

**NATIONAL AERONAUTICS
AND SPACE ADMINISTRATION**

**Goddard Space Flight
Center**

Wallops Island

**VPP Baseline Survey
Code 800**

Stuart D. Landry

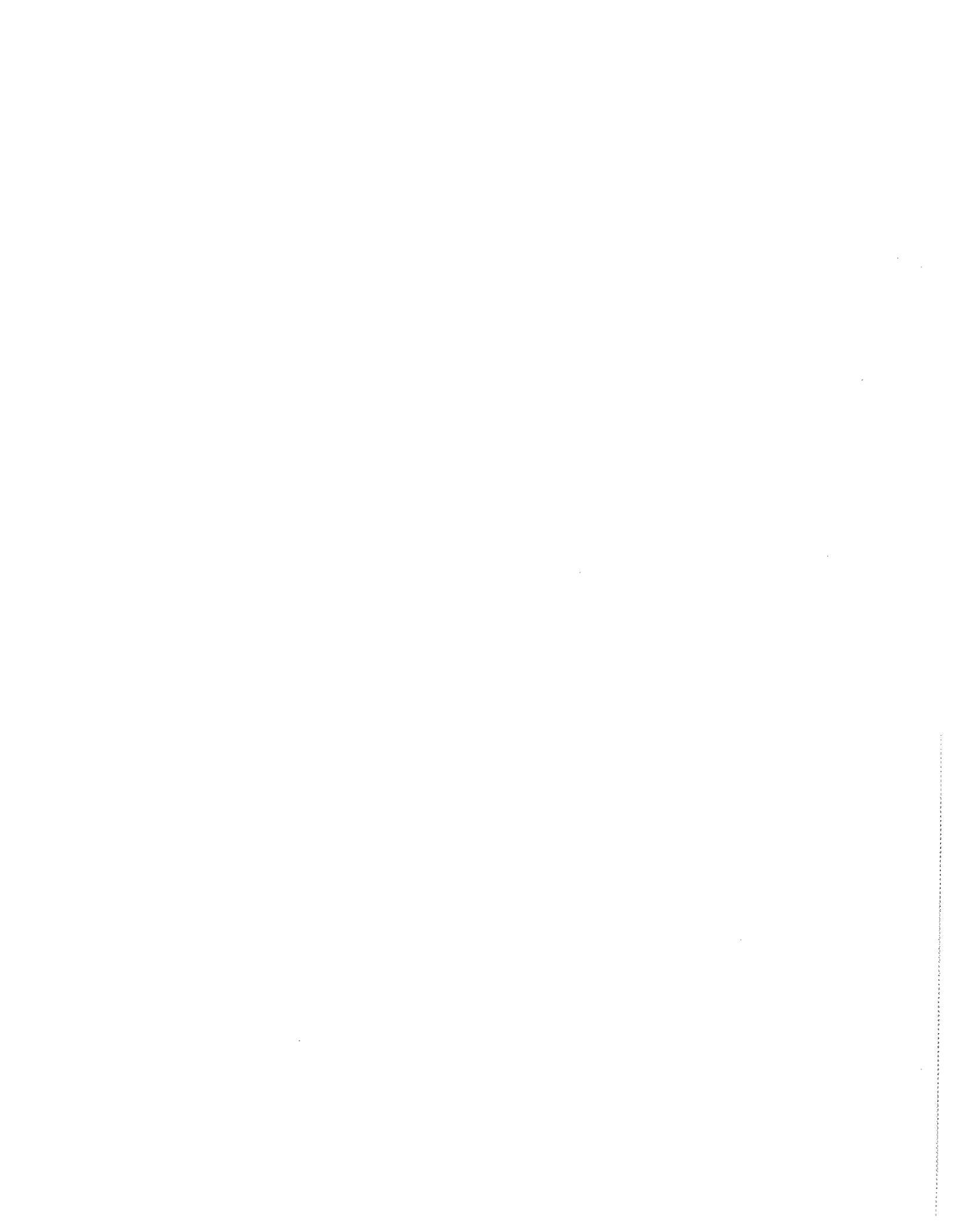
Prepared by:



**580 Bellerive Drive
Suite 5B**

**Annapolis, MD 21401
410-349-9713**

www.starconsultants.net



VPPProfile™ Screen
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ID	Description	Section [1] Scores	Division [2] Scores
1.1	Safety & Health Policy	67%	
1.2	Goals & Objectives	66%	
1.3	Planning	83%	
1.4	Top Management Involvement	83%	
1.5	Responsibility & Authority	64%	
1.6	Line Accountability	71%	
1.7	Resources	86%	
1.8	Contract Workers	74%	
1.9	Written Safety and Health Management Systems	67%	
1.10	Program Evaluation	83%	
1.0	Management Commitment		66%
2.1	Encouragement	72%	
2.2	Involvement	51%	
2.3	Committees	68%	
2.0	Employee Involvement		64%
3.1	Routine Hazard Analysis	54%	
3.2	Change Hazard Analysis	70%	
3.3	Inspections	79%	
3.4	Reporting System	93%	
3.5	Industrial Hygiene Program	80%	
3.6	Investigations	64%	
3.7	Trend/Pattern Analysis	83%	
3.0	Worksite Hazard Analysis		61%
4.1	Certified Professional Resources	67%	
4.2	Hierarchy of Controls	66%	
4.3	Process Safety Management *See 3.1		
4.4	Occupational Health Care	78%	
4.5	Preventative Maintenance	79%	
4.6	Hazard Correction Tracking	61%	
4.7	Emergency Preparedness	95%	
4.0	Hazard Prevention & Control		74%
5.1	Managers	80%	
5.2	Supervisors	43%	
5.3	Employees	57%	
5.4	Emergencies	92%	
5.5	PPE	83%	
5.0	Safety and Health Training		56%
Total		Baseline	64%
		51-79	≥ 80

[1] Section scores from the individual Section worksheets

[2] Average of the Section scores within the respective Divisions to arrive at the Division scores.

[3] Average of the Division scores to calculate the Baseline Score for the entire assessment.

ID	Instruction	Criteria	Finding	S	R	PR	PA	P
1.0	Element: Management Leadership: Provides the motivating force and the resources for organizing and controlling activities within an organization. In an effective program management regards worker safety and health as a fundamental value of the organization and applies its commitment to safety and health protection with as much vigor as to other organizational purposes. [PMG (b)(1)]							
1.1	Commitment to VPP: Actions speak louder than words. If top management gives high priority to safety and health protection in a proactive manner, others will see and follow.							
1.1.1	Section: Safety & Health Policy: A statement of policy is the foundation of safety and health management. It communicates the value in which safety and health protection is held in the business organization. If it is absorbed by all in the organization, it becomes the basic point of reference for all decisions affecting safety and health. It also becomes the criterion by which the adequacy of protective actions is measured. [TED 8.4 CPTR III, II.C.1.a; Appendix E, Section I, B & C; Appendix F.4.2.2]							
1.1.1.1	D = Review policy manual, or worker handbook for policy statement. (Doc. 1 - Safety and Health Policy)	The worksite has a clearly stated policy on safe and healthful work and working conditions. [PMG(c)(1)(i)]	Goddard policy signed by Al Diaz. "Most important core value." "No activity is so important that it cannot be performed in a safe manner."	D	M	3	3	
1.1.1.2	I = Ask workers if they are aware of the policy (worker interview C-1). V = Observe if policy statements are posted	The safety and health policy has been communicated to all employees.	Some awareness of existence	I, V	PM	2	3	
1.1.1.3	I = Ask workers if they understand policy, pressing for specifics and measurements. (worker interview C-1)	The majority of personnel at the site understands the policy. [PMG(c)(1)(ii)]	Vague awareness	I	UD	1	3	
1.1.1.4	D = Review policy for statement concerning safety as equal to production and quality. (Doc. 1) I = Ask workers to compare the facilities commitment to safety with production and quality. (worker interview D-1)	The policy states that safety is at least equal in priority to other organizational values (e.g., production, quality). [PMG(c)(1)(i)]	Safety is a core value. Use of risk management plan to accept risk. Interviews supported but indicated room for improvement.	D, I	PM	2	3	
1.1.1.5	D = The safety policy is signed by the highest-ranking site manager. (Doc. 1)	The policy is signed by the highest appropriate manager at the site. [PMG (c)(1)(ii)]	Goddard policy signed by Al Diaz, not by Code (Wallops)	D	PM	2	3	
1.1.1.6	D - Doc. 1	The policy or other equivalent document states management's commitment to meeting and maintaining VPP requirements.	NASA document, 8715.3, states commitment to SMS, not Goddard.	D	DNM	2	3	
Total:						12	18	
				Score:				67%

ID	Instruction	Criteria	Finding	S	R	PR	PA	P
1.2	Section 1.3 Goals and Objectives: Establish and communicate a goal for the safety and health program and objectives for meeting that goal, so that all members of the organization understand the results desired and the measures planned for achieving them. [TED 8.4 CPTR III, II.C.1; Appendix E, Section L.B; Appendix F 4.2.2]							
1.2.1	Subsection: Goal(s): A goal(s) makes the safety and health policy more specific. Communicating the goal(s) ensures that all in the organization understand the direction safety and health are taking.							
1.2.1.1	D = Review the company's published goals. Goals can be numeric or descriptive (Doc. 2), better if both. Preferably one of the VPP elements.	A clear results oriented goal for the safety and health program has been established. Goals are meaningful and attainable. [PMG(c)(1)(ii)]	(Goals expressed in annual operating plan (AOA))	D	PM	2	3	
1.2.1.2	I = Ask employees what the goal of the safety and health program is. (worker interview C-2)	The goal for the safety and health program has been communicated to all members of the organization.	Shared with Executive Council, employees not familiar, committees now aware.	I	UD	1	3	
1.2.1.3	I = Workers C-xx	Workers understand these goals.	Workers understand goal of reducing injuries.	I	UD	1	3	
1.2.2	Subsection: Objectives: Implementing objectives leads to obtaining the set goal. Communicating objectives ensures that all in the organization understand the direction being taken to attain the goal. Include with goals, objectives and planning. Individual performance objectives must be established for all levels of employees with safety and health responsibilities that contribute toward the company safety and health program goal.							
1.2.2.1	D = Review written objectives. Objectives are action plans, which describe how a goal will be met (Doc. 2)	Clear and measurable objectives are related to and have been established for meeting the desired goals. They are meaningful and attainable. [PMG (c)(1)(ii)]	Some measurable objectives articulated in AOA. Few metrics to measure progress along the way.	D	PM	2	3	
1.2.2.2	I = Ask workers at all levels if they are aware of H&S objectives and any specific measures or monitoring of the objectives. (worker interviews C-3)	Objectives for meeting the goals have been communicated to the workforce. [PMG(c)(1)(ii)]	Workers aware of some initiatives, but not progress in achievement. More Committee awareness.	I	UD	1	3	
1.2.2.3	I = Ask workers at all levels if they are aware of H&S goals and objectives and the progress being made towards their completion. (worker interviews C-2,3)	The majority of employees are aware of both goals and objectives, the results desired, and measures planned for achieving them. [PMG(c)(1)(ii)]	Little awareness of progressing achieving objectives.	I	UD	1	3	
1.2.2.4	D = Review written objectives. I = Ask workers at all levels if they are aware of H&S goals and objectives for each department and committee.	Objectives are assigned to and spread among various departments and committees.	One objective of improving PEP Scores was distributed to the Codes. JHAs are also spread among Departments.	D,I	PM	2	3	
1.2.2.5	D = Scorecard (Doc.)	The site regularly measures progress towards both goals and objectives. Successful progress is being made.	PEP evaluation in the past, some metrics in use. Metrics not applied to goals - what their targets are.	D	UD	1	3	
Total:						11	24	
Score:						46%		

ID	Instruction	Criteria	Finding	S	R	PR	PA	P
1.3	Section: Planning - Planning for safety and health must be part of the overall management planning process.							
1.3.1.1	I = Interviews with all levels of site personnel indicate that safety concerns, risks and programs are included in production meetings, facility modifications/ additions, part of staff meetings, etc.	Safety and health planning is integrated with overall management planning, such as preparing a budget, so safety and health needs are considered for changes in equipment, processes and materials.	Safety Office reorganized to combine system safety with occupational safety. Created a business manager position.	I	M	3	3	
1.3.1.2	I = Interviews with all levels of site personnel indicate that safety is included in the planning process for changes in equipment.	Safety and health resource allocation is part of the planning process for changes in equipment, processes or materials.	Included in Range Safety Process. Safety is integrated into process and allocations are available.	I	M	3	3	
1.3.1.3	I = Interviews with all levels of site personnel indicate that safety topics are included in the process for changes in construction phases. (worker interview D-1) (supervisor interview B-2)	Safety and health is part of the planning process so training needs are identified as changes occur.	Training is not a line item in the budget/planning process and is not computed as part of process for change.	I	PM	2	3	
1.3.1.4	D = Budget (Doc. X) D = Action plans (Doc. X). Do some take too long? I = Do personnel report open uncontrolled hazards? Determine if it is because of lack of planning.	Planning includes a budget for typical as well as unusual emergency safety and health expenditures to include funding for prompt correction of uncontrolled hazards.	Contractor reported lack of funding to replace furniture that is an ergo hazard.	D, I	PM	2	3	
				Total:		10	12	
				Score:		83%		

1.4	Section: Top Management Involvement - Top management (generally the plant manager and direct staff) is involved in the safety and health program and includes being accessible, taking charge, and being visible, personally tracking safety and health performance and taking charge. (TED 8.4 CPTTR III, II, C.1; Appendix E, Section I.B; Appendix F.4.2.2)							
1.4.1.1	I = Ask workers if managers encourage the reporting of health and safety concerns. (worker interview F-1,2,3)	Management has established clear lines of communication with employees.	Most workers feel able to report concerns. 15 to 1 ratio of hazard reporting, compared to Greenbelt. This indicates greater use of reporting system and is a success story.	D, I	M	3	3	
1.4.1.2	I = Worker (I = D4) V = Observe managers with staff and visitors. (I = D2; 3)	Management sets an example of safe and healthful behavior. Management created an environment that allows for reasonable employee access to the site managers.	John Campbell (Code 800 Manager) very involved in safety.	I, V	M	3	3	
1.4.1.3		Management regularly get involved in safety programs (inspections, investigations) and attend committee meetings.	Executive Safety Council very active, some managers inspect FOMs. Not all Branch Chiefs perform their inspections.	D, I	PM	2	3	

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D=Documents, Procedures Records; I=Interviews; V=Visual Observation

ID	Instruction	Criteria	Finding	S	R	PR	PA	P
1.4.1.4	I = Ask workers how often they see managers in operational areas, (worker interview D-1,2,3,4) D = Accident investigation reports, meeting minutes, etc. may support this.	Managers are routinely seen in operational areas (at least several times each week) focusing their attention on safety and health issues. [PMG (c)(1)(ii)]	Branch Chiefs regularly in work areas.	I	PM	2	3	
Total:						10	12	
Score:				83%				

1.5	Section: Responsibility and Authority. Assign and communicate responsibility for all aspects of the program so that managers, supervisors, and employees in all parts of the organization know what performance is expected of them. Provide adequate authority and resources to responsible parties, so that assigned responsibilities can be met. [TED 8.4. CPR III; II.C.2.a; Appendix E, Section 1.D. and Appendix F 4.2.2 and 4.2.3]							
1.5.1	Subsection: Responsibility. Assignment of responsibility for safety and health protection to a single staff member, or even a small group, will leave other members feeling that someone else is taking care of safety and health problems. Everyone in an organization has some responsibility for safety and health, especially those in line management, who ultimately control what workers do, the tools they use, etc.							
1.5.1.1	D = Review programs and procedures to determine if responsibilities for implementation have been defined (Doc. 3 and 7). I = Ask personnel what their health and safety responsibilities entail. Answers should be consistent and reflect what is in documents. (ask employees identified in docs. 3 & 7) (worker interview B-5, C-3) (supervisor interview B-10)	Responsibility is clearly identified for all aspects of the facility's safety and health program.	ROMs responsibilities are questionable. (not all trained or understand responsibilities).	D,I	PM	2	3	
1.5.1.2	D =	Responsibilities are consistently described among job descriptions, written programs, and performance appraisals.	Job descriptions, PAs, and written programs are independent of each other. None of it gets measured.	D	UD	1	3	
1.5.1.3	D = Review job descriptions and performance appraisals to determine if health and safety responsibilities are defined for management personnel (Doc. 7). I = Ask managers to explain what their health and responsibilities are. Answer should match document action. (manager interview #8)	Managers, in all parts of the organization, know what safety and health performance is expected of them. [PMG (c)(1)(v)]	Supervisors report little awareness of how then safety performance is measured.	D,I	UD	1	3	

ID	Instruction	Criteria	Finding	S	R	PR	PA	P
1.5.1.4	D = Review job descriptions to determine if health and safety responsibilities are defined for supervisory personnel (Doc. 7). I = Ask supervisors to explain what their health and responsibilities are. Answer should match document. (supervisor interview #8)	Supervisors, in all parts of the organization, know what safety and health performance is expected of them. [PMG (c)(1)(v)]	Supervisors report little awareness of how their safety performance is measured.	D,J	UD	1	3	
1.5.1.5	D = Review job descriptions to determine if health and safety responsibilities are defined for hourly personnel (Doc. 7). I = Ask workers to explain what their health and responsibilities are. Answer should match document. (employee interview C-4)	Workers (i.e., hourly) in all parts of the organization know what safety and health performance is expected of them. [PMG (c)(1)(v)]	Workers know their responsibilities, if certified for special duties, i.e., cranes, forklifts, and also for general safety, i.e., pipe.	D,I	M	3	3	
1.5.1.6	D = Management is listed in programs and procedures as responsible for developing and implementing safety programs, policies, and procedures to address the hazards of the workplace (Doc. 1, 2, 3). I = Ask employees at all levels who is responsible for developing programs.	Top management has taken responsibility for establishing a complete safety and health program at the facility. [PMG(c)(1)(ii)]	Each Division supervisor has its own H&S manual copy. EHS staff responsible for program development.					
1.5.1.7	D = Review job descriptions to determine if health and safety responsibilities are spread throughout the organization (Doc. 7). I = Ask personnel at each level, what their health and safety responsibilities entail. Answer should match Doc. 7	Responsibility for safety and health is spread throughout the organization so that it is a component of the overall management system (i.e. it is not assigned to one to two safety and health professionals). [PMG (c)(1)(v)]	All positions have responsibilities but are unclear and not understood by all levels.	D,I	PM	2	3	

ID	Instruction	Criteria	Finding	S	R	PR	PA	P
1.5.1.8	D = Review job descriptions and performance appraisal procedure to determine if health and safety responsibilities are spread throughout the organization (Doc. 3 and 7). I = Ask personnel at each level, what their health and safety responsibilities entail. (Answer should match Doc. 7)	The safety and health roles have been established and documented for managers, supervisors, employees, visitors, vendors, customers, contractors, subcontractors, safety, maintenance, engineering, and purchasing. [PMG (c)(1)(v)]	Documented in departmental H&S manuals. Not in job descriptions or performance appraisals.	D,1	UD	1	3	
1.5.1.9	I = Ask workers who is responsible for health and safety (worker interview C-4).	Employees take personal responsibility for keeping themselves, coworkers, and equipment free from mishaps. [PMG (c)(1)(iv)]	Individual responsibility for own safety expressed.	1	M	3	3	
1.5.1.10	D = Review job descriptions and performance appraisal procedure to determine if health and safety responsibilities are defined. Review new employee orientation to see if responsibilities are covered, inspect for supervisor training. (Doc. 7 and 33b). I = Ask personnel how have responsibilities been communicated to personnel? (Should be consistent with Docs 7-33b)	The established roles and responsibilities of everyone in the safety and health program have been communicated in writing to personnel at all levels throughout the organization. [PMG (c)(1)(v)]	Supervisor have been issued handbooks stating responsibilities. Employee responsibilities are communicated in orientation and rules handbook. Management responsibilities are not formally defined.	D,1	PM	2	3	
1.5.1.11	I = Ask the Safety and Health Director what activities they perform to keep up with safety and health current events, issues and regulations.	The S&H Director maintains a safety and health expertise for themselves and the staff through training, reading, conferences, and use of outside experts.		1	M	3	3	

