLY with all applicable OSHA/DOD/DOD component safety and occupational health standards

2. COMPLY with FORT MONMOUTH
NAME OF INSTALLATION/FACILITY

policies and directives relative to the safety and occupational health program.

3. USE personal protective equipment and safety equipment provided by your installation/facility.

4. REPORT hazardous conditions, injuries, illnesses, or other mishaps promptly to your supervisor or to the safety or occupational health point of contact for your installation/facility.

DOD PERSONNEL AND CIVILIAN EMPLOYEE REPRESENTATIVES HAVE THE RIGHT TO:

1. HAVE ACCESS to applicable OSHA/DOD/DOD component standards, installation/facility injury and illness statistics, and safety and occupational health program procedures.

2. COMMENT on alternate standards proposed by DOD/DOD component.

3. REPORT AND REQUEST INSPECTIONS OF UNSAFE AND UNHEALTHFUL WORKING CONDITIONS to appropriate officials who include, in order of preference: the immediate supervisor, the safety or occupational health point of contact, the safety and occupational health designee for your installation/facility, the installation/facility commander, the safety and occupational health designee for your DOD

designee for DOD, and the Secretary of Labor. However, the Secretary of Labor encourages personnel to use DOD procedures for reporting hazardous conditions as the most expeditious means to achieve abatement. The hazard report form provided by your installation/facility should be used for this purpose.

4. PARTICIPATE in the installation/facility safety and occupational health program. Civilian workers shall be authorized official time to participate in the activities provided by the DOD safety and occupational health program.

OTHER INFORMATION:

1. When the safety or occupational health point of contact for your installation/facility is notified by a worker of a hazardous worksite condition, he/she will insure an inspection of the worksite and he/she will report the results of the inspection in writing to the worker making the report.

2. Inspector General channels may be used to investigate complaints from either DOD civilian or military personnel concerning alleged acts of discrimination or reprisal due to participation in safety and occupational health activities. For DOD civilian personnel, allegations of reprisal may also be initiated by them in accordance with applicable appeal procedures, or administrative or negotiated grievance procedures.

3. For further information about the installation/facility safety and occupational health program, procedures, standards, committees, Federal laws, or other related matters, contact the safety or occupational health point of contact for your installation/facility as noted on this poster.

4. How well you carry out your safety and occupational health responsibilities will be an important factor in the success of the program.

EMERGENCY INSTRUCTIONS

THIS IS BUILDING NO.....

FOR **FIRE** REPORTING DIAL

"911" Post Phone

"532-9911" Commercial Phone

Give Location of fire by building, street, or apartment number

OR PULL FIRE ALARM BOX LOCATED AT _____

FIRE INSTRUCTIONS

FIRE ALARM IN _____

1. CLOSE all doors.
2. LEAVE building by nearest exit immediately.

YOUR FIRE WARDEN IS _____ Room or Building _____

Walk Rapidly - Don't Run

INJURY OR SUDDEN ILLNESS

Get treatment at _____, or dial **911**
and specify type of emergency involved, building and room, or street number.

YOUR SAFETY REPRESENTATIVE IS _____ Room or Building _____



FIRE
POLICE
AMBULANCE

Dial 911

Fort Monmouth

SELFM Label 61-1 October 1991