S=Source; R=Response; PR=Points Received; PA=Points Available; P=Priority
D=Documents, Procedures Records; I=Interviews; V=Visual Observation

ID	Instruction	Criteria	Findings	S	R	PR	PA	P
1.5.2	Subsection: Authority - It is unreasonable to assign responsibility without providing adequate authority to get the job done. For example, people with responsibility for the safety of a piece of machinery needs the authority to shut it down and get it repaired.							
1.5.2.1	D = Procedures, programs, and committee charters empower those with assigned health and safety responsibilities with the necessary authority to perform assigned duties (Doc. 7). I = Ask personnel with assigned health and safety responsibilities if they have received the authority to perform their assigned duties. This includes committee members, supervisors, etc. (committee and supervisor interviews)	Adequate authority has been provided to responsible parties, so that assigned responsibilities can be met. [PMG (c)(1)(v)]	The Employee Safety Committee charter does not authorize members or the committee to perform any actions, other than to pass recommendations to the Executive Safety Council.	D,I	UD	1	3	
1.5.2.2	I = Ask personnel with authority to perform health and safety responsibilities to explain what personal safety and health actions they have taken in the last year. (worker interviews C-3) (Committee interviews)	Authority has been clearly implemented. [TED §.4 Appendix F, 4.2.2 (I) (B) and Appendix E (I) (D) (2)]	Supervisor ownership of their safety authorities is variable.					
1.5.2.3	D = Review Policy or procedures to see if workers are empowered to shut down equipment etc. (Doc. 1, 7). I = Ask employees if they are empowered to stop and shut down processes when hazards are identified. (worker interviews E, F)	Employees have the authority to stop jobs and shut down equipment if it is considered unsafe. [(PMG (c)(1)(v))]	Employees at all levels stated if job is deemed to be unsafe, then shutdown is authorized.	D,I	UD	1	3	
Total:						27	42	
Score:				64%				

ID	Instruction	Criteria	Findings	S	R	PR	PA	P
1.6	Section: Line Accountability - Stating expectations of managers, supervisors, and other employees means little if management is not serious enough to track performance, to reward when it is competent, and to correct it when it is not.							
1.6.1.1	D = Review salaried/supervisory job descriptions and programs to be familiar with assigned safety and health responsibilities. Responsibilities listed should be measured and critiqued in the performance appraisal. (Doc. 3, 7) I = Ask personnel how they are measured in safety and health responsibilities. (supervisor interview 8)	Safety and health roles and responsibilities have been discussed directly with those expected to carry them out and are used during performance reviews. [PMG (c)(1)(v)]	Safety and Health responsibilities measured on a subjective basis. Metrics are not used to measure responsibilities.	D,I	DNM	0	3	

S=Source; R=Response; PR=Points Received; PA=Points Available; P=Priority
D=Documents, Procedures Records; I=Interviews; V=Visual Observation

ID	Instructions	Criteria	Finding	S	R	PR	PA	P
1.6.1.2	D = Review performance appraisals to determine if workers are held accountable for health and safety responsibilities as defined in Section 3.1. (Doc. 5)	Management holds workers for safety and health accountable through an effective evaluation process and by checking to make sure they are meeting their responsibilities (performing essential tasks) and correcting or rewarding them as appropriate. [PMG (c)(1)(vii)]	Safety office checks supervisor handbooks for some supervisors to determine if responsibilities are being met. Not incorporated into P.A.	D	UD	1	3	
1.6.1.3	D = Review performance appraisals to determine if managers and supervisors are held accountable for health and safety responsibilities. For example, general statements such as achieve 10% reduction without separate supporting objectives may not be adequate. (Doc. 5) I = Managers and supervisors should be consistent in listing how they are measured.	Managers and supervisors are asked about and held accountable for carrying out their established safety and health responsibilities. [PMG (c)(1)(vii)]	Accountability is typically conducted and measured due to incidents and mishaps. Performance for getting responsibilities met isn't measured.	D, I	DNM	0	3	
1.6.1.4	D = Review performance appraisals to determine if managers and supervisors are held accountable following established safe work practices. (Doc. 5)	Managers and supervisors are asked about and held accountable for following safe work practices by top management. [PMG (c)(1)(vii)]	Safe work practices are not audited except for contractors.	D	UD	1	3	
1.6.1.5	I = Worker C-4	Management understands and demonstrates that line-management holds the most influence over safety and health program implementation, not the H&S Manager or committee.	Workers consistently report that they themselves are responsible for their safety.	I	M	3	3	
1.6.1.6	I = Worker E - 2 and 3.	Line-management accepts ultimate accountability for communicating and enforcing administrative controls.	Line management communicates hazard awareness and controls, through monthly meetings.	I	M	3	3	
1.6.1.7	I = Worker E 1-3	Safety Programs do not suffer because line-management has delegated too much authority to staff or workers.	Line management not consistently perceived to notice new hazards.	I	PM	2	3	
1.6.1.8	D = A Performance Appraisal system exists (Doc. 4). I = Interview human resources or other personnel responsible for performance appraisals to determine if the system includes safety and health.	Documented systems exist for management accountability to safety and health at the facility. HR or other personnel responsible state how they include safety and health in appraisals.	System exists but does not include goals and objectives to measure performance. PAs include safety and health. Supervisors/managers include subjective grade into P.A.	D, I	UD	1	3	

ID	Instruction	Criteria	Finding	S	R	PR	PA	P
1.6.1.9	D = Performance appraisals reflect positive reinforcement for meeting safety and health objectives (Doc. 5). I = Ask managers if safety and health has been included in their performance review and whether positive or negative results have occurred as a result of review. (manager interview #8)	Managers are rewarded when safety performance standards are met and vice versa. There is evidence that a periodic evaluation system is used by the facility. (They may be oral, written, or both). [PMG (c)(1)(v)]	Corporate NASA rewards employees w/ monetary rewards by nominating employees for outstanding contributions to safety and health. No evidence that awards are made at Wallops.	D,I	DNM	0	3	
1.6.1.10	D = Review performance appraisals to determine if project managers are held accountable for health and safety responsibilities. (doc. 5)	(In construction only) The project manager is held accountable for safety and health through an effective evaluation process.		D	N/A			
1.6.1.11	D = Review performance appraisals to determine if superintendents are held accountable for health and safety responsibilities. (doc. 5)	(In construction only) The contractor superintendents are held accountable for safety and health through an effective evaluation process.		D	N/A			
1.6.1.12	I = Ask managers and supervisors what objectives have been established for performance evaluations (supervisor interview 8).	Every manager knows how he/she is being evaluated on the effectiveness of the way he/she carries out his/her safety and health responsibilities.	P.A.s are subjective, no individual objectives are established, no metrics. Scheduled, measurable objectives are not established in supervisors binders.	I	DNM	0	3	
1.6.1.13	D = Review assigned objectives. Review performance appraisals and compare assigned objectives and evaluation criteria. Do they match? (Doc. 2, 5).	Performance evaluations are conducted against previously defined objectives.	No					
1.6.1.14	I = Ask personnel if assigned objectives and their completion discussed during performance evaluations. D = All personnel receive some form of evaluation. Hourly not required in union environment. (Doc. 5)	The system of accountability is applied to everyone from senior management to hourly employees. [PMG (c)(1)(vii)]	Yes	D,I	DNM	0	3	
1.6.1.15	D = Review performance appraisal system to determine how long it has been operating with the inclusion of safety and health (Doc. 4)	There must be documentation that a system exists and has been in place for at least 1 year for management accountability of safety and health.	At least 5 years saw P.A.s dated "97". However, safety performance is not evaluated effectively.	D	M	3	3	
Total:						15	39	
Score:						38%		

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D=Documents, Procedures Records; I=Interviews; V=Visual Observation

ID	Instruction	Criteria	Finding	S	R	PR	P1	P
1.7	<i>Resources</i> : Stating expectations of managers, supervisors, and other employees means little if management is not serious enough to track performance, to reward when it is competent, and to correct it when it is not. Holding everyone, especially line-management, accountable for meeting their responsibilities is at the heart of effective workers safety and health protection. If management states high expectations for such protection but pays greater attention to productivity or other values, safety and health protection may be neglected. To be effective, a system of accountability must be applied to everyone, from senior management to hourly employees. If some are held firmly to expected performance and others are not, the system will lose its credibility. Those held to expectations will be resentful; those allowed to neglect expectations may increase their neglect. Consequently, the chance of injury and illness will increase.							
1.7.1.1	I = Ask personnel if adequate resources have been provided for performing duties, get examples to verify.	Adequate resources in budget is available.	Safety levels good, safety corrective items/closed.	D,I	M	3	3	
1.7.1.2	I = Ask workers if they are provided with opportunities to become involved in site safety and health activities (worker interview 1-3).	Adequate resources in people are available.	Active safety office and safety reps, field safety officers.	I	M	3	3	
1.7.1.3	I = Ask personnel if safety supplies are available when needed (e.g., PPE, spill kits, first aid, etc), as well as computers, programs, etc. (worker interview H-2) V = Observe and check safety and health supply areas through the facility.	Adequate resources in equipment are available.	Equipment is provided when requested. PPE may not be available when needed in WICC contract. Office furniture budget limited.	I,V	PM	2	3	
1.7.1.4	D = Documentation (e.g., safety committee meeting minutes) demonstrates that workers are provided time to become active in safety and health. (Doc. 10) I = Ask workers if on-the-clock time for involvement in the safety and health program has been provided. (worker interview I-4,6)	The resources provided include time to meet expected responsibilities. [PMG (c)(1)(vi)]	Time is provided for participation.					
1.7.1.5	D = Personnel with assigned responsibilities have been provided the necessary training to perform their duties. (Doc. 33, 34) I = Ask personnel with assigned safety and health duties what training they have received (worker interview B-3) (Committee interview 9-13)	The resources provided include training to meet expected responsibilities. [PMG (c)(1)(vi)]	Six-week range safety course.	D,I	M	3	3	
				D,I	PM	2	3	

ID	Instruction	Criteria	Finding	S	R	PR	PA	P
1.7.1.6	D = Documentation of technical assistance from experts (e.g., consultants, insurance) exists. (Doc. 27)	The resources provided include technical resources such as outside consultants, and experts in the field to meet expected responsibilities. [PMG (c)(1)(vi)]	Code 250 provides some limited support, IH support limited.	D,1	PM	2	3	
1.7.1.7	J = Ask personnel with assigned safety and health responsibilities if technical assistance has been provided when necessary. J = Ask personnel if safety issues are fixed in a timely manner.	The resources provided includes funding to meet expected responsibilities. [PMG (c)(1)(vi)]		D,1	M	3	3	
Total:						18	21	
				Score:		86%		

1.8	<p>Section: Contract Workers: All contractors and subcontractors, whether in general industry, construction, maritime, or federal agency sites, must follow worksite safety and health rules and procedures where applicable to their activities while at the sites. Management must take steps to ensure minimal acceptable safety performance from all contract employees is equal to that provided the company workforce. All contractors, that work at 1000 hours per quarter are subject to reporting requirements. [TED 8.4 CPTB III, II.C.1.c; Appendix E, Section I.E; Appendix F.4.2.4].</p>							
1.8.1	<p>Subsection: Selection: Contractors are encouraged to have effective safety and health programs.</p>							
1.8.1.1	D = Doc. X	The contractor selection process is in writing.	The process consists of a written initiator request with checklist for hazards. This is reviewed and approved by 250. This review adds requirements for H&S clauses in the procurement contract, depending on hazards & scope of work. Selection of contractors varies by type of contract. Under competitive bids the safety plan is submitted and is weighed in a point system used for selection.	D	PM	2	3	
1.8.1.2	D = Review contractor selection criteria outlining safety and health program requirements (Doc. 6).	Contractors are encouraged to develop and operate effective safety and health program management systems.	Contractors onsite are required to submit a H&S Plan that becomes part of the contract. Plan submitted is prior to award. Plan is audited annually by safety officer COFRs; award fee.	D	M	3	3	
1.8.1.3	D = Review contractor selection criteria for specialty contractors i.e., those engaged in temporary projects, such as construction, repair, etc. (Doc. 6). Criteria may include rates, OSHA citations, previous work history, etc.	Specialty contractors are selected based on defined S&H criteria.	No defined safety criteria for selection. Bids require safety submissions after award and bidders are informed of safety requirements in bid requests..	D	UD	1	3	
1.8.1.4	D = Doc. X	Contract provisions define penalties for non-performance.	Award fee contracts are evaluated every 6 or 12 months, based on performance, including H&S. These are usually the larger contracts only.	D	PM	2	3	

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D=Documents, Procedures Records; I=Interviews; V=Visual Observation

ID	Instruction	Criteria	Finding	S	R	PR	PA	P
1.8.2	<i>Subsection: Oversight: A management system provides for contractor orientation to site rules, hazards and expected controls. Oversight is performed to ensure that equal protection is afforded contractor workers.</i>							
1.8.2.1	D = Doc. X	Enforcement procedures are used, and hazards are controlled promptly.	The contract requires compliance with OSHA, NASA, and H&S Plan. Some COTRS may be more pro-active than others in monitoring their contractors. Not much enforcement activity. COTR can stop work if he calls 250 and C.O. Then the contractor must submit a corrective action. Although Center Management may get involved, this has not happened.	D	M	3	3	
1.8.2.2	D = Review contractor hours logs to be sure that all applicable contractors are captured. (Doc. 9).	Site management maintains a copy of applicable contractors' hours worked i.e., 1000 hours per quarter.	Not recorded for all contractors	D	UD	1	3	
1.8.2.3	D = Review contractor OSHA logs to be sure that all applicable contractor incidents and data are captured (Doc. 9).	Site management maintains a copy of applicable contractors' SIC code and injury and illness cases/rates for the last 3 years.	Not getting them all.	D	UD	1	3	
1.8.2.4	D = Contractor Accident Records and corrective action documentation.	Injury and illness data are required to be periodically reviewed by contract. Negative trends result in corrective action plans implementation and closed.	Data are looked at. Low number of incidents. Injuries reported by clinic used by most contractors.	D	M	3	3	
1.8.2.5	D = Review documentation for orientation training of contractors (Doc. 33). I = Ask contract employee to explain the site safety and health policies relevant to their operations.	All contract employees have had the facility's safety and health policies, procedures, programs and objectives communicated to them before they begin work on-site.	Permanent badges awarded only after completion of Wallops safety orientation.	D,I	M	3	3	
1.8.2.6	D = Review documentation of contractor oversight procedures and evidence of implementation (Doc. 6).	All contractors are subject to worksite safety and health rules and procedures applicable to their activities while at the site. There is evidence and documentation that oversight occurs.	Contract vehicle requires NASA/OSHA compliance.	D	M	3	3	
1.8.2.7	D = Review documentation for orientation training of specialty contractors i.e., those engaged in temporary projects, such as construction, repair, etc. (Doc. 33). I = Ask specialty contract employee to explain the site safety and health rules.	Specialty contractors are informed of relevant site rules before they begin work.	Transferred via contract vehicle, Contractors responsible for training their employees. ???	D,I	PM	2	3	

ID	Instruction	Criteria	Finding	S	R	PR	PA	P
1.8.2.8	D = Programs include for the equal protection of contract (nested) workers onsite (Doc. 3).	The same or an equally effective safety & health program covers contract workers, who are involved in regular site operations at the worksite.	Contractor training not necessarily monitored. Contractor issue with ergonomics - furniture cannot be purchased.	D	PM	2	3	
1.8.2.9	D = Review contractor oversight procedures for those contract employee (e.g., temporaries) intermingled with site personnel. (Doc. 6).	Written procedures exist for controlling safety and health conditions for all contract workers who are intermingled with applicant's own employees.	Ground safety plan prepared for co-mingled launches.	D	M	3	3	
Total:						29	39	
				Score:		74%		

Section: Written Safety and Health Management Systems: All critical elements of a basic systems management safety and health management system must be part of the written program. These critical elements include management leadership, employee involvement, worksite analysis, hazard prevention and control, and safety and health training. All written programs must be specific and appropriate to the size of the worksite and type of industry. [TED 8.4, Chapter III, HC 1.a.]

1.9.1.1	I = Ask employees their perception of facility safety and health (worker interview E-2, G-2) D = Verify that regulatory required written programs exist. V = Inventory hazards listed and verify there are programs for hazards.	Management has established a program to hold the worksite in compliance with all Federal and State regulations. [Managing worker S&H 5-7]	Goddard and Wallops written H&S programs.	I	PM	2	3	
1.9.1.2	D = Examine Safety & Health Manual/Handbook to determine if written programs exist to adequately address the hazards present in the workplace (e.g., all regulatory required programs: Respiration Protection, Confined Space, Lockout/Tagout, etc.) and describe responsibilities and implementation strategies. (Doc. 3 a-g). I = Ask personnel to explain several elements of the H&S program and how to control the hazards associated with the workplace. (worker interview E-1.2.3 And G-1.2.4) V = Inventory hazards listed and verify there are programs.	The program provides systematic policies, procedures, and practices that are adequate to recognize and protect employees from occupational safety and health hazards at the site.	Department manuals, Goddard procedures, NASA	D,I	M	3	3	

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D=Documents, Procedures Records; I=Interviews; V=Visual Observation

IB	Inspection	Criteria	Finding	S	R	PR	PA	P
1.9.1.3	D = Examine Safety & Health Manual/Handbook to determine if written programs exist and are annually reviewed or updated for the regulatory required programs: Respiration Protection, Confined Space, Lockout/Tagout, etc. (Doc. 3).	Management has provided a safe and healthful worksite for all persons at the site. [PMG 5-7]	Recent, but not necessarily annual up-dates.	D	PM	2	3	
1.9.1.4	D = Examine Safety & Health Manual/Handbook to determine if written programs address all the critical VPP elements i.e. management commitment, employee involvement, worksite analysis, hazard prevention and control, and safety and health training (Doc. 3). V = Written programs strategies followed to control recognized hazards.	Written programs address the critical elements of the VPP. [OSHA Federal Register, 7.24.00, F.5.a.(4)]	Cover hazard prevention, control and training. No collection of documents to support SMS elements.	D	UD	1	3	
Total:						8	12	
				Score:		67%		

Section: Program Evaluation: A Comprehensive program evaluation is essential periodically to evaluate the whole set [i.e., all elements under Management Leadership, Employee Involvement, Worksite Analysis, Hazard Inventory & Control and Training] of safety and health management means, methods, and processes, to ensure that they are adequate to protect against the potential hazards at the specific worksite. The evaluation determines whether policies and procedures are implemented as planned and whether in practice they have met the objectives set for the program goal of effective safety and health protection. When either performance or the objectives themselves are found inadequate, revisions are made. Without such a comprehensive review, program flaws and their interrelationship may not be caught and corrected. [TED 8.4, Chapter III, HC.1.d.]

1.10	STAR Consultants has been contracted to provide this service in 2003.							
1.10.1.1	D = Review annual self-evaluation to verify all VPP elements are addressed. Note: An inspection audit does not constitute the self-evaluation (Doc. 8).	There is a system in place for critically reviewing and evaluating all VPP Elements annually. [PMG (c)(1)(viii)]		D	UD	1	3	
1.10.1.2	D = Review last years annual self-evaluation to verify all VPP elements are addressed. Note: An inspection audit does not constitute the self-evaluation (Doc. 8).	A safety and health program evaluation has been performed to the VPP requirements within the last year.	PEP annual evaluations for 4 years. This covers some elements, based on employee and management perceptions.	D	UD	1	3	
1.10.1.3	D = Review last years annual evaluation for evidence of employee interviews (Doc 8). I = Ask personnel if they were interviewed in the past for a VPP evaluation.	Interviews are conducted at all levels to determine how well the safety and health program elements (i.e. management commitment and employee involvement, worksite analysis, hazard prevention and control, and safety and health training) are understood and implemented.	The PEP questionnaire is distributed across all levels.	D,I	UD	1	3	

ID	Instruction	Criteria	Finding	S	R	PR	PA	P
1.10.1.4	D = Review the documents included in the previous years VPP evaluation. Do they include a list similar to that found in Attachment K of this Self-Evaluation Plan? (Doc. 8)	Annual safety and health evaluation reviews written safety and health policies, procedures & programs that address the potential hazards of the workplace.		D				
1.10.1.5	D = Last years evaluation made statements regarding the quality and appropriateness of the program (Doc. 8).	Evaluation of the safety and health program concludes with a judgement regarding the quality and the appropriateness of the program for the potential hazards of the worksite.		D				
1.10.1.6	D = Last years evaluation resulted in a narrative report addressing all the VPP elements i.e., management commitment, employee involvement, worksite analysis, hazard prevention controls and safety and health training (Doc. 8).	The annual program evaluation results in a written report.						
1.10.1.7	D = Last years written evaluation report identified both program strengths and weaknesses (Doc. 8)	The evaluation report identifies both strengths and weaknesses of the site's safety and health program.		D				
1.10.1.8	D = Last years written report documented recommendations for each weakness identified (Doc. 8).	The annual program evaluation includes specific written recommendations for improvement.		D				
1.10.1.9	D = As recommendations were turned into goals, objectives, and action items, they were tracked and the completed items added to the documentation of the annual evaluation. This should occur periodically not just annually (Doc. 8).	The annual program evaluation includes documentation of follow-up actions to satisfy the recommendations found in prior evaluation reports.		D				
1.10.1.10	D = Last years evaluation included a determination of the appropriateness and success of the previous years goals and objectives (Doc. 8).	Goals & objectives are evaluated to determine their success. [PMG (c)(1)(viii)]		D,I				
1.10.1.11	I = Ask personnel if they can explain last years goals and objectives and the reasons for success and/or failure.	Programs and/or the objectives not meeting goals & objectives are revised. [PMG (c)(1)(viii)]		D				
1.10.1.12	D = Last years evaluation resulted in a revision of the goals and objectives not being met (Doc. 8). D = Last years evaluation included a review of the performance appraisal system (Doc. 8).	The system by which individuals with responsibility for safety and health program activities are held accountable and evaluated. [PMG (c)(1)(vii)]		D				

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ID	Inspection	Criteria	Finding	S	R	PR	PA	P
1.10.1.13	D = Last years evaluation included a review of the employee involvement (Doc. 8).	The annual assessment program evaluates the effectiveness of employee participation.		D				
1.10.1.14	D = Last years evaluation included a review of the implementation of the written industrial hygiene program (Doc. 8).	The annual assessment program evaluates the effectiveness of routine industrial hygiene sampling.		D				
1.10.1.15	D = Last years evaluation included an evaluation into the effectiveness of biological/medical monitoring data (Doc. 8).	The annual assessment program evaluates the effectiveness of the review of health surveillance data.		D				
1.10.1.16	D = Last years evaluation included the self-inspection system (Doc. 8).	The annual assessment evaluates the effectiveness of the self-inspection system.		D				
1.10.1.17	D = Last years evaluation included a determination of the effectiveness of the system for employee reports of hazards (Doc. 8).	The annual assessment program evaluates the effectiveness of the employee hazard notification system.		D				
1.10.1.18	D = Last years evaluation included a determination of the effectiveness of the accident/incident investigation system (Doc. 8).	The annual assessment program evaluates the effectiveness of accident investigations.		D				
1.10.1.19	D = Last years evaluation included a determination of the effectiveness of the safety and health training program (Doc. 8).	The annual assessment program evaluates the effectiveness of safety and health training.		D				
1.10.1.20	D = Last years evaluation included a determination of the effectiveness of the enforcement of health and safety rules (Doc. 8).	The annual assessment program evaluates the effectiveness of the enforcement of safety and health rules.		D				
1.10.1.21	D = Last years evaluation included a determination of the effectiveness of the medical program (Doc. 8).	The annual assessment program evaluates the effectiveness of the coverage of health aspects.		D				
1.10.1.22	D = Last years evaluation included a determination of the effectiveness and completeness of the hazard correction tracking system (Doc. 8).	A process for implementing and tracking the written recommendations of the evaluation and any follow-up activities required to address them has been established.		D				
1.10.1.23	D = Last years evaluation included a determination of the effectiveness of the engineering controls implemented to eliminate or mitigate hazards (Doc. 8).	The process for selection and design of engineering controls is evaluated. [PMG (c)(1)(viii)]		D				
1.10.1.24	D = Last years evaluation included a determination of the effectiveness of the hazard prevention and control techniques (Doc. 8).	Hazard prevention and control techniques are evaluated with regard to selection, design, implementation use and effectiveness. [PMG (c)(1)(viii)]		D				

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ID	Instruction	Criteria	Finding	S	R	PR	PA	P
1.10.1.25	D = Last years evaluation included a determination of the effectiveness of the evaluation team. Qualified personnel typically means having some training expertise and some independence from site operations (Doc. 8).	The evaluation is conducted by qualified personnel, corporate staff, or other outside resources.	PEP evaluation was professionally reviewed, but no onsite professional evaluation performed.	D	PM	2	3	
1.10.1.26	D = Last years evaluated worksite conditions (Doc. 8).	Worksite conditions are evaluated through the written records of inspection reports of hazards, employee reports of hazards, and accident/incident investigations.	None done as part of PEP	D	DNM	0	3	
1.10.1.27	D = Total recordable injuries means site totals; workforce, temporaries and applicable contractors. Injury rates only (Doc. 9).	Three-year average rates for total recordable injuries are at, or below, the national average for 3-4 digit specific SIC.		D	M	3	3	
1.10.1.28	D = Total recordable injuries means site totals; workforce, temporaries and applicable contractors. Injury rates only (Doc. 9).	Three-year average rates for lost workday injuries (case rate) are at, or below, the national average for 3-4 digit specific SIC.		D	M	3	3	
1.10.1.29	D = A 3-year average lost work day injury case rate and injury incidence rate needs to be at or below BLS published rates for the respective SIC (Doc. 9).	Where 3-year averages are above national averages, the employer has set goals to reduce the rates.		D				
1.10.1.30	D = VPP cannot be awarded until the three year average is below BLS published rates (Doc. 9).	Where 3-year averages (injury lost time case and incidence rate) are above national average, the employer has demonstrated satisfactorily that goals will be met.		D				
1.10.1.31	D = Contractor hours and rates have been maintained (Doc. 9).	Injury and illness rates for the last 3 complete calendar years, the year-to-date, and 3 year averages are calculated for all applicable contractors (1000 hours per quarter) and provided in one chart for comparison for each annual program evaluation.	Not available/provided for all contractors.	D	DNM	0	3	
1.10.1.32	D = Review OSHA inspection records.	The site has not had any willful OSHA citations upheld during the past three years.		D	M	3	3	
1.10.1.33	D = The one-year requirement for a full written evaluation system may be waived if (1) if the reviewer determines that the evaluation is suitably comprehensive, and (2) the company can demonstrate that positive actions have been taken as a result of the evaluation.	The program evaluation has been in place for at least one year.	This evaluation is the first.	D	DNM	0	3	

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ID	Instruction	Criteria	Finding	S	R	PR	PA	P
1.10.1.34	D = Total recordable injuries means site totals; workforce, temporaries and applicable contractors. Injury rates only (Doc. 9).	Three-year average rates for total recordable injuries are at, or below, the national averages for 4 digit specific SIC.		D	M	3	3	
1.10.1.35	D = VPP cannot be awarded until the three year average is below BLS published rates (Doc. 9).	Where 3-year averages (injury and illness lost time case and incidence rate) are above national average, the employer has demonstrated satisfactorily that goals will be met.		D				
1.10.1.36	D = Contractor hours and rates have been maintained (Doc. 9).	Injury and illness rates for the last 3 complete calendar years, the year-to-date, and 3 year averages are calculated for all applicable contractors (1000 hours per quarter) and provided in one chart for comparison for each annual program evaluation.		D	DNM	0	3	
Total:						17	36	
				Score:		47%		

2.0	Element	Employment Involvement: Provide for and encourage employee involvement in the structure and operation of the program and in decisions that affect their safety and health, so that they will commit their insight and energy to achieving the safety and health program's goal and objectives. Employee involvement at unionized workites is achieved differently from non-union workites. Neither, however, is more conducive than the other to successful employee participation in safety and health programs. The rationale for that involvement, the types of activities employees may effectively participate in and the support required of management remains the same. This does not mean transfer of responsibility to employees, the Occupational Safety and Health Act of 1970 clearly places responsibility for safety and health protection on the employer. However, employees intimate knowledge of the jobs they perform and the special concerns they bring to the job give them a unique perspective which can be used to make the program more effective. Note: If management refuses to allow employee interviews it will be difficult for OSHA to document many of the required aspects of employee involvement and will subsequently be impossible to approve the VPP status. [TED 8.4 CPTR III, H.C.1.b; Appendix E, Section I.F; Appendix F 4.2.5].						
2.1	Subsection: Encouragement: Management provides employee encouragement so they participate in a wide variety of activities that move the safety and health program toward the accomplishment of its goals and objectives. Management sets the tone for employee involvement. It must be in total support of employee involvement, establish mechanisms for and actively encourage participation, provide the necessary resources to address issues and implement appropriate recommendations in a timely manner. [PMG (b)(1)].							
2.1.1.1	1 = Ask employees to explain what VPP is and how it is relevant to the site.	The company's participation in VPP has been communicated to all personnel in the organization.	I	UD	1	3		
2.1.1.2	D=Review documentation of how employees update or modify safety and health programs. (Doc. 10). 1 = Ask workers how they influence specific safety and health programs. (worker interview I-3)	Management encourages employee involvement in the structure and operation of the safety and health program. [PMG(c)(1)(iv)]	Majority of employees were aware of VPP. Not aware of elements that go with it. 1) Action plans were developed by committee from PEP survey. 2) Resolve facility safety issues from employee concerns. 3) Developing plan for PPE requirements from PPE survey. 4) Evaluate processes from mishaps. 5) employee not involved in Range Safety Plans/Audit or in H&S program documents.	D,I	PM	2	3	

ID	Instruction	Criteria	Finding	S	R	PR	P-4	P
2.1.1.3	D = Review documentation of how employee opinion is solicited on health and safety issues (Doc. 18). I = Ask workers how they determine or agree to solutions. (worker interview F-1 and committee interviews)	Management encourages employee involvement in decisions that affect their safety and health. [PMG (c)(1)(iv)]	Workers solicit input on safety from JHA process. Accident investigation, bringing up to Executive Safety Council for implementation.	D,I	M	3	3	
2.1.1.4	D = A statement that guarantees protection similar to that provided in Section 11(c) of the Act. It may be in the applicant's own words. It may also include statements to the effect that participation on a safety committee will not preclude firing for other reasons. (Doc. 18)	Employees with safety related duties are protected from discrimination, including unofficial acts of harassment.	Federal Government policy.	D	M	3	3	
2.1.1.5	I = Ask managers, supervisors and workers why workers have a vested interest in the operation of the health and safety program. (manager interview #5)	It is understood throughout the organization that line workers have the most detailed knowledge of each operation at the worksite and are the persons most in contact with potential safety and health hazards and therefore have a vested interest in effective protection programs. [PMG (c)(1)(iv)]	Workers are involved in hazard analysis, improvements in working conditions thru WEMA and suggestions. Take big CAPs to Executive Safety Council for implementation.	I	PM	2	3	
2.1.1.6	I = Ask workers how concerns are solicited handled, and implemented. Ask workers to give some examples. (worker interview D-3, F-2)	Employee involvement is evidenced because employee's commit their insight and energy to achieving the safety and health program goals and objectives. [PMG(c)(1)(iv)]	PEP improvement activity by committee.	I	PM	2	3	
Total:						13	18	
				Score:		72%		

2.2

Section: Involvement: Worker involvement is provided for in the planning and operation of the safety and health program and in decisions that affect employees' safety and health. At least three VPP elements for employee involvement should be included (beyond hazard reporting). These may include audits, accident/incident investigations, self-inspections, suggestion programs, planning, training, job hazard analysis, and appropriate S&H committees and teams. Employee involvement provides the means through which workers develop and / or express their own commitment to safety and health protection for themselves and for their fellow workers. Note: Max response (R) of PM (partially meets) if involvement is identified but no ownership is demonstrated. M (Meets) can only be awarded as a response (R) if involvement and ownership is identified. (TED 8.4, Chapter III, IIC.1.b.)

2.2.1.1	D = Review newsletters, announcements, boards, etc. for VPP communication and review new employee orientation (Doc. 33). I = Ask workers to explain what is "Vpp?" (worker interview J-4)	New hired employees are notified about the company's participation in VPP as they arrive.	Knew of VPP ... but didn't know too much about requirements. Bulletin boards, newsletters not present on VPP. Contractors - no. Not needed yet.	D,I	DNM	0	3	
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D=Documents, Procedures Records; I=Interviews; V=Visual Observation

ID	Instruction	Criteria	Finding	S	R	PR	PA	P
2.2.1.2	D = Review documentation (e.g., safety committee minutes) that demonstrate how management provides for workers involvement in procedure and written program development. (Doc. 10). I = Get examples from workers how they influence procedures and programs. (worker interviews D-1)	Employees are involved in the structure and operation of the safety and health program. [PMG (c)(1)(iv)]	Employees involved in launches are included in Range Safety Process thru preliminary hazard analysis to issue and readiness review. Employees do not influence or give input/facilitated discussions into written programs. Only use them.	D,I	UD	1	3	
2.2.1.3	D = Review documentation of employee involvement in decision making e.g., meeting minutes document authority over control options or recommendation priority. (Doc. 10). I = Ask workers to give examples. (worker interview D-1 and committee interviews 5-20).	Employees are involved in the decisions that affect their safety and health. [PMG (c)(1)(iv)]	Action plans developed from: PEP Action Plans; JHAs; PPE assessments; employee safety training; follow-ups on audit and mishap reports.	D,I	M	3	3	
2.2.1.4	I = Ask employees what they do to achieve program objectives. Get examples. (worker interview C-3).	Employees commit their insight and energy to achieving the safety and health's program objectives. [PMG (c)(1)(iv)]	Involved in JHA development. Corrective actions for PEP improvements.	I	PM	2	3	
2.2.1.5	I = Ask employees if they have participated in safety awareness programs V = Observe posters and/or signage through the facility.	Employees participate in providing safety awareness programs (e.g. safety and health newsletters, award programs, poster and slogan contests, etc.) and presentations at safety and health meetings. [PMG (c)(1)(iv)]	Very little visible awareness throughout site. On Bulletin boards, safety in newsletters available in cafeteria and internet.	I,V	UD	1	3	
2.2.1.6	I = Ask employees to name some people on the safety committee, how they got there, and what they do. Get specific examples. (worker interview I-2,3).	Employees know who is on the safety committee and what functions it serves and oversees.	Very little awareness (approx. 50%) of non-serving members.	I	UD	1	3	
2.2.1.7	D = Review charter/procedure for committee follow-up on safety work order corrective actions. I = Ask workers how they are included in program. Involvement = PM, Ownership = M	Workers are involved in/have ownership of follow ups of corrective actions identified in Safety Work Orders.	Little opportunity to follow-up on safety work orders.	D,I	DNM	0	3	

ID	Instruction	Criteria	Finding	S	R	PR	PA	P
2.2.1.8	D = Review tracking list of employee concerns. I = Ask workers how they are included in team. Involvement = PM, Ownership = M	Workers are involved in/have ownership of the corrective action follow-up of employee concerns.	Take problems to Executive council. Develop CAPs for improving facility safety issues.	D,J	M	3	3	
2.2.1.9	D = Review inspection procedure. (Doc 10) I = Ask workers how they are included/own in program. Involvement - PM Ownership - M	Workers are involved in/have ownership of the inspection process.	Little involvement	D,I	UD	1	3	
2.2.1.10	D = Review training procedures. (Doc 10) I = Ask workers how they are included in training program. Involvement - PM Ownership - M	Workers are involved in/have ownership of the Training Program.	Assigned safety coordinators perform safety training. Committee is identifying training needs and leads some safety topics.	D,I	UD	1	3	
2.2.1.11	D = Review JHA procedures. (Doc 10) I = Ask workers how they are included in JHA program. Involvement - PM Ownership - M	Workers are involved in/have ownership of the JHA/JSA program.	Yes - Committee members involved in identifying most hazardous operations, getting workers involved and then sending to EHS (Stan Williams) for review.	D,I	M	3	3	
2.2.1.12	D = Review charter/procedure for Incident Investigation Committee (Doc 10) I = Ask workers how they are included in incident investigation process. Involvement - PM Ownership - M	Workers are involved in/have ownership of the incident investigation process and follow-ups for corrective actions.	Involved in workplace improvement decisions identified from investigation. Follow-ups on CAPs. Not involved in actual investigations.	D,I	PM	2	3	
2.2.1.13	D = Review Charter/procedures for Ergonomics Team (Doc 10) I = Ask workers how they are included in ergonomics program. Involvement - PM Ownership - M	Workers are involved in/have ownership of the ergonomics program.	803 only	D,I	DNM	0	3	

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D=Documents, Procedures Records; I=Interviews; V=Visual Observation

ID	Instruction	Criteria	Finding	S	R	PR	PA	P
2.2.1.14	D = Review Charter/procedures for Ergonomics Team (Doc 10) I = Ask workers how they are included in ergonomics program.	Workers are involved in awareness and or promotion programs.	Involved in newsletters. No involvement in incentives, awards, contests, bulletin boards. Awards given for reporting near misses.	D,I	PM	2	3	
2.2.1.15	Involvement - PM Ownership - M D = Review documentation of involvement e.g., inspections, presentations, training, incident investigations, report of hazards, hazard analysis, writing procedures, procedures & policies, etc. (Doc. 3, 10, 15, 16, 17, 18, etc.). I = Ask employees to list ways of getting involved in the safety and health program.	Employees are involved in at least three different ways (VPP elements) in the safety and health program (in addition to hazard reports) in a manner that has a demonstrable impact on decision making.	Yes, JSA, Employee concerns, CAP follow-up for mishaps.	D,I	M	3	3	
Total:						23	45	
				Score:		51%		
2.3	<p>Section: Committees: Such functions can be carried out in a number of organizational contexts. Joint-labor management committees are most common. Other means include labor safety committees, safety circle teams, rotational assignment of employees to such functions, and acceptance of employee volunteers for the functions. Note: Committees are NOT required for VPP. If, however, a site claims committees as an employee involvement initiative, then perform the evaluation to these criteria.</p>							
2.3.1	<p>Subsection: Committee Structure and Activities: Committees should have a defined charter that outlines employee rotation, quorum rules, goals, objectives, etc. and operates to successful committee rules and guidelines. A Committee is active involvement of all participants outside of the meeting. Otherwise, information sharing is just a meeting.</p>							
2.3.1.1	I = Ask site personnel who is on the safety committee. (worker interview 1-2) (Visible symbols such as jackets, caps, or decals on hard hats are sometimes used, especially in construction).	Employees at the workplace recognize or are aware of committee members readily.	See 2.2.1.6.	I	UD	1	3	
2.3.1.2	D = Review meeting minutes (Doc. 10). I = Ask the committee members what activities the committee performs (committee interview #8).	Committee meetings include activities such as review and discussions of inspection results.	Some review of inspections	D,I	UD	1	3	

ID	Instruction	Critical	Findings	S	R	PR	PA	P
2.3.1.3	D = Review meeting minutes (Doc. 10). I = Ask the committee members what activities the committee performs. (Committee interviews 6,7)	Committee meetings include activities such as review and discussions of accident investigations.	Discusses, but do not participate in investigation. Committees review status of action plans resulting from mishap/hazard reporting. Do not develop plans.	D,I	UD	1	3	
2.3.1.4	D = Review meeting minutes (Doc. 10) I = Ask the committee members what activities the committee performs.	Committee meetings include activities such as review and discussions of safety and health complaints.	Very active on this.	D,I	M	3	3	
2.3.1.5	D = Review meeting minutes (Doc. 10). I = Ask the committee members what activities the committee performs (committee interview #6).	Committee meetings include activities such as access to the log of injuries and illnesses and first aid logs and reviews and discusses the OSHA Log.	Little evidence.	D,I	UD	1	3	
2.3.1.6	D = Review meeting minutes (Doc. 10). I = Ask the committee members what records they have access to. (committee interview 6,7)	The committee demonstrates access to all other relevant safety and health information.	good access, can request.	D,I	M	3	3	
2.3.1.7	D = Review meeting minutes (Doc. 10). I = Ask the committee members what records they have access to. (committee interview 6,7)	The committee demonstrates access to the worker's compensation records.						
2.3.1.8	D = Review meeting minutes (Doc. 10). I = Ask the committee members what records they have access to (committee interview #7).	The committee demonstrates access to the industrial hygiene survey and sampling results.	none done	D,I	N/A			
2.3.1.9	D = Review meeting minutes (Doc. 10).	Minutes are documented for each committee and sub-committee meeting.		D	M	3	3	
2.3.1.10	D = Review meeting minutes (Doc. 10). Assignments should be tracked month to month until closed.	Minutes are kept that include recommendations made and assignments.	Action items and some assignment.	D	PM	2	3	
2.3.1.11	D = Review meeting minutes (Doc. 10).	Minutes are kept that include members in attendance.		D	M	3	3	
2.3.1.12	D = Review committee charter. (Doc. 10) Rotation is encouraged.	Committee membership allocations are based upon written guidelines.	Charter doesn't address management vs. hourly participation.	D	PM	2	3	

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ID	Instruction	Criteria	Finding	S	R	PR	PA	P
2.3.1.13	D = Review committee charter. Determine if it allows for change in membership as new trades come onsite, either by increasing the committee size or maintaining the size and replacing trades who have fewer workers onsite. (Doc. 10). I = Ask committee members how departments are selected to be represented.	The committee composition changes as necessary to reflect worksite changes.	Charter	D,I	PM	2	3	
2.3.1.14	D = Review meeting minutes. (Doc. 10).	Nested subcontractors are encouraged to participate on the committee.	Contractor safety committee rep sits on employee committee. WEMA on committee.	D	M	3	3	
2.3.1.15	D = Review meeting minutes. (Doc. 10).	Minutes are published and distributed to upper management and the work force.	To upper Management. Posted on web and in some branches.	D	M	3	3	
2.3.1.16	D = Review meeting minutes (Doc. 10). I = Ask the committee members what records they have access to. (committee interview 6,7)	The committee has access to training attendance records (attendance, trends, etc.).	Can request					
2.3.1.17	D = Review meeting minutes (Doc. 10). I = Ask the committee members what types of resources they have access to. (committee interview 21)	Committees are provided with the time, training, equipment, on-site safety and health staff technical support and any other resources required in order to perform their functions adequately.	Little evidence of training. Time is allotted. Access provided.	D,I	PM	2	3	
2.3.1.18	D = Review committee charter for meeting schedule outline. Review meeting minutes to determine actual frequency of meetings (Doc. 10). I = Ask committee members the frequency of meetings (committee interview #1).	The committee must have at least monthly meetings.	Meet monthly.					
2.3.1.19	D = Review meeting minutes. Note: Minimum of 3 months for a Merit approval. (Doc. 10).	The committee has all required elements implemented and is in place for 1 year for STAR approval.	2+ years.	D	M	3	3	

ID	Instruction	Criteria	Finding	S	R	PR	PA	P
2.3.2		<p>Subsection: Joint Labor-Management Committee: Typically at Union Sites, a union representative who is not a company employee or subcontractor should not be a committee member. [TED 8.4 Appendix B(C)(1)(a)]. In such cases we would expect higher level officials to provide continuity in the implementation. [TED 8.4 Appendix B (C)(1)(c)(2)]. These high level officials will serve more effectively in an oversight role, rather than actual committee participants. [TED 8.4 Appendix B (C)(1)(c)(3)]. In general, if a Joint-Labor Committee is used to demonstrate employee involvement, then these requirements should be met regardless of construction status. Note: Required for Construction. If a joint labor-management committee exists in general industry, then the following criteria under this element are applicable.</p>						
2.3.2.1	<p>D = Review committee chart and meeting minutes (Doc. 10).</p> <p>I = Ask site personnel to explain what the safety committees functions are. Get examples. (worker interview 1-1,5)</p>	<p>The committee is allowed to observe or assist in accident investigation.</p>	<p>Review after the fact.</p>	D,J	DNM	0	3	
2.3.2.2	<p>D = Review committee chart and meeting minutes (Doc. 10).</p>	<p>The joint committee must have worker representation at least equal in number to management.</p>	<p>Implied in charter.</p>	D	PM	2	3	
2.3.2.3	<p>D = Review committee charter. Note: A union representative who is not a company employee or subcontractor should not be counted as a worker level or as a committee member. (Doc. 10).</p> <p>I = Ask committee members if membership is primarily comprised of onsite personnel. (committee interview 4,5)</p> <p>D = Review committee charter (Doc. 10).</p>	<p>The employee members are bona fide worker representatives who work at the site.</p>		D,J	M	3	3	
2.3.2.4	<p>I = Ask committee members if management membership is comprised of onsite personnel (committee interview 4,5)</p> <p>D = Review committee charter (Doc. 10).</p>	<p>The management members of the committee work onsite.</p>		D,J	M	3	3	
2.3.2.5	<p>D = Review committee charter (Doc. 10).</p> <p>I = Ask committee members if membership is primarily comprised of regularly onsite personnel. (committee interview 4, 5)</p>	<p>In construction, trades that will be onsite for the bulk of the project are chosen as employee members.</p>		D,I	N/A			

ID	Instruction	Criteria	Finding	S	R	PR	PA	P
2.3.2.6	D = Review committee charter. Note: For Star and Merit, construction VPP sites use some form of joint labor-management committees or an acceptable alternative. (Construction VPP sites will need an agreement signed with the collective agent(s) outlining the organization and functions of the joint labor-management committee as equally effective means of providing employee involvement. [YED 8.4 Appendix B Construction Considerations(A)] (Doc. 10).	(Union only) The employee members of the committee are selected by the appropriate union or elected by all employees.	Union reps on Committee	D	UD	1	3	
2.3.2.7	D = Review committee charter (Doc. 10). I = Ask committee members who the chair of the safety committee and how it is rotated.	The chair of the Joint Labor-Management Committee may alternate between labor and management.	Charter states elected may alternate, but doesn't. Stan has been chair since start.	D,I	PM	2	3	
2.3.2.8	D = Review the Safety Team charter for representation requirements. N/A for non-union sites (Doc. 10).	Construction labor management has equal representation by bona fide worker representatives who work at the site and have been selected, elected, or approved by the authorized collective bargaining agent.		D	N/A			
2.3.2.9	D = Review committee charter for defined quorum rules. Review meeting minutes to see if established quorum rules are followed (Doc. 10).	The committee has quorum rules that require at least half of the membership to be present to conduct business and that representatives of both employees and management must be present.	Quorum is 6 members, but not explained.	D	UD	1	3	
2.3.2.10	D = Review committee charter. A majority of the committee is expected to be hourly/non-supervisory. (Doc. 10).	Committees may have unequal representation of management (e.g. when medical, safety, and industrial hygiene personnel are counted as management instead of having other management members from different areas) or labor instead of representation of union employees who do not hold a union office position (e.g. at a site where workers are represented by several different trade unions) depending on the purpose.	Not defined in Charter.	D	PM	2	3	
Total:						53	78	
Score:						68%		

ID	Instruction	Criteria	Findings	S	R	PR	PA	P
3.0	Element: Worksite Analysis: Involves a variety of worksite examinations to identify not only existing hazards, but also conditions and operations in which changes might occur to create hazards. (Unawareness of a hazard, which stems from failure to examine the worksite, is a sure sign that safety and health policies and / or practices are ineffective. Effective management actively analyzes the work and worksite, to anticipate and prevent harmful occurrences. [PMG (b)(2)] [TED 8.4 CPTR III, II.C.2.b; Appendix E, Section II.C; Appendix F 4.3.2].							
3.1	Section: Hazard Analysis: A hazard review system involves an analysis of a job, process or the interaction of activities in order to identify hazards that have been or could be "built in". This analysis could include JHA, failure modes and effects, analysis, ergonomic assessments, etc. The analysis must result in improved work practices and employee training as well as (particularly with process analysis) preventive engineering controls where hazards are discovered.							
3.1.1	Subsections: Process Hazard Analysis: This subsection only includes plans that fall under Process Safety Management.							
3.1.1.1	D = Review only when the site falls under Process Safety Management. Process analysis procedures for new goods, products, and equipment. (Doc. 17)	Detailed studies of processes are conducted to identify all possible hazards presented to employees. PMG (c)(2)(i)(B)		D	N/A			
3.1.1.2	D = Select at least one complete process and follow the process flow. V = Check process lines as necessary to verify documented system protection.	Review process hazard analysis and operating procedures.		D,V	N/A			
3.1.1.3	I = Informal interviews with appropriate operator, maintenance, and contract personnel.	System failures are well thought out and documented, along with controls.		I	N/A			
3.1.1.4	D = Review training records. I = Formally interview maintenance personnel using questions in Appendix G.VI and in the PSM Directive (OSHA Instruction CPL 2-2.45A).	Maintenance personnel are aware of failure potential and controls.		D,I	N/A			
3.1.1.5		Management has identified and is controlling all hazards and potential releases.			N/A			
3.1.2	Subsections: Hazard Analysis: Procedures exist to ensure the review of processes and the identification and control of related hazards. Acceptable techniques include, but are not limited to Job Hazard Analysis and Process Hazard Analysis. [TED 8.4 CPTR III, II.C.2.b]							
3.1.2.1	D = Review hazard analysis procedures. Determine if they have been completed for all routine jobs. (Doc.17 and 20)	Hazard analysis is performed for routine jobs, tasks and processes. [PMG (c)(2)(C)]	Several jobs for kitchen not complete. Balloon Facility on a global basis. Does not identify steps involved for individual tasks.	D	UD	1	3	
3.1.2.2	D = Review hazard analysis procedures. Processes have clear language, and avoid terms such as "appropriate", "when necessary", "be careful", etc. (Doc.17)	Hazard analysis identifies protective measures. [PMG (c)(2)(i)(B)]	For JSAs reviewed, clear and understandable CAPs have been identified. Some JSAs still contain language such as "appropriate", "adequate", etc.	D	PM	2	3	
3.1.2.3	D = Review hazard analysis procedures and safe job procedures. Have the results of the analysis made it into the safe job procedure. (Doc. 17)	Routine hazard review such as process review or hazard analysis or (in construction) phase hazard analysis results in improved safe work procedures (Doc. 17)	No postings. Several employees unaware - Kitchen worker on meat slicing. SOPs not used Balloon JSA - do not have SOPs. Several CAPs not implemented. Office housekeeping, meat slicing, PPP, training, etc.					

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D=Documents, Procedures Records; I=Interviews; V=Visual Observation

ID	Instruction	Criteria	Finding	S	R	PR	PA	P
	1 = Ask employees to describe the hazard analysis process for recent changes or initiatives. (worker interview E-2) V = Are job hazard analysis posted in the workplace? D = Review training records to verify that inspectors have appropriate training. (Doc. 31) I = Ask inspectors what training they have received.	Personnel performing worksite analysis should have a degree of experience and competence.		D,LV	DNM	0	3	
3.1.2.4		Staff personnel who specialize in safety and health review the results of worksite analyses.	Does not exist on form. JSAs are sent to EHS (Stan Williams) for review. JSAs are reviewed with affected employees.	D,I	PM	2	3	
3.1.2.5	D = Review hazard analysis information looking for analysis quality, control process. (Doc. 19) I = Ask safety and health director to explain the process of reviewing hazard analysis performed by others.	Working conditions & operations are analyzed to identify hazards not previously recognized by the industry. [PMG c(2)]	Since JSA does not go through each step, difficult to confirm that all hazards have been IDec.	D,I	PM	2	3	
3.1.2.6	D = Comprehensive survey included observations of working conditions and operation for previously unidentified hazards (Doc. 13). V = Observe workplace conditions for hazards missed by the survey.	Analysis is scheduled based on a priority system.	Committees instructed to perform JSAs on most hazardous operations, judgment based.	D,V	PM	2	3	
3.1.2.7	D = Priorities typically include injury/illness, high-hazards, regulations, judgment. D = Review process instructions and program procedures..	The Hazard Analysis process follows a prescribed process, such as Job Hazard or Safety Analysis, Failure Modes and Effects Analysis, HAZ-Ops, fault trends, etc. and are documented.	Program/procedure does not exist. Major cause of gaps associated with what to do with JSA after completion.	D	M	3	3	
3.1.2.8		Hazard Analysis results are documented.	Yes - on form	D	DNM	0	3	
3.1.2.9	D = Review process instructions and program procedures..	Analysis documents task steps, hazards and controls, recommendations made, dates conducted, and responsible parties	Responsible parties for corrections are supervisors. Several recommendations do not get implemented or checked periodically.	D	M	3	3	
3.1.2.10	D = Review Analysis Doc. 19.			D	PM	2	3	

ID	Instruction	Criteria	Finding	S	R	PR	PA	P
3.1.2.11	D = Review training records. I = Workers - verify.	The controls identified are used to train operators to safe job procedures.	JHAs not reviewed for new/transferred employees.	D, I	UD	1	3	
3.1.2.12	D = Check Pre-use and incident records. I = Verify that hazard analysis are updated by responsible parties, typically for each incident investigation or process change, integrated with Pre-use.	Analysis is re-visited whenever changes or errors are identified.	No evidence of change. Several JSAs are developed in response to accidents. No where on form for revisions or versions.	D, I	DNM	0	3	
3.1.2.13	D = Review the hazard analysis program for evidence of when it was initiated. (Dec. 17)	There must be evidence that the hazard review and analysis system has been in place one year, for STAR approval. [TED 8.4]	Yes - on form	D	M	3	3	
Total:						21	39	
				Score:		54%		
3.2	Section: Change Hazard Analysis: Procedures to ensure analysis of all newly acquired or altered facilities, processes, materials, equipment, and/or phases before use begins, to identify hazards and the means for their prevention or control. Typically, a process includes requirements, review criteria checklists, health and safety signature authority, etc.							
3.2.1	Subsection: Pre-Use Analysis: The level of detail should be commensurate with perceived risks and number of employees affected, and be integrated into the design process to proactively identify controls. This practice should be integrated in the procurement/design phase to maximize the opportunity for proactive hazard controls. [TED 8.4, Chapter III, HC.2.a.]							
3.2.1.1	D = Doc. 11	There is a written procedure for the Pre-Use process. This procedure includes responsibilities and a description of what the reviewer is suppose to review.	Range Safety Plan 803-PC-8715.1.4A "Ground Safety Plan - 800"	D	M	3	3	
3.2.1.2		The Pre-Use Analysis is integrated into the sites' engineering design review process.	Analysis is performed from lessons learned and previous project. Reviewed by a Mission Readiness Review prior to operation.		M	3	3	

ID	Instruction	Criteria	Finding	S	R	PR	PA	P
3.2.1.3	D = Review procedures for performing pre-use analysis on new facilities. (Doc. 11) I = Ask process owners to explain the process with examples.	There is a process to analyze modifications to existing and new facilities. [PMG(c)(2)(B)]	Hazard review for new Balloon Facility was conducted by engineers and safety. No documentation found. Unused liquid Nitrogen lines were not capped when not in use.	D,I	PM	2	3	
3.2.1.4	D = Review procedures for performing pre-use analysis on new equipment. (Doc. 11) I = Ask process owners to explain the process with examples.	There is a process to analyze modifications to existing and new equipment. [PMG(c)(2)(B)]	Commercial Procurement - not done by WFF.	D,I	N/A			
3.2.1.5	D = Review procedures for performing pre-use analysis on new materials. (Doc. 11) I = Ask process owners to explain the process with examples.	There is a process to analyze modifications to existing and new materials. [PMG(c)(2)(B)]	Commercial Procurement - not done by WFF.	D,I	N/A			
3.2.1.6	D=Review the latest changes for documented evidence of process, checklist and recommendations tracked to closure. I = Ask process owners to explain the process with examples. V = Verify that appropriate hazards have been identified and controlled.	This Pre-use analysis process exists at design stage and prior to purchase. [PMG (c) (2) (b)]	Ground Safety Process flowchart.	D,I	M	3	3	
3.2.1.7	I = Ask process owners to explain the process with examples. V = Check out the latest changes	This Pre-use analysis process exists prior to start-up.	Yes	I	M	3	3	

ID	Instruction	Criteria	Finding	S	R	PR	PA	P
3.2.1.8		The Pre-use analysis process effectively identifies and assures that all safety controls are in place prior to production.	PHA - OSS checklist - SOPs, procedures, risk analysis report - mission readiness review.		M	3	3	
3.2.2		Section: Baseline Surveys: Baseline surveys of the work and working conditions at a site permits a systematic recording of those hazards and potential hazards which can be recognized without intensive analysis and which are changes can be recognized. This baseline record provides a checklist for the more frequent routine inspections, recommended in paragraph (c)(2)(ii). With those hazards under control, attention can be given to the intensive analysis required to recognize less obvious hazards. Routine industrial hygiene assessment, monitoring and sampling are essential components of such inspections in many workplaces. [TED 8.4 CPTR III, II.C.2. a-b; Appendix E, Section II.A, Appendix F.4.3.1].						
3.2.2.1	D = Regulatory required inventories, such as PPE Hazard Assessment, LOTO Assessment, respiratory protection assessment, Machine Guarding Surveys, Fall Protection Surveys, etc. (Dec. 13).	Worksite analyses are performed so that all hazards are identified, and inventoried. [PMG(c)(1)(i)]	PPE Hazard Assessment - only for Chemicals, LOTO audits - not documented by foreman, Respiratory Protections - yes, Machine Guarding - no, IH - no.	D	UD	1	3	
3.2.2.2	D = Review annual comprehensive worksite surveys to determine if new or previously unidentified hazards are captured (Dec. 13).	Comprehensive baseline worksite surveys are performed if there are changes in process, equipment or controls. [PMG (c)(2)(A)]	No evidence.	D	DNM	0	3	
3.2.2.3	D = Survey (Doc. 13)	Survey records include when the survey was conducted, and by whom.		D	DNM	0	3	
3.2.2.4	D = Review surveys to determine if all applicable regulatory areas were covered (Doc. 13). V = Observe the hazards and conditions present in the workplace. Verify that all regulatory requirements have been identified.	The compliance baseline identified high risk hazard areas such as confined space, high hazard chemical areas, etc. that may require more focused analysis. This additional analysis has been performed. [PMG (c)(2)(B)]	CSE - yes but problem with identifying permit vs. non-permit Confined Spaces. Chemical inventory - yes for IH baseline planned for survey. Hood Survey - yes.	D,V	PM	2	3	
3.2.2.5	D = Review documentation to determine who performed the baseline survey. Determine if the qualifications of the individual were adequate e.g., sufficient number of years experience with OSHA regulations, CSP designation, etc. (Doc. 13).	Personnel performing comprehensive baseline assessments have greater competency and expertise than inspectors. [PMG (c)(2)]	Chemical Inventory - Marvin Bunting, CSE inventory - Marvin Bunting, Hood Survey - STAR Consultants.	D	M	3	3	
Total:						23	33	70%
Score:								

ID	Instruction	Criteria	Finding	S	R	PR	PA	P
3.3								
	<p>Section: Inspections: Once a comprehensive examination of the workplace has been conducted and hazard controls have been established, routine site safety and health inspections are necessary to ensure that changes in conditions and activities do not create new hazards, that hazard controls remain in place and are effective. Personnel performing regular inspections should, however, possess a degree of experience and competence adequate to recognize hazards in the areas they review and to identify reasonable means for their correction or control. Such competence should normally be expected of ordinary employees who are capable of safely supervising or performing the operations of the specific workplace. Additional regulatory inspections may include: emergency response equipment, PPE, forklift, cranes, hoists, slings, ladders, fire extinguishers, sprinkler systems, elevators, boilers, pressure vessels, etc. Inspection procedures must be written and include frequency, those responsible for conducting the inspections, recording of findings, responsibility for abatement and tracking of hazards for timely correction. [TED 8.4, Chapter III, HC.2.f.]</p>							
3.3.1.1	D = Written procedures typically identify responsibility, frequency, topic areas, and recordkeeping. (Doc.15)	Written procedures exist for conducting routine self-inspections with written reports and hazard corrective tracking.	Written procedure for general workplace inspections. There are written procedures for cranes, pressure vessels.	D	M	3	3	3
3.3.1.2	D = Written procedures typically identify responsibility, frequency, topic areas, and recordkeeping. (Doc.15)	There is a written schedule of inspections.	Contractor has inspection schedule for annual inspections. Annual only, some quarterly.	D	PM	2	3	3
3.3.1.3	D = Written procedures typically identify responsibility, frequency, topic areas, and recordkeeping. (Doc.15)	Written procedures define inspections & corrective action as to responsibility.	Written procedures define responsibility, frequency, topic areas.	D	PM	2	3	3
3.3.1.4	D = Written procedures typically identify responsibility, frequency, topic areas, and recordkeeping. (Doc.15)	Written procedures define corrective action as to frequency.	There is a mechanism for tracking corrective actions. Responsibility is assigned. RAC scoring is inconsistent.	D	PM	2	3	3
3.3.1.5	D = Review the checklist and hazard inventory to verify that they are based on common elements. (Doc. 15) V = Observe areas that have checklists to verify that all hazards have been addressed. D= Review inspection checklists.	Written inspection checklists are used to provide guidance as to where to look and what to look for and reference information sources.		D,V	M	3	3	3
3.3.1.6	D = Written procedures typically identify responsibility, frequency, topic areas, and recordkeeping. (Doc.15)	Checklist criteria check for controls from hazards discovered through regulatory review, investigations, hazard analysis. Checklists are periodically updated to reflect changes.	Checklists used for cranes, forklifts, and general inspections.	D	M	3	3	3
3.3.1.7	D = Written procedures typically identify responsibility, frequency, topic areas, and recordkeeping. (Doc.15)	Written procedures define how to record findings.	Template used, also RAC system used for annual inspections. Template for crane inspections. RAC findings inconsistent.	D	PM	2	3	3
3.3.1.8	D = Typically, even hazards fixed on the spot are recorded. They may not need to be tracked, however. (Doc.15)	Written procedures define which findings are reported.	All are reported.	D	M	3	3	3

ID	Instruction	Criteria	Finding	S	R	PR	PA	P
3.3.1.9	D = Review inspections such as general workplace, chemical use, emergency preparedness, fire protection, and high hazard areas to determine hazards found. (Doc. 15, 26) V = Observes hazards in the workplace that were not identified on previous inspections. D = Review inspections and verify that they cover the whole facility quarterly. (Doc. 15)	Regular site safety and health inspections identify new or previously missed hazards and failures in hazard controls. [PMG (c)(2)(C)(ii)]	Inspections are annual. Supervisor inspections vary. FOM inspections not every quarter.	D, V	PM	2	3	
3.3.1.10	D = Review training records to verify that inspectors have appropriate training. (Doc. 15 or 34) I = Ask inspection team members how they ensure the whole facility is inspected quarterly. V = Walk with inspectors, perform an inspection and verify that they have the knowledge needed to identify hazards and controls. D = Review any requests for assistance made to state consultation services.	Monthly inspections are performed with quarterly coverage of whole site (general industry). (More frequently if conditions change often.) Inspectors are qualified to recognize workplace hazards, particularly those particular to their industry.	FOMs to inspect monthly, supervisor quarterly, but not always done. Annual inspectors are trained and qualified. Supervisors, committees and FOMs have little or no training in inspections.	D, I	PM	2	3	
3.3.1.11	D = Review written inspection reports and related hazard correction tracking information. (Doc 15 and 30) D = Review inspection reports, it is not necessary that each inspection covers the entire workplace, but at a minimum, the entire worksite must be covered at least quarterly. [TED 8.4 Appendix B (E)] (Doc. 15)	For small businesses in need of assistance, a request has been made for a consultation visit from the state Consultation program to get a full survey of existing and potential safety and health hazards in the workplace. [PMG (c)(2)]	Some tracking, but not up-to-date.	D, I, V	PM	2	3	
3.3.1.12	D = Review written inspection reports and related hazard correction tracking information. (Doc 15 and 30)	There are written inspection reports to document hazards discovered, responsibility assigned for correction, and the tracking of correction completion. [PMG (c)(2)(ii)]		D	N/A			
3.3.1.13	D = Review inspection reports, it is not necessary that each inspection covers the entire workplace, but at a minimum, the entire worksite must be covered at least quarterly. [TED 8.4 Appendix B (E)] (Doc. 15)	(Construction Programs) Management make self-inspections weekly.		D	PM	2	3	
3.3.1.14				D	N/A			

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ID	Instruction	Criteria	Finding	S	R	PR	P4	P
3.3.1.15	D = Review inspection procedures to determine date program began. (Doc. 15)	The inspection system must have been in place for one year and the procedures for the system must be in writing before approval.		D	M	3	3	
Total:						31	39	
				Score:		79%		

3.4	Section: Reporting System: A reliable system for employees to notify management of conditions or practices that appear hazardous and to receive a timely and appropriate response serves a dual purpose. It gives management the benefit of many more points of observations and more experienced insight in recognizing hazards or health protection systems. It also gives employees assurance that their investment in safety and health is worthwhile. A system is reliable only if it ensures employees a credible and timely response. The response will include both timely action to address any problems identified and a timely explanation of why particular actions were or were not taken. Since the employer benefits from employee notices, effective management will not only guard against reprisals to avoid discouraging them but will take positive steps to encourage their submission. TED 8.4 CPTK III, II C.2.g; Appendix E, Section II.E, Appendix F, 4.3.4							
3.4.1.1	D = Review the procedure for employee reports of hazards. This system may recommend but must not require that the internal process be used before filing a complaint with OSHA. [TED 8.4 Appendix B Reports of Employee Safety and Health Problems / Concerns (A)] (Doc. 18) I = Ask employees to give examples of reporting hazards and the process. (employee interview F-1)	A reliable system is provided for employees to notify management personnel about conditions that appear hazardous.	Employees can report mishaps, close calls, unsafe acts by calling Helpdesk or filling out form on http://safety1st.gsfc.nasa.gov . Anonymous method thru NSRS Form OMB No. 2700-0063.	D,I	M	3	3	
3.4.1.2	D = Review the procedure for employee reports of hazards regarding notifying employees of actions taken. (Doc. 18) I = Ask employees who have reported hazards what type of response they received. (worker interview F-2)	A reliable system is provided for employees to receive timely and appropriate responses and employees are systematically informed of the results of their notifications.	Employees are notified of CAPs provided by supervisor or SWO (help desk issues) Interviews indicated timely responses occur.	D,I	M	3	3	
3.4.1.3	I = Ask employees if they readily use the system. Ask how the system was communicated to them. (worker interview F-1) D = Review tracking records.	Employees are encouraged to and use this reporting system.	Employees know they can verbally report problems and are encouraged to report close calls.	I	M	3	3	
3.4.1.4	V = Walkout recent closed items to verify closure.	The status of all hazard reports (e.g., inspections, investigations, maintenance trends, etc.) are prioritized and assigned to include time frames, interim protection and abatement follow-up.	Prioritized by RAC. Time frames are based on RAC. Supervisors are to provide intertm.	D, V	PM	2	3	

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ID	Instruction	Criteria	Finding	S	R	PR	PA	P
3.4.1.5	D = The procedures allow for the anonymous reporting of hazards. (Doc. 18)	A reporting system supporting anonymity is available.	NSRS, also suggestions boxes posted in various bldgs.	D	M	3	3	
Total:						14	15	
				Score:		93%		
3.5	Section: Industrial Hygiene: The identification of hazards and potential hazards at a worksite require an active, on-going examination and analysis of work processes and working conditions. A written IH program is required. The program must establish procedures and methods for identification, analysis, and control of health hazards for prevention of occupational disease. [TED 8.4, CFTR III, II.C.2.h, Appendix E, Section II A and C, Appendix F 4.3.7]							
3.5.1	Subsection: Industrial Hygiene Surveys: Additional expertise, time, technical equipment, and analysis beyond the baseline survey may be required to determine which environmental contaminants (weather physical, biological, or chemical) are present in the workplace, and to quantify exposure so that proper controls can be implemented. [TED 8.4, Chapter III, IIC.2.h.]							
3.5.1.1	D = Review written program. Written requirements typically include: responsibilities, qualitative assessment plan, monitoring plans, and recordkeeping requirements (Doc. 14).	The industrial hygiene program is in writing and may be an independent program, or an integral part of the safety program.	Draft - Rely on Goddard IH program.	D	UD	1	3	
3.5.1.2	D = Potential health hazards are known, inventoried and controls addressed (Doc. 14). V = Observe the materials and process of the facility for potential additional health hazards.	The industrial hygiene program addresses the potential health hazards (physical, biological, and chemical) in the workplace.	Draft	D,V	UD	1	3	
3.5.1.3	D = Review the written program e.g., industrial hygiene work is performed by regular staff, some services are contracted out, corporate IH department provide some support (Doc. 14).	The written program describes how the health program is implemented.	Draft	D	UD	1	3	
3.5.1.4	D = Review the written program (Doc. 14) and review ventilation inspection records (Doc. 25). V = Observe facility ventilation systems, enclosures, etc. for control of hazardous materials.	The written program describes how engineering controls provides occupational health protection. There is evidence of engineering controls.	Ventilation inspection performed in 2003.					
3.5.1.5	D = Review the written program (Doc. 14). V = Observe facility rotation schedules for jobs identified with potential health concerns.	The written program describes how administrative controls provide occupational health protection. There is evidence of administrative controls.	Draft	D,V	PM	2	3	
3.5.1.6	D = Review the written program (Doc. 14). V = Observe PPE usage.	The written program describes how personal protective equipment requirements provide occupational health protection. There is evidence of PPE use where required.	Draft	D,V	UD	1	3	

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D=Documents, Procedures Records; I=Interviews; V=Visual Observation

ID	Instruction	Criteria	Finding	S	R	PR	PA	P
3.5.1.7	D = Industrial hygiene survey results are covered as part of hazard communication (Doc. 14). I = Ask employees if industrial hygiene results have been communicated. (worker interview G-4) V = Observe workplace exposures.	The written program describes how employee training in healthful work practices provides occupational health protection. There is evidence of the training.		D,I	UD	1	3	
3.5.1.8	D = Review the written program (Doc. 14). I = Test worker knowledge. V = See if workers use controls properly, and report maintenance issues.	The written industrial hygiene program addresses how to verify workers act to procedures.	None.	D,I,V	DNM	0	3	
3.5.1.9	D = Review the written programs (Doc. 14).	Occupational health protection is enforced. The written program defines responsibility for enforcement.	Not written (draft).	D	UD	1	3	
3.5.1.10		Particularly hazardous substances are inventoried, and drive more in-depth analysis.	Chemical inventory available, MSDS, Some JHAs are completed, IH not included yet.		UD	1	3	
3.5.1.11	D = Review the written program (Doc. 14).	The industrial hygiene program has been in place for one year for STAR consideration.	No written program or IH office.	D	DNM	0	3	
3.5.2	Subsection: Sampling Strategy: The written program must address sampling protocols and methods implemented to accurately assess employees' exposure to health hazards. Sampling should be conducted when performing baseline hazard analysis and when the baseline analysis suggest that more in-depth exposure analysis is needed. [TED 8.4, Chapter III, IIC.2.h.]							
3.5.2.1	D = Review industrial hygiene program for identified hierarchy of sampling concerns. Typically a sampling schedule (quantitative) is developed based on a qualitative assessment that prioritizes the jobs tasks for sampling. (Doc 14) I = If possible, interview the person responsible for developing and maintaining the industrial hygiene program to determine sampling schedule methodology.	Industrial hygiene monitoring and sampling laboratory analysis are planned and implemented as necessary. [TED 8.4 Appendix F, 4.3.1 (II)(B)]	Compliant only. No monitoring for baselines yet. IH for construction.					
				D,I	PM	2	3	

ID	Instruction	Criteria	Finding	S	R	PR	PA	P
3.5.2.2	D = Review the written program (Doc. 14). I = Ask employees if there have been questions about potential health hazard concerns in the past (employee interview G-1).	Industrial hygiene and occupational health surveys start at the beginning of production operations and to the point of shipping, observing all processes and talk to employees along the way.		D,I	DNM	0	3	
3.5.2.3	D = Review the written program (Doc. 14). I = Ask employees if they have ever seen industrial hygiene monitoring. (worker interview G-4)	Where contaminants are thought to be present, industrial hygienists (or appropriately trained safety staff members) perform full-shift sampling.	Complaint only. Also in construction (asbestos abatement)	D,I	UD	1	3	
3.5.2.4	D = Review the written program for a defined schedule (Doc. 14).	Comprehensive baseline industrial hygiene surveys are conducted periodically.		D	DNM	0	3	
3.5.2.5	D = Review the written program (Doc. 14).	Results of periodic monitoring and sampling of identified problem areas are available for OSHA's review.	Not centralized.	D	UD	1	3	
3.5.2.6	D = Industrial Hygiene Reports.	Controls are evaluated as part of the IH survey.		D	DNM	0	3	
3.5.2.7	D = Compare to Pre-Use.	Changes in process, equipment or chemicals are evaluated on a timely basis.	No IH surveys in recent years, except hood survey. Changes in hood configurations were not re-evaluated. Contractors monitor their work areas: asbestos, confined space.	D	UD	1	3	
3.5.3	Subsection: Sampling Results: Sampling results must be analyzed and compared to at least OSHA permissible exposure limits (PELs) to determine employees' exposure and possible overexposure. Comparison to more restrictive levels, such as action levels, threshold limit values (TLVs), or self-imposed standards is encouraged to reduce exposures to the lowest feasible level. The results must be documented, communicated, and used to identify areas for additional study. [TED 8.4, Chapter III, HC.2.h.i]							
3.5.3.1	D = Review industrial hygiene program for an outline of the qualitative exposure assessment process. Determine if one has been performed at the facility (Doc. 14). I = If possible, interview the person responsible for developing and maintaining the industrial hygiene program to determine the overall process.	Baseline industrial hygiene surveys with written report or system of process review are conducted.		D,I	DNM	0	3	

ID	Instruction	Criteria	Finding	S	R	PR	PA	P
3.5.4		Subsection: Industrial Hygiene Expertise: IH sampling should be performed by an industrial hygienist, but initial sampling, full-shift sampling, or both may be performed by safety staff members with special training in specific procedures for the suspected or identified health hazards in the workplace. Nationally recognized procedures must be used and if outside contractors conduct IH surveys, the contractor's report must contain all sampling information and be effectively communicated to management. Use of contractors does not remove responsibility for the IH program. [TED 8.4, Chapter III, II.C.2.h.]						
3.5.4.1	D = Review sampling methodology in sampling reports. OSHA will accept certification from any recognized accrediting organization "Qualifications" will not be accepted in lieu of the actual certifications. [TED 8.4 Appendix B Professional Expertise (B)(C)] (Doc. 14).	Industrial hygiene monitoring and sampling are done in accordance with nationally recognized procedures. Documentation includes description of work processes, controls, sampling time, exposure calculations, duration, route and frequency of exposure, and number of employees exposed.	Ventilation survey of hoods in 2003.	D	UD	1	3	
3.5.4.2	D = Review sampling reports. (Doc. 14)	Local OSHA is not used as the sole source of industrial hygiene expertise.	Rely on Code 250.	D, I	PM	2	3	
3.5.4.3	I = Ask safety and health director what other sources are utilized. D = For Star Programs, access to certified safety and health professionals (including occupational health personnel) is required and must have been in place for at least a year. [TED 8.4 Appendix B Professional Expertise]. The professional expertise services may be provided by off-site sources such as corporate headquarters, insurance companies, or private consultants, etc. [TED 8.4 Appendix B Professional Expertise (A)] (Doc. 14).	Reasonable access to Certified Industrial Hygienists and safety health care professionals is provided to the facility.	Rely on Greenbelt CIH support.					
3.5.4.4	D = Review the written program (Doc. 14). I = Test worker knowledge on results and controls.	The written program describes how occupational health protection (results and controls) is effectively communicated. Communication is effective.	Draft IH program in Greenbelt.	D, I	UD	1	3	
Total:						21	69	
Score:						30%		

ID	Instruction	Criteria	Finding	S	R	PR	P4	P
3.6	Section: Investigations: All types of significant incidents (injuries, illness, spills, fires, first aid, near-misses) are investigated. Accidents and incidents in which employees narrowly escape injury, clearly expose hazards. Analysis to identify their causes permits development of measures to prevent future injury or illness. Although a first look may suggest that "employee error" is a major factor, it is rarely sufficient to stop there. Even when an employee has disobeyed a required work practice, it is critical to ask, "Why?" A thorough analysis will generally reveal a number of deeper factors, which permitted or even encouraged an employee's action. Such factors may include a supervisor's allowing or pressuring the employee to take short cuts in the interest of production, inadequate equipment, or a work practice that is difficult for the employee to carry out safely. An effective analysis will identify actions to address the causal factors in an accident or "near miss" incident. [TED 8.4, CPTR III, II.C.2.i; Appendix E, Section II.G.; Appendix F.4.3.5]							
3.6.1.1	D = Review written procedures. They typically include responsibilities, instructions, definitions and recordkeeping requirements. (Doc. 16)	Accident/Investigation procedures are in writing.	GPG 8621.	D	M	3	3	
3.6.1.2	D = Review investigation reports. (Doc. 16)	Accident investigations are documented.	IRIS system Form 1627.	D	M	3	3	
3.6.1.3	D = Training records and course outline. (Doc.)	All investigations are conducted by personnel trained in investigation and causal factor techniques.	Investigations are performed primarily by Institutional Safety (Howard Kilmon). No training in causal factors.	D, I	UD	1	3	
3.6.1.4	I = Investigators I = Validators V = Verify a few yourself.	Personnel independent of the injured party should validate that corrective actions are appropriately identified.	No - Many CAPs are to instruct injured party to be careful	I, V	DNM	0	3	
3.6.1.5	D = Review investigation reports. (Doc. 16)	All accident investigations include prevention recommendations.	No - Many CAPs are to instruct injured party to be careful. Root Cause analysis not conducted.	D	DNM	0	3	
3.6.1.6	D = Review accident/incident investigation corrective action plans to verify that they fulfill the requirements and are verified. (Doc. 16, 30) I = Discuss with responsible parties methods of tracking corrective action plans resulting from accident/incident investigations.	The accident investigation system documents hazard correction and tracking.	IRIS tracks open/closed items.					
3.6.1.7	D = Review investigation reports and compare with OSHA log. Determine if lost time accidents are captured. (Doc. 16) I = Discuss with responsible parties methods of capturing lost time incidents for investigation.	Accident investigations are conducted for all lost time accidents.	Yes - checked out 4 lost times that were all contractors.	D, I	M	3	3	

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ID	Instruction	Criteria	Finding	S	R	PR	PA	P
3.6.1.8	D = Review investigation reports and compare with first and logs and near miss. Determine if accidents and near misses are captured. (Doc. 16) I = Discuss with responsible parties methods of capturing property loss investigations. D = Review caused factor methodology to verify it follows a defined root cause analysis technique (Doc. 16). V = Observe investigation techniques to verify if causal factor methods conform to requirements and identify root causes.	All significant incidents including recordables, injuries, illnesses, property damage, fires, spills etc. resulting in personal injury or property damage are investigated. [PMG (c)(2)(iv)]	Investigation team determines the need for investigations on severity/probability of reported near misses/hazards. Meat slicing incident was not investigated. Interviews indicated that GPG flowcharts not followed.	D,I	UD	1	3	
3.6.1.9	D = Review caused factor methodology to verify it follows a defined root cause analysis technique (Doc. 16). V = Observe investigation techniques to verify if causal factor methods conform to requirements and identify root causes.	All investigations address the causal factors and root cause rather than simply blame on the employee (i.e., stopping at "human error"). This results in actions to prevent future occurrences.	Several CAPs were to instruct employees to be careful.	D,V	DNM	0	3	
3.6.1.10	D = This does not mean that the actual investigation records must be provided, just the results. (Doc. 16) I = Ask employees if accident investigation results are communicated. (worker interview 6, 7)	The results of accident investigations are to be made available to all covered employees on request.	yes					
3.6.1.11	D = Review previous findings and corrective actions of accident investigations. (Doc. 16) I = Ask employees if they have heard about past accident investigations.	The report that is made available to employees should, at a minimum, describe the incident and what corrections have been made to avoid future occurrences.	Since this info is not typically developed, it cannot be communicated. Information that is available, however, is communicated.	D,I	M	3	3	
3.6.1.12	D = Review committee meeting minutes. (Doc. 10) I = Ask committee members their role in accident investigations.	(For construction only) The joint labor management committee is involved in accident investigations.		D,I	UD	1	3	
3.6.1.13	D = Review accident investigation documentation.	Contractors report accidents, property damage, near misses.	Yes - very well	D	M	3	3	

ID	Instruction	Criteria	Findings	S	R	PR	PA	P
3.6.1.14	V = Verify that recent CAPs are closed.	Contractor corrective action plans (CAPs) are recorded and tracked and implemented.	Yes in IRIS System.	V	M	3	3	
3.6.1.15	D = Review accident investigation documentation.	An accident investigation program has been in place for one year for STAR consideration.	Yes	D	M	3	3	
Total:						27	42	
				Score:		64%		
3.7	Section: Trends/Pattern Analysis: Trend analysis systems would include Pareto analysis of: the OSHA logs, accident/incident investigation causal factors and root causes, corrective actions, inspection findings, and safety related work							
3.7.1.1	D = Review the OSHA log trends analysis to verify it exists and is completed. (Doc. 19)	Injury and illness trends are analyzed over time, so that patterns with common causes can be identified and prevented. [PMG(c)(2)(C)(iv)]	Discussed in Executive Safety Council	D	UD	1	3	
3.7.1.2	D = When accident First Aid stats are low, other trend analysis should be developed (Doc. 19)	Other trends - employee concerns, safety work orders, causal factors, inspection findings are also analyzed.	Number of safety work orders trended and open orders; FD trend responses. Have capability, but not used.	D	UD	1	3	
3.7.1.3	D = Review trend analysis corrective action plans which demonstrate continuous improvements. (Doc. 19)	Corrective action plans are developed to address any patterns that are identified.	No corrective actions for injury/illness trends, corrective actions are developed for specific findings only; not trending. Corrective action plans for PEP scores.	D,I	UD	1	3	
3.7.1.4	D = Review goals and objective looking for connections to trend analysis reports. (Doc. 2, 19)	Corrective action plans are tied to making programmed changes and are used to develop annual goals and objectives. [PMG (c)(2)(iv)]	PEP findings are used to develop objectives for various departments. Emergency plans are compared to the numbers called out in the comprehensive plan. Development of JHAs.	D,I	UD	1	3	
3.7.1.5	I = Ask Safety and Health Director what trends and analysis led to current Goals and Objectives.	Trend analysis records are maintained, shared with committees, and drive annual action plans. [PMG (c)(1)(viii)]	Yes for Corrective actions, published PEP results.	D,I	UD	1	3	
Total:						5	15	
				Score:		33%		

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ID	Instruction	Criteria	Finding	S	R	PR	PA	P
4.0	<p>Element Hazard Prevention and Control Systems: Hazard prevention and controls are triggered by a determination that a hazard or potential hazard exists. Where feasible, hazards are prevented by effective design of the jobsite or job. Where it is not feasible to eliminate hazards, they are controlled to prevent unsafe and unhealthy exposure. Elimination or controls is accomplished in a timely manner, once a hazard or potential hazard is recognized. The ideal order implementing controls systems is through substitution, engineering, administrative and lastly, personal protective equipment.</p>							
4.1	<p>Section: Certified Professional Recourses: They may be provided by offsite sources such as corporate headquarters, insurance companies, or private contractors as well as on-site. OSHA will accept certification from any recognized accrediting organization. [TED 8.4, CPTR III, II.C.3.a; Appendix E, Section III.A.]</p>							
4.1.1		Access to certified safety and health professionals from Greenbelt, seldom visit.			PM	2	3	
			Total:			2	3	
			Score:					67%
4.2	<p>Section: Hierarchy of Controls: Typically, the complexity of abatement technology, the degree of risk, and the availability of necessary equipment, materials and qualified staff affect hazard controls. In VPP-level site, managers involve employees in discussions of methods to identify useful prevention and control measures, serve as a means for communicating the rational of decisions, and encourage employee acceptance of decisions. Hazard controls are incorporated in the following order to alleviate potential hazards (1) material substitution, (2) engineering controls, (3) administrative controls, (4) personal protective equipment, and (5) work rules as a part of the site safety and health program. A VPP-level site will use engineering and administrative controls where possible to control and reduce exposures, before considering the need for of PPE. [TED 8.4, CPTR III, II.C.3.b; Appendix E, Section III.A., Appendix F 4.4.1]</p>							
4.2.1.1	V = Observe the worksite and identify areas where engineering design principles integrate hazards and those areas yet to be addressed.	Engineering techniques are used to control or correct hazards where feasible and appropriate. [PMG(c)(3)(i)(A)]	Labs have hoods for hazardous chemicals office, ergonomic controls are conducted. Machine guarding - didn't evaluate.	V	PM	2	3	
4.2.1.2	D = Review hazard inventories and compare with relevant controls i.e., lockout tagout, confined space, hot work, etc. (Doc. 13, 23)	Legally required controls are in place. [PMG(c)(3)]	LOTO training/audits not conducted. Confined Space. Use of permits verified for Confined Space Entry, however TVC in Balloon Facility is not getting permits prior to entry.	D	PM	2	3	
4.2.1.3	D = Review PPE documentation such as PPE assessment or a PPE written program. (Doc 13) I = See Appendix PPE/Questions. (worker interview H-2) V = Observe PPE use in facility.	Personal protective equipment is provided. [PMG(c)(3)]	WITT contractors having difficulty getting safety glasses for employees due to contract negotiations.	D,I,V	PM	2	3	
4.2.1.4	D = Review administrative controls, such as reducing the duration of exposure, or job rotation, should be considered in some cases. Typically used for noise and ergonomics related exposures. (Doc. 21)	Administrative controls are used where possible to control and reduce exposures, instead of PPE. [PMG(c)(3)(i)(D)]	Job rotation is informally used to reduce noise and ergo hazards. Some JHAs address admin controls in establishing restricted areas to limit exposure.	D	PM	2	3	
4.2.1.5	D = Review PPE Hazard Assessments. (This may include First Aids, spills, fire, confined space entry, etc. (Doc. 13) V = Observe and verify that emergency PPE is available on the facility floor.	PPE has been identified for emergency responses and is available.	Fire department has all necessary PPE.	D,V	M	3	3	

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ID	Instruction	Criteria	Findings	S	R	PR	PA	P
4.2.1.6	D = Review noise surveys to determine if hearing protection areas have been identified. (Doc. 14) V = Observe and verify that hearing protection areas are labeled with signage and PPE available at the entrance.	Areas requiring hearing protection have been identified and are labeled.		D,V	M	3	3	
4.2.1.7	D = Review respiratory protection for respirator required areas. (Doc. 13) V = Observe and verify that respirator protection areas are labeled with signage.	Areas requiring breathing protection (respirators) have been identified and are labeled.	Boilers for WITT contractors not labeled.	D,V	DNM	0	3	
4.2.1.8	D = Review PPE hazard assessment to determine if eye protection areas have been identified. (Doc. 13) V = Observe and verify that eye protection areas are labeled with signage and PPE available at the entrance.	Areas requiring eye protection have been identified and are labeled.	Most are labeled. Grinding wheels in truck garage not labeled.	D,V	PM	2	3	
4.2.1.9	D = Review PPE hazard assessment to determine if hard hat areas have been identified. (Doc. 13) V = Observe and verify that hard hat areas are labeled with signage and PPE available at the entrance.	Areas requiring hard hats have been identified and are labeled.		D,V	M	3	3	
4.2.1.10	D = Review PPE hazard assessment to determine if safety shoe areas have been identified. (Doc. 13) V = Observe and verify that safety shoe areas are labeled with signage and PPE available at the entrance.	Areas requiring safety shoes have been identified and are labeled.	Construction only.	D,V	PM	2	3	
4.2.1.11	D = Review PPE hazard assessment to determine if protective clothing areas have been identified. (Doc. 13) V = Observe and verify that protective clothing areas are labeled with signage.	Areas requiring other protective clothing have been identified and are labeled.	PPE requirements for lab work should be posted in room. (ie., acids, caustics)	D,V	PM	2	3	
4.2.1.12	D = Review PPE hazard assessment. (Doc. 13)	The PPE hazard assessment is documented and certified.	Documented through JHAs. Not certified or complete.	D	UD	1	3	

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ID	Instruction	Criteria	Finding	S	R	PR	PA	P
4.2.1.13	I = Ask employees if PPE is readily available. (worker interview H-2) V = Observe that PPE is available on the facility floor. D = Review respiratory protection procedures for fit testing. (Doc. 3)	All PPE is readily available. PPE has been fitted to each person, where necessary.		I,V	M	3	3	
4.2.1.14	I = Ask employees required to wearing respirators, if they have received fit testing. (worker interview G-2)			D,I	M	3	3	
4.2.1.15	I = Ask employees if PPE available is clean and in good condition. (worker interview H-3) V = Observe PPE in use throughout the facility for condition.	All PPE is maintained and in good condition.	Yes	I,V	M	3	3	
4.2.1.16	V = Observe where PPE is used. Determine if engineering or administrative controls could be used instead. PPE should be the last option when selecting control methods.	PPE is not used where engineering and administrative controls would be more feasible and appropriate.	Use of restricted areas to limit exposure. Example - work restrictions under crane use.	V	PM	2	3	
4.2.1.17	D = Review training documentation. (Doc. 31, 33, 34) I = Ask employees if they have received training on PPE use. (worker interview H-4)	Employees have received training on why controls (including PPE) are necessary and how to use and maintain it.	Majority of employees interviewed have not received PPE training.	D,I	UD	1	3	
4.2.1.18	D = Review PPE program, JHAs, written procedures, inspections, etc. for inclusion of PPE. (Doc. 3, 14, 15, 17, 21)	Controls are understood and followed by all affected parties. [PMG(c)(3)(C)]	JHAs - identify PPE. Several employees were observed using PPE. PPE evaluations show failure to use hearing protection.	D	PM	2	3	
4.2.3	Subsection: Written Procedures: Written Procedures must be understood and followed by all site personnel. Safe work procedures identified as a result of hazard analysis are integrated into written procedures. The site must be in compliance with any hazard control program required by an OSHA standard, such as PE, Respiratory Protection, Lockout/Tagout, Process Safety Management or Bloodborne Pathogens. The site must periodically review these programs to ensure that they are up to date. [TED 8.4, Chapter III, HC.3.c.]							
4.2.3.1	D = Review safe job procedures. Determine if they reflect all the tasks performed at the facility. (Doc. 17)	Safe work practices for each job/task selected for hazard analysis are documented.	Safety plans for launches, JHAs.	D	PM	2	3	

ID	Instruction	Criteria	Finding	S	R	PR	P-I	P
4.2.3.2	D = Review safe job procedures and JHAs for employee signoffs (Doc. 17). V = Review an operator performing his task along with the associated JHA. Do they agree? D = Review training documentation. (Doc. 32, 33)	Employees accept and follow established safety and health procedures. [PMG (c)(4)(i)]	Poor communication of JSA leads to lack of knowledge on how to operate safely. Meat slicer.	D,V	PM	2	3	
4.2.3.3	I = Ask employees if training on safe work procedures is included in their health and safety training. (worker interview B-2)	Training on procedures for safe work is presented to all affected parties. [PMG(c)(3)(B)]	see above					
4.2.3.4	D = Review operating instructions. Determine if they reflect safe work practices identified in hazard analysis. (Doc. 21)	Safe operating procedures have been incorporated into operating instructions.	Flight safety plans.					
4.2.3.5	D = Review maintenance instructions. Determine if they reflect safe work practices identified in hazard analysis. (Doc. 25)	Safe operating procedures have been incorporated into maintenance instructions.	WITT contractors have safety procedures for maintenance work that includes authorized operators only. Daily pre-use, inspections, written procedures.	D	M	3	3	
4.2.3.6	D = Review safe job procedures. Determine if they reflect non-routine tasks performed at the facility. (Doc. 21)	Workers involved in non-routine operations, or who are rarely assigned, are aware of job hazards and safety precautions.	Not all workers aware of hazards associated with their job. JHAs and SOPs have not been developed for maintenance tasks. WITT contractors are prime example.	D	PM	2	3	
4.2.4	I = Ask employee responsible for performing non-routine tasks if they are aware of the hazards associated with the tasks. Subsection: Safety and Health Rules and Discipline: When safe work procedures and related rules are the means of protection, ensuring that they are followed becomes critical. Ensuring safe work practices involves discipline in both a positive sense and a corrective sense. Every component of effective safety and health management is designed to create a disciplined environment in which all personnel act on the basis that work's safety and health protection is a fundamental value of the organization. Such an environment depends on the credibility of management's involvement in safety and health matters, inclusion of employees in decision which affect their safety and health, rigorous workite analysis to identify hazards and potential hazards, stringent prevention and control measures, and thorough training. In such an environment, all personnel will understand the hazards to which they are exposed, why the hazards pose a threat, and how to protect themselves and others from the hazards. Training, for the purpose is reinforced by encouragement of attempts to work safely and by positive recognition of safe behavior. If, in such a context, an employee, supervisor, or manager fails to follow a safe procedure, it is advisable not only to stop the unsafe action but also to determine whether some condition of the work has made it difficult to follow the procedure or whether some management system has failed to communicate the dangers of the action and the means for avoiding it. If the unsafe action was not based on an external condition or a lack of understanding, or if, after such external condition or lack of understanding has been corrected, the person repeats the action, it is essential that corrective discipline be applied. To allow an unsafe action to continue, not only endangers the actor and perhaps others, it also undermines the positive discipline of the entire safety and health program. To be effective, corrective discipline must be applied consistently to all, regardless of role or rank, but it must be applied. [PMG (c)(3)(f)] [TED 8.4, CPTD III, II.C.3.b; Appendix E, Section III.A.; Appendix F 4.4.1]							
4.2.4.1	D = Review written Health and Safety rules to verify that they exist and are appropriate. (Doc. 21)	Safety and health rules are in writing and include safety and health.	Goddard-wide rules and Division Manuals.	D	M	3	3	

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D=Documents, Procedures Records; I=Interviews; V=Visual Observation

ID	Instruction	Criteria	Finding	S	R	PR	PA	P
4.2.4.2	D = See Doc. X I = Ask supervisors to explain how rules are enforced. (supervisor interview 6)	Safety and health rules are enforced by line management.	Supervisors do not use any disciplinary system. Contractors have evidence of use.	I	UD	1	3	
4.2.4.3	I = Ask workers if they know of workplace rules and can give examples. (worker interview B-4) Positive reinforcement cannot be based on absence of accidents.	Procedures for safe work are understood and followed by all affected parties as a result of an effective positive reinforcement process. [PMG(c)(3)(B)]	Workers are familiar with safe work rules.	I	PM	2	3	
4.2.4.4	D = Review disciplines. (Doc 22) Apply to both management and employees.	Procedures for safe work are understood and followed by all affected parties through a clearly communicated and implemented disciplinary system.	No evidence of a disciplinary system.	D	DNM	0	3	
4.2.4.6	D = Review most of the discipline reports. Compare to the OSHA log.	The majority of disciplines are based on observations rather than management waiting for accidents to occur.	Interviews indicated that more accountability is emphasized based on incidents.	D	DNM	0	3	
Total:						57	87	
				Score:		66%		

Element: Process Safety Management: (See 3.1)								
4.3	Section: Occupational Health Care: The availability of first aid and emergency medical care are essential in minimizing the harmful consequences of injuries and illnesses if they do occur. The nature of services needed will depend on the seriousness of injuries or health hazard exposures, which may occur. Minimum requirements are addressed in OSHA standards. OSHA internal document OHPRC - E. [TED 8.4, CPTR III, II.C.3.d; Appendix E, Section III.B]							
4.4	Subsection: Prevention: Needed medical services, such as pre-placement exams, audiograms, and lung function tests must be available to assess employee health status for prevention, early recognition, and treatment of illness and injury. [TED 8.4, Chapter III, HC.3.4.]							
4.4.1	D = Review policy and procedures for medical pre-placement and exit physical requirements. (Doc. 29) I = Ask workers if they received pre-placement physicals. (worker interview G 5)	Health services include pre-placement physicals, audiograms, etc.	There is no system to identify employees who need medical surveillance. It is up to managers to identify who needs. Services include crane operators, CDL, FAA, FD, Security, Painters, electricians, boiler operators, food service medical approvals. A few asbestos. Only 1-2 for chemical protection.	D,I	PM	2	3	

ID	Instruction	Criteria (For in-house staff only) Procedures, policies, protocols and guidelines are written in accordance with acceptable standards of practice, as identified by qualified organizations.	Finding	S	R	PR	PA	P
4.4.1.2	D = Review procedures for adherence to one or more of the following standards: American Association of Occupational Health Nurses, American College of Occupational and Environmental Medicine, American Industrial Hygiene Association, according to management assurances, and are in compliance with OSHA regulations. (Doc. 29)	(For in-house staff only) Procedures, policies, protocols and guidelines are written in accordance with acceptable standards of practice, as identified by qualified organizations.	Have written procedures including FAA.	D	M	3	3	
4.4.1.3	D = Review pre-placement criteria. Reasonable accommodation is made. OH services ensure that employees are placed in jobs where they are able to perform essential job functions without harm to themselves or others. [OHPRC-E.4] (Doc. 29)	Pre-placement evaluations are performed to the physical and psychological job requirements. [OHPRC-E.4]		D,I	M	3	3	
4.4.1.4	I = Ask employees if they had a pre-placement physical. (worker interview G-5)							
4.4.1.4	D = Review job descriptions. (Doc. 7)	Job descriptions include physical and psychological demands.	Job descriptions up to supervisors to provide.	D	UD	1	3	
4.4.1.5	D = Review the training program (Doc. 32)	OH staff is involved with training program development and is available to answer worker questions. Evidence exists that this occurs.	Available but not involved.					
4.4.1.5	I = Ask employees if medical personnel are available to answer health related questions.			D,I	UD	1	3	
4.4.1.6	D = Review hazard assessment procedures for the inclusion of medical personnel input. (Doc. 13, 14, 17)	OH staff participates in hazard assessment activities including: Walk through, product/production changes, direct work process observation, and evaluation of workplace monitoring results.	Little involvement.					
4.4.1.6	I = Ask medical personnel if they are involved in assessment activities e.g., PPE, JSA, ergonomics, etc.			D,I	DNIM	0	3	

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ID	Instruction	Criteria	Finding	S	R	PR	PA	P
4.4.1.7	D = Review training records of medical/certificates of personnel. (Doc. 33, 34) I = Ask the health and safety staff to explain what training have the OH staff received regarding workplace hazards.	OH staff is knowledgeable about adverse health affecting OSHA regulations pertinent to the workplace hazards.		D,I	M	3	3	
4.4.1.8	D = Review the medical program for communication procedures. (Doc. 29) I = Ask health and safety staff to explain their relation and communication procedures with medical personnel	Procedures, protocols and guidelines are in place to communicate the presence of regulated hazards to OH services staff.	Depends on supervisor to advise OH clinic as to employee exposures.	D,I	UD	1	3	
4.4.1.9	D = Review the medical program for communication procedures. (Doc. 29) I = Ask health and safety staff to explain their relation and communication procedures with the OH staff.	OH staff works with other safety and health professionals to control hazards and implement protective measures.	Limited communication with safety staff on general safety. Taking initiative on remote location medical services issue and developing an AED policy.	D,I	PM	2	3	
4.4.1.10	I = Ask the medical personnel to explain the applicable health regulations associated with the facility.	OH staff is knowledgeable of adverse health effects of workplace hazards and procedures for monitoring employee health.	OSHA, Health Insurance portability and accountability.	D	M	3	3	
4.4.1.11	D = Review training records of medical/certificates of personnel. (Doc. 33, 34) I = Ask the medical personnel what additional training/certification they have received.	Continuing education courses are available to OH staff as new issues arise.	Doctor maintains FAA examiner license, State of VA; is getting MRO. RN attending NIOSH PFT certification course. Both are ACLS	D,I	PM	2	3	
4.4.1.12	D = Review the medical program for communication procedures. (Doc. 29) I = Ask medical personnel to explain their relation or communication procedures with the facility health and safety staff.	Workplace hazards are identified and communicated to OH services. The OH service develops programs in compliance with OSHA regulations.	Not involved in hazard analysis.					
4.4.1.13	D = Review medical program. (Doc. 29)	Policies and procedures for health surveillance and monitoring programs are written, in place, and comply with specific OSHA regulations.		D	M	3	3	

ID	Instruction	Criteria	Findings	S	R	PR	PA	P
4.4.1.14	D = Review medical trending data. (Doc. 19) I = Ask in-house medical personnel how trending of injury and illness data has lead to improvements in the medical program.	Trends are noted and action taken.	Report case incidents.	D,I	UD	1	3	
4.4.1.15	D = Review medical notification procedures and reports. (Doc. 29) I = Ask employees if they receive information regarding the monitoring results related to them. (worker interview G-7)	Health surveillance data, in aggregate form, are communicated to employees and management to reduce future risk.	Employee interviews indicate they receive their exam results.	D,I	PM	2	3	
4.4.1.16	D = Review medical program. Records include OSHA 200 Log, worker files, etc. Multi-disciplinary team audit is performed periodically. [OHPRC-E.10] (Doc. 29)	An audit of records is performed on a regular periodic basis.	Occupational Health Program is done annually and by NASA every 2 years.	D	M	3	3	
4.4.1.17	D = Review medical program. (Doc. 29)	Reporting hierarchy enables OH staff to implement changes and assign resources when needed. (For in-house OH staff only)	OH staff is limited by contract. Resources are assigned within that constraint.	D	UD	1	3	
4.4.1.18	D = Review a written agreement to provide care between the facility and nearby medical facility. (Doc 29)	There is adequate cooperation and coordination between the on-site or contract medical services and other safety and health professional resources.	Nearest hospital is an hour away. Professional courtesy exists for patient follow up. No written agreements.	D	PM	2	3	
4.4.2	<i>Subsection: Early Recognition: Employees trained in first aid. CPR providers, physician care, and emergency medical care must be available for all shifts within a reasonable time and distance. AED's should be considered, based on site conditions, and if provided, responders should be trained in its use. Emergency procedures and services including provisions for ambulances, emergency medical technicians, emergency clinics or hospital emergency rooms should be available on all shifts. [TED 8.4, Chapter III, HC.3.d.]</i>							
4.4.2.1	D = Review a written agreement to provide care between the facility and nearby medical facility. (Doc 29) I = Ask medical services to describe how the proximity was evaluated. V = Observe the proximity of medical services and determine if they are appropriate.	A physician and emergency medical care is nearby the facility, so that injury or illness for all employees will be treated promptly. [PMG(c)(3)(iv)]	Onsite ambulance response averaged 3 minutes. The clinic is set up for minor injuries and major injuries use ambulance to local hospital.	D,I	M	3	3	

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ID	Instruction	Criteria	Finding	S	R	PR	PA	P
4.4.2.2	D = Emergency procedures outline a response within 3 to 5 minutes. (Doc. 28) I = Ask medical services to describe response actions and times. D = Review CPR first aid training documents and relevant employee shifts. Verify that this coverage is provided to all shifts. (Doc. 29, 33, 34)	The facility has an established medical program, which includes onsite first aid to minimize the harm of an injury or illness. [PM](e)(3)(iv)]	Emergency response vehicles (equipped with an AED) respond with an average 3 minute response time. (2 vehicles) Fire Department provides EMTs 24/7. Ambulances are advanced life support.	D,I	M	3	3	
4.4.2.3	I = Ask employees if first aid is available on all shifts. D = Review medical program for CPR candidate outreach. (Doc. 29)	First aid and CPR-trained employees are available on all shifts.	Fire Department provides at least 2 EMTs 24/7.	D,I	M	3	3	
4.4.2.4	I = Ask employees if they participate in CPR training or have been asked to do so. (worker interview 1-3)	CPR training is encouraged to all personnel.	CPR training is available, but Fire Dept. provides service to reduce need for staff training in CPR.	D,I	PM	2	3	
4.4.2.5	D = Review a written agreement to provide care between the facility and nearby ambulance service. (Doc. 29)	Emergency ambulance services are available.	2 onsite emergency response vehicles.	D	M	3	3	
4.4.2.6	D = Review a written agreement to provide care between the facility and nearby EMT service. (Doc. 29)	Emergency EMT's services are available.	Fire Dept. provides at least 2 EMTs 24/7.	D	M	3	3	
4.4.2.7	D = The hazard communication program delineates copies of all facility MSDSs to medical services. (Doc. 3) I = Ask health and safety manager if MSDS have been supplied to OH staff.	MSDS's are easily available to both OH staff and employees.	MSDS available in paper copy at work place.	D,V	M	3	3	
4.4.2.8	D = Review medical program. (Doc. 29)	Employees working with hazards are identified and enrolled in the health-monitoring program.	Supervisors identify employees for monitoring. There may be weakness in this system.	D,I	PM	2	3	
4.4.2.9	I = Ask employees what medical monitoring programs they are in. (worker interview G-5) D = Review medical program. (Doc. 29)	Baseline and periodic examinations are conducted in accordance with accepted standards of practice and OSHA requirements.		D	M	3	3	

ID	Instruction	Criteria	Findings	S	R	PR	PA	P
4.4.2.10	D = Review medical program. (Doc. 29) I = Ask medical personnel to explain the medical monitoring program implementation. D = Review medical notification procedures and reports. (Doc. 29)	Health surveillance programs are applied consistently and effectively. Employees receive notification of the results of their health evaluation.	Not all employees report for their periodic medical exams.	D,I	PM	2	3	
4.4.2.11	I = Ask employees if they receive information regarding the monitoring results related to them. (worker interview G-7) D = Review medical monitoring data. (Doc. 29)	Employee monitoring and surveillance programs are conducted for early recognition of adverse health effects and efficacy of protective measures.	Complaints and wellness exams are offered in addition to required surveillance exams. Employees can walk in for weight and blood pressure.	D,I	M	3	3	
4.4.2.12	I = Ask employee if their reports of signs and symptoms of job-related illness/injury early are investigated. (worker interview G-2) D = Review medical program. (Doc. 29)	OH staff takes action based on employee complaints of injury/illness. Employees undergo physical examinations, symptom evaluations, testing, and receive treatment as necessary.	Follow established medical practices.	D	M	3	3	
4.4.2.13	D = Review medical program. (Doc. 29)	Health surveillance data are collected, compiled and analyzed.	No trending	D	DNM	0	3	
4.4.2.14	D = Review medical program. (Doc. 29)	A mechanism is in place to communicate health surveillance data on a periodic and as needed basis.	Capable of doing. Not being done.	D	UD	1	3	
4.4.2.15	D = Review medical program. (Doc. 29)	A person is assigned to recording/reporting responsibilities.	RN reports to IRIS	D	M	3	3	
4.4.2.16	D = Review medical program. (Doc. 29)	Employee concerns regarding medical treatment are documented and a response is rendered.	In personal medical records.	D	M	3	3	
4.4.2.17	D = Review medical program. (Doc. 29)	Timely and safe transportation is provided to offsite occupational health services.	Ambulance available onsite.	D	M	3	3	
4.4.2.18	D = Review medical program. (Doc. 29)							
4.4.2.19	D = Review medical program. (Doc. 29)							
4.4.3	Subsection: Treatment: Licensed health care professionals must be available for treatment of illness and injury. [TED 8.4, Chapter III, IIC.3.d.]							
4.4.3.1	I = Ask responsible personnel to explain the implementation of the medical policies, procedures, and programs.	OH services are delivered in accordance with written policies, procedures, protocols, and guidelines.		I	M	3	3	

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D=Documents, Procedures Records; I=interviews; V=Visual Observation

ID	Instruction	Criteria	Finding	S	R	PR	PA	P
4.4.3.2	D = Review the medical program. Determine if it captures and covers all facility related health concerns. (Doc. 29) I = Ask employees to explain what monitoring programs they are included in, if any. (worker interview G-6)	OH services are delivered consistently, effectively and are assured to be in accordance with acceptable standards of practice and OSHA requirements.		D,I	M	3	3	
4.4.3.3	D = Review medical program. Signs/symptoms of adverse health effects among workers are identified early and treatment or interventions are effective. (Doc. 29) I = Ask employees if they feel the medical program provides prompt response to health concerns. (worker interview G-5)	Employees with signs and symptoms of adverse health effects receive prompt and appropriate treatment and/or are referred for appropriate follow-up.		D,I	M	3	3	
4.4.3.4	D = Review industrial hygiene monitoring programs (Doc. 14) I = Ask employees if they have seen industrial hygiene monitoring. (worker interview C-4)	Action is taken to investigate cause of exposure, and evaluate effectiveness of protective measures.	Not involved in mishap investigation process. No evidence of evaluating effectiveness of protective measures.	D,I	UD	1	3	
4.4.3.5	D = Review medical program. (Doc. 29) I = Ask employees if the medical program is effective.	Treatment protocols (for in-house OH staff only) are effective and applied consistently.		D,I	M	3	3	
4.4.3.6	D = Review medical program. (Doc. 29) I = Ask employees if the medical program is effective.	OH staff provides that treatment provided to employees is within the scope of their licensure, level of experience, training and certification.		D,I	M	3	3	
4.4.3.7	D = Review medical program. The employee removal plan complies with required OSHA regulations. (Doc. 29) I = Ask in-house medical personnel to explain the return to work policies.	Policies and procedures, i.e. medical removal and return to work, are written, implemented and effective. Employees with adverse health effects are removed from hazardous work as appropriate. After treatment and evaluation of treatment, these employees are returned to the type of work they are able to perform without harm to themselves or others.	There is a return to work policy	D,I	M	3	3	
4.4.3.8	D = Review medical program. (Doc. 29)	Medical records are complete and maintained in a confidential manner.	In accordance with HIPAA	D	M	3	3	

Criteria		Finding				
ID	Instruction	S	R	PR	PA	P
4.4.3.9	D = Review medical program. (Doc. 29) I = Ask employees if the posted OSHA log matches the actual occurrence of injury at the facility. V = Verify OSHA log is posted.	D,I,V	M	3	3	
Total:				108	138	
Score:						78%

Section: Preventative Maintenance: Maintenance of equipment and facilities is an especially important means of anticipating potential hazards and preventing their development. Planning, scheduling, and tracking preventative maintenance activities provides a systematic way of ensuring that they are not neglected and that unsafe short cuts do not occur resulting from improperly maintained equipment. Safety critical equipment is maintained and typically includes exhaust ventilation, machine guards, employee alarms, sprinklers, cranes, elevators, etc. [TED 8.4, CPTR III, II.C.3.e; Appendix F, 4.4.1]						
ID	Instruction	S	R	PR	PA	P
4.5						
4.5.1.1	D = Review the maintenance schedule and verify preventative maintenance activities are planned and tracked to closure. (Doc. 25, 26, 30) I = Ask maintenance director to describe maintenance schedule. (maintenance interview 1) D = Review the accident investigation records. See if incidents occur as a result of maintenance system weaknesses.					
4.5.1.2	D = Review preventative maintenance procedures. Equipment includes: manufacturing equipment plus - fork lifts, cranes and hoists, ladders, electrical equipment, tools, PPE, calibration, etc. (Doc. 25, 26)	D,I	M	3	3	
4.5.1.3	D = Review maintenance records to verify that there is a tracking mechanism for completion of maintenance tasks. (Doc. 25, 26) I = Ask employees if equipment breakdowns are promptly fixed.		PM	2	3	
4.5.1.4	D = Review maintenance records to verify that there is a tracking mechanism for completion of maintenance tasks. (Doc. 25, 26) I = Ask employees if equipment breakdowns are promptly fixed.	D	M	3	3	
		D,I	M	3	3	

S=Source; R=Response; PR=Points Received; PA=Points Available; P=Priority
D=Documents, Procedures Records; I=Interviews; V=Visual Observation

ID	Instruction	Criteria	Finding	S	R	PR	PA	P
4.5.1.5	D = Review maintenance records to verify that there is a tracking mechanism for completion of inspection findings. (Doc. 25, 26) I = Ask employees if maintenance issues identified by self-inspections are promptly fixed. (maintenance interview E-3) V = Take out a self-inspection maintenance issue finding listed as closed and verify on the facility floor.	Maintenance issues identified by the applicants self-inspections are recorded and systematically corrected in a timely fashion.	Yes for cranes and trucks. Yes for work orders that are safety related. Safety work orders are closed promptly, only 4 open safety work orders on 1/15/04 - and these 4 each are waiting for parts ordered. Not all inspection findings are transferred into the safety work order system.	D,I,V	PM	2	3	
4.5.1.6	D = Review list of safety critical equipment that need preventive maintenance to verify it exists. (Doc. 24, 25, 26) V = Observe safety critical equipment needing preventive maintenance and verify it is on the list.	A survey of safety critical maintenance needs at the worksite has been conducted and is periodically updated and revised. [PMG (c)(3)(ii)]	Yes for most equipment. Hoods not all included.	D,V	PM	2	3	
4.5.1.7	D = Review list of safety critical equipment that need preventive maintenance to verify it exists. (Doc. 24, 25, 26)	Safety critical equipment, such as local exhaust ventilation, fire protection and alarm systems, e-stops, machine guards, etc. is part of this maintenance system and maintained to the manufacturer's schedule.	Fire suppression equipment inventoried and inspected/maintained on schedule. Hoods not on scheduled maintenance.	D	PM	2	3	
4.5.1.8	D = Review analysis documents of maintenance request, safety work order and repair records used to determine breakdown timing. (Doc. 25, 26)	Maintenance requests, safety work orders, and repair records and repair records are routinely analyzed to predict breakdown timing and to revise schedules as necessary. [PMG (c)(3)(ii)]	WICC as contractor 3 years. No previous records. Building database to be used for this purpose.	D	PM	2	3	
Total:						19	24	
Score:						79%		

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D=Documents, Procedures Records; I=Interviews; V=Visual Observation

ID	Instruction	Criteria	Finding	S	R	PR	P-I	P
4.6	Section: Hazard Correction Tracking: VPP tracking systems will be somewhat centralized, will capture all corrective actions generated from self-inspections, self-evaluations, incident investigations, employee reports of hazards, and other processes where corrective actions are necessary. Generally, the tracking system provides a reliable means of communicating corrective action status and ultimate completion back to involved employees. [TED 8.4 CPTTR III, II.C.3.f]							
4.6.1.1	D = Review hazard correction tracking procedures. (Doc. 30)	A hazard correction tracking method exists for employee reports of hazards.	IRIS System - yes, Trouble desk - no evidence.	D	PM	2	3	
4.6.1.2	D = Review hazard correction tracking procedures. (Doc. 30)	A hazard correction tracking method exists for surveys (baseline, IH, etc.).	Hood surveys - no, JHAs - no	D	DNM	0	3	
4.6.1.3	D = Review hazard correction tracking procedures. (Doc. 30)	A hazard correction tracking method exists for inspection findings.	Open inspection items report monthly. Not always updated in system. Some were found to be open when really closed.					
4.6.1.4	D = Review hazard correction tracking procedures. (Doc. 30)	A hazard correction tracking method exists for accident investigation findings.	IRIS identifies open/closed items. Anticipated due dates, actual completion dates.	D	M	3	3	
4.6.1.5	D = Review hazard correction tracking procedures. (Doc. 30)	A hazard correction tracking method exists for safety maintenance work orders.	Maximo	D	M	3	3	
4.6.1.6	D = Review hazard correction tracking procedures. (Doc. 30)	A hazard correction tracking method exists for committee suggestions.	Tracked in meeting minutes employees, exec. Committees.	D	M	3	3	
4.6.1.7	D = Doc. 30	Corrective actions are assigned to responsible parties and prioritized.	Assigned to responsible organization where contractor managers are responsible for corrections. Prioritized by RAC.	D	PM	2	3	
4.6.1.8	D = 1	Interim abatement and protection is established for non-immediate fixes.	Shutdown of work, pressure gun from bleach incident still used.	D	UD	1	3	
4.6.1.9	D = Review hazard correction training report for closure. (Doc. 30)	Hazards identified (inspections, accident investigations, safety work orders, industrial hygiene, baseline surveys, committee/employee suggestions, etc.) are reported, tracked and corrected in a timely manner. [PMG(c)(3)(f)]	No, several JSA recommendations not implemented (meat slicing/office housekeeping). Several investigation CAPs not implemented. (Pressure gun for bleach). Hood survey findings not closed; hoods being used, despite tag indicating not to use for toxic materials.					
4.6.1.10	I = Ask employees if reported hazards are corrected in a timely manner. (worker interview E-3) V = Take examples of closed out corrective actions and verify closure on the facility floor. V = Check a number of recent closed action items to verify they are actually closed.	Follow-up/closure of action plans occurs to ensure abatement.	No, several JSA recommendations not implemented (meat slicing/office housekeeping). Several investigation CAPs not implemented. (Pressure gun for bleach).	D,I,V	UD	1	3	
				V	UD	1	3	

S=Source; R=Response; PR=Points Received; PA=Points Available; P=Priority
D=Documents, Procedures Records; I=Interviews; V=Visual Observation

ID	Instruction	Criteria	Finding	S	R	PR	PA	P
4.6.1.11	D = Review hazard correction tracking reports to determine staging date. (Doc. 30) I = Ask employees how long the system has been in place.	For Star, a tracking system has been in place for one year.	See above findings.	D,I	PM	2	3	
Total:						20	33	
Score:				61%				

ID	Instruction	Criteria	Finding	S	R	PR	PA	P
4.7	<p>Section: Emergency Preparedness: Planning and training for emergencies is essential in minimizing the harmful consequences of an accident or other threat if it does occur. If personnel are not so thoroughly trained to react to emergencies that their responses are immediate and precise, they may expose themselves and others to greater danger rather than reduce their exposure. The nature of potential emergencies depends on the nature of site operations, and its geographical location. The extent to which training and drills are needed depends on the severity and complexity of the emergencies, which may arise. Anticipated emergencies may include: fire, spills, explosion, natural disasters, terrorist threat, civil disturbance, earthquake, tornado, critical shutdowns, injuries and illness, etc. [TED 8.4, CPTR III, III.C.3.b; Appendix E, Section III.A; Appendix F, 4.4.1]</p>							
4.7.1.1	D = Review the written emergency procedures. (Doc. 28) V = Observe the worksite to identify unaddressed potential emergencies.	Emergency plans and preparations are documented for all anticipated emergencies. [PMG(c)(3)(iii)]	Plans written for each building using a template. Site-wide plans for various emergencies, including hurricane.	D,V	M	3	3	
4.7.1.2	D = Review the emergency response plan to verify that the given elements are in place. (Doc. 28) I = Ask emergency response personnel to describe from where emergency responses will come for specific emergencies.	Written emergency procedures include effective first aid response actions and occupational health plans.	Onsite clinic and 24/7 ambulance with advanced life support.	D,I	M	3	3	
4.7.1.3	D = Review the emergency response plan to verify that the given elements are in place. Emergency drills include all scenarios (evacuation, first aid, spills, etc.). (Doc. 28) I = Ask emergency response personnel to describe from where emergency responses will come for specific emergencies.	Written emergency procedures contain effective plans to communicate requirements to the work site and a schedule for conducting emergency drills annually.	Fire drills scheduled annually for occupied buildings. Other drills are conducted by Fire Dept. monthly.	D,I	M	3	3	
4.7.1.4	D = Review emergency procedures for relevant phone numbers. Determine if they are current. (Doc. 28)	Written emergency procedures list current emergency telephone numbers.	Updated annually. Site numbers do not change, even if personnel change.	D	M	3	3	

S=Source; R=Response; PR=Points Received; PA=Points Available; P=Priority
D=Documents, Procedures Records; I=Interviews; V=Visual Observation

ID	Instruction	Criteria	Finding	S	R	PR	PA	P
4.7.1.5	D = Review the emergency response plan to verify that the given elements are in place. (Doc. 28) V = Verify that evacuation routes are posted.	Written emergency procedures include current routine and emergency exits.	Building plan with exits.	D,V	M	3	3	
4.7.1.6	D = Review the emergency response plan to verify that the given elements are in place. (Doc. 28) V = Verify that evacuation routes are posted.	Written emergency procedures include current emergency meeting places.	Assembly areas shown on plan.	D,V	M	3	3	
4.7.1.7	D = Review the written drill schedule. (Doc. 28) I = Ask workers to describe the last three drills. (worker interview B-5)	Training and unannounced drills covering all employees are conducted annually for all emergency responses so that they will be second nature.	Evacuation only.	D,I	M	3	3	
4.7.1.8	D = Review the written emergency procedures. (Doc. 28)	Emergency plans take into account potential explosions and are effective.	Aircraft mishaps, and impact of rockets addressed.	D	M	3	3	
4.7.1.9	D = Review the written emergency procedures. (Doc. 28)	Emergency plans take into account likely fire sources and scenarios and are effective.	Fire Dept. controls all Hot Work Permits. Evacuation plans for employees with onsite Fire Dept. response; minimum of 4 fire fighters onsite 24/7 with 3 minute response time.	D	M	3	3	
4.7.1.10	D = Review the written emergency procedures. (Doc. 28)	Emergency plans take into account the release of toxic chemicals and are effective.	Spill response plans. Several members of Fire Dept. are hazwoper/hazmat certified.	D	M	2	3	

ID	Instruction	Criteria	Finding	S	R	PR	PA	P
4.7.1.11	D = Review the written emergency procedures. (Doc. 28)	Emergency plans take into account likely weather conditions and are effective.	Hurricane - fighting, snow/ice plans.	D	M	3	3	
4.7.1.12	D = Review the written emergency procedures. (Doc. 28)	Emergency plans take into account natural disasters and are effective.		D	M	3	3	
4.7.1.13	D = Review the written emergency procedures. (Doc. 28)	Emergency plans take into account bomb threats and are effective.		D	M	3	3	
4.7.1.14	D = Review the written emergency procedures. (Doc. 28)	Emergency plans take into account other emergency situations (terrorists, civil disturbances, etc.) and are effective.	Some coordinated plans with other agencies in area.	D	PM	2	3	
4.7.1.15	D = Review the written emergency procedures for defined responsibility of response personnel. (Doc. 28)	Written procedures are established to cover responsibility (e.g., incident commander) for handling each kind of emergency and are effective.	Use ICS. Line of command established.	D	M	3	3	
4.7.1.16	D = Review the emergency response plan to verify that the given elements are in place. (Doc. 28)	Written procedures are established to cover emergency shut down and start up of equipment and are effective.	Various building emergency plans address equipment shutdown as needed.					
	I = Ask maintenance personnel to explain the shut down of critical equipment in the event of an emergency, e.g., gas lines. (maintenance interview 2)			D,I	M	3	3	
4.7.1.17	D = Review the written emergency procedures. (Doc. 28)	Written procedures are established to cover PPE requirements for each scenario. Required PPE is available.	Fire Dept fully equipped.	D	M	3	3	
4.7.1.18	D = Review the written emergency procedures. (Doc. 28)	Written procedures are established to cover emergency medical care and follow-up and are effective.	Ambulance, clinic; hospital is one-hour away. Can re-call responders as needed.	D	M	3	3	
4.7.1.19	D = Review the critiques. (Doc. 28)	Events and drills are critiqued. Critiques are documented and recommendations for improvement are implemented and completed.	Fire Dept. critiques all drills and follows up.	D	M	3	3	
4.7.1.20	D = Review training records (Doc. 31, 32, 33, 34) I = Ask employees what to do and where to go in the event of emergency. (worker interview B.5)	Employees have been informed of all emergency response plans and know precisely what they are expected to do in each type of emergency as soon as alerted.	Some FOMs and wardens are trained in preparing the plans and response by the Fire Dept. Need more coverage of FOM training.	D,I	PM	2	3	

S=Source; R=Response; PR=Points Received; PA=Points Available; P=Priority
D=Documents, Procedures Records; I=Interviews; V=Visual Observation

ID	Instruction	Criteria	Finding	S	R	PR	PA	P
4.7.1.21	D = Review the written emergency procedures. (Doc. 28)	The emergency response system is adequately designed, implemented, and communicated to both employees and to the community.		D	M	3	3	
Total:						60	63	
Score:				95%				

5.0		Element: Safety & Health Training: Safety and health training addresses the safety responsibilities of all personnel concerned with the site, whether salaried or hourly. It is often most effective when incorporated into other training about performance requirements and job practices. Its complexity depends on the size and the complexity of the worksite, and the nature of the hazards and potential hazards at the site. [PMG (b)(4)] [TED 8.4, CPR III, IIC.4.a; Appendix E, Section III.A, Appendix F, 4.5.1]						
5.1		Section: Managers: Because there is a tendency in some businesses to consider safety and health a staff function, and to neglect the training of managers in safety and health responsibilities, the importance of managerial training is noted separately. Managers who understand the way and the extent to which effective safety and health protection impacts on the overall effectiveness of the business itself, are far more likely to ensure that the necessary safety and health management systems operate as needed.						
5.1.1.1	D = Review training records to verify that top management receives annual training about safety and health responsibilities, such as VPP elements. (Doc. 32). I = Ask top managers what training they receive regarding health and safety responsibilities. (maintenance interview 6)	Managers are trained to understand VPP elements and it is effective. [PMG(c)(4)(iii)]	Safety office only. Committees are aware. Contractor managers - No.	D,I	UD	I	3	
5.1.1.2	D = Review training records to verify that top management receives annual training about safety and health responsibilities such as goals and objectives. (Doc. 32) I = Ask managers what training they receive in goals and objectives. (maintenance interview 6)	Managers are trained in understanding how to develop and manage to safety goals and objectives and it is effective. [PMG(c)(4)(iii)]	Major G&O are VPP status. PEP identifies goals and objectives. Included in safety committee.	D,I	UD	I	3	
5.1.1.3	D = Review training records to verify that top management receives annual training about Safety and Health responsibilities such as commitment in implementing the program through use of metrics (leading and lagging metrics). (Doc. 32) I = Ask managers what training they receive in metrics. (maintenance interview 6)	By implementing the program through the use of metrics and accountability, managers are trained in commitment. [PMG(c)(4)(iii)]	Not trained in metrics that lead to accountability. Closely relates to accountability section of this report. No training in metrics. Some metrics established, not goal oriented.	D,I	UD	I	3	

ID	Instruction	Criteria	Finding	S	R	PR	PA	P
5.1.1.4	D = Review training records to verify that top management receives annual training about safety and health responsibilities such as how to become involved. (Doc. 32) I = Ask top management what training they receive on how to become involved. (maintenance interview 6)	Managers are trained in how to become involved and it is effective. [PMG(c)(4)(iii)]	Yes, thru monthly safety meetings, committees, inspections, etc.	D,J	M	3	3	
Total:						6	12	
				Score:		50%		

5.2	<p>Section: Supervisor: First-line supervisors have an especially critical role in safety and health protection because of their immediate responsibility for workers and for the work being performed. Effective training of supervisors will address their safety and health management responsibilities as well as information on hazards, hazard prevention, and response to emergencies. Although they may have other safety and health responsibilities, those listed in these guidelines merit particular attention.</p>							
5.2.1.1	D = Review job description and training records to verify that supervisors safety and health responsibilities have been defined and trained to (Doc. 7, 32). I = Ask supervisors what training they have received about their responsibilities. (supervisor interviews B1-4)	Supervisors are trained in their safety and health responsibilities and VPP elements. [PMG(c)(4)(ii)]	Given supervisor handbook - yes, VPP - no	D,J	PM	2	3	
5.2.1.2	D = Review training records to verify that supervisors have been trained to analyze work under their supervisors (Doc. 32). I = Ask supervisors what training they have received to identify unrecognized potential hazards. (supervisor interview B1-4)	Supervisors are trained to analyze the work under their supervision and to identify unrecognized potential hazards. [PMG(c)(4)(ii)(A)]	Chemical III Plan - no. JSA training has not been conducted for hazard recognition and implementation strategies.	D,J	PM	2	3	

ID	Instruction	Criteria	Finding	S	R	PR	PA	P
5.2.1.3	D = Review training records to verify that machine guarding/housekeeping is reviewed (Doc. 32). I = Ask supervisors what training they have received regarding machine guarding. (supervisor interview B1-4) V = Perform walkthrough of areas looking for removed or disabled guards.	Supervisors are trained to maintain physical protections in their work areas. [PMG(c)(4)(ii)(B)]	Very few machines requiring guarding. Housekeeping is issue identified in JSA for offices. Clutter on top of shelves has not been taken care of.	D,I,V	UD	I	3	
5.2.1.4	I = Ask supervisors how they reinforce training. (supervisor interview B-6). V = Observe supervisors to verify that they reinforce training.	Supervisors are trained to reinforce employee training on the nature of potential hazards in their work areas. [PMG(c)(4)(ii)(C)]	Poor disciplinary/appraisal system. No JSA observation process.	D,V	UD	I	3	
5.2.1.5	D = Review training records to verify that supervisors have been trained to understand policies and rules for hazard prevention (Doc. 2, 3, 4). I = Ask supervisors what training they receive regarding health and safety responsibilities (supervisor interview B1-4)	Supervisors know and understand policies, rules, and procedures to prevent hazard exposure.	Make immediate fix, if able to. Complete safety work orders, provide interim controls for hazards unable to be immediately fixed.	D,I	M	3	3	
5.2.1.6	D = Review disciplinary records looking for disciplines involving safety that does not result from an accident (Doc 22).	Supervisors use teaching and discipline to ensure that employees follow rules and work procedures. [PMG(c)(4)(ii)(c)]	No records, interviews with supervisors indicated that they do not know or use system.	D	DNM	0	3	
5.2.1.7	I = Ask supervisors what they are to do in an emergency. (supervisor interview B-7).	Supervisors know what to do in emergencies.	Yes, evacuate building, meet in designated areas, take count. FOMs receive informal training in emergency prep and response. No decision making training.	I	UD	I	3	
5.2.1.8	D = Review supervisor training curriculum (Doc. 32).	A training curriculum exists for supervisors and covers all required training.	Supervisors have handbook. Same as Greenbelt.	D	DNM	0	3	
Total:						10	24	
Score:								42%

ID	Instruction	Criteria	Finding	S	R	PR	P4	P
5.3		<p><i>Setting: Employees: For an effective program of safety and health management, it is critical that everyone at the worksite understand their role in that program, the hazards and potential hazards that need to be prevented or controlled, and the ways to protect themselves and others. This includes safety and health training for workers, supervisors, and management. Everyone in an organization has some responsibility for safety and health. Safety and health training is to ensure that all workers understand what hazards they may be exposed to, why the hazards pose a threat and how they can protect themselves and others from the hazards. Responsible workers accept and follow established safety and health protection. Note: Worker definition includes applicable and nested contractors and temporaries.</i></p>						
5.3.1.1	D = Review training matrix (Doc. X)	A needs survey has been performed resulting in a list of required courses for each person/position.	Yes. NSTS Training needs for FY 2004.	D	M	3	3	
5.3.1.2	D = Review training documentation (Doc. 31, 33, and 34) I = Ask workers how they are trained on hazards of their work and how to avoid them. (worker interview E & G-1) V = Observe work activities to verify workers have been trained to exiting hazards and how to avoid them.	Workers are trained to understand exposure to all hazards and how to prevent harm to themselves and others. Workers receive training on the effects of the hazards, signs, symptoms, and how to report them. (PMG (c)(4)(i))	Review of hazards associated with specific tasks is not communicated to employees via JHA or SOPs	D,I,V	UD	1	3	
5.3.1.3	D = Review training documentation (Doc. 31, 33, and 34). Compare to written program and site hazards.	Training is provided to all regulatory required standards.	Confined Spaces - underway- not completed yet for all Confined Space and contractors. Haz-com - yes.	D	PM	2	3	
5.3.1.4	I = Ask workers to give examples of reported hazards or symptoms. Explain follow-up procedures. (worker G-1)	Workers know of the possible adverse health effects of their work hazards. They understand how to protect themselves, and when and how to report symptoms and/or exposure incidents. (TED 8.4 Appendix F, 4.5.1 (IV)(A), and Appendix E (IV)(A))	Workers are aware of the hazards of their jobs. They are familiar with reporting requirements.	I	M	3	3	
5.3.1.5	I = Ask workers to give examples of rights, responsibilities, and the role of the OH service.	They are trained in and know their rights, responsibilities and the role of the OH service.	Provided in 20 minute orientation video.	I	M	3	3	

ID	Instruction	Criteria	Finding	S	R	PR	PA	P
5.3.1.6	D = These procedures, rates, etc. are typically related to JHAs and other hazard analysis (Doc. 31, 33, and 34). I = Ask works about training received when entering a new job (worker interview B-2). V = Observe work activities to verify workers understand hazards and how to avoid them.	Workers are trained in specific hazards, safety rules and practices related to their work assignments, before they assume new duties.	Look for on-the-job training. Haz-Comm - yes, Chemical Hygiene Plan - no, JSA - no, side-by-side work for shadowing.	D,I,V	DNM	0	3	
5.3.1.7	D = Verify written procedures normal use and spills involving hazardous materials (Doc. 31, 33, and 34). I = Ask workers about emergency spill procedures for hazardous materials (worker interview B-5) V = Verify spill kit (if applicable) locations throughout the facility. D = Review orientation outline.	Workers are trained how to properly handle any hazardous materials in the workplace.	Ordinance Training - explosives - Ernie Corwell, Spills, Mary Ann Semki, Bill Butt, Shawn Welton, Haz-wopper/Haz-mat	D,I,V	M	3	3	
5.3.1.8	I = For construction programs, this would benefit by a special tool box talk describing the program and employee participation in it.	Subcontractor/temporary workers are informed of the facility's participation in the VPP to the same degree and their rights to still complain to OSHA.	Not yet					
5.3.1.9	D =	People responsible for being involved in programs, such as hazard analysis, inspections, etc. have been trained to do so. This training is effective.	Chemical Hygiene plan - no JSA - some, Inspections - FOM, Ergo -	D,I	DNM	0	3	
5.3.1.10	D =	Training attendance is documented and verifies successfully meeting the training schedules.	Training recorded are very scattered FOM, supervisor, Greenbelt	D	PM	2	3	
5.3.1.11	D = Check a few course outlines and lesson plans.	Training curriculum is up-to-date, specific to work place operations and procedures, trends, hazards and controls.	Curriculum based on survey as to what supervisor and their employees participate in.	D	UD	1	3	
5.3.1.12	I =	Training presented is understandable to personnel.	WFF offered training is updated with employee feedback. NAROCK does not give feedback for ordinance training.	I	M	3	3	
5.3.1.13	D =	Trainers are qualified (specific knowledge and expertise) in the subject area.	NASA Safety Training Counsel and outside experts conduct most training. FOMs	D, V	M	3	3	

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D=Documents, Procedures Records; I=Interviews; V=Visual Observation

ID	Instruction	Criteria	Finding	S	R	PR	PA	P
5.3.1.14	D = Topics.	Orientation training for workers and contractors includes: hazard discussion, protective measures, emergency evacuation, employee OSHA rights and VPP.	See video	D	M	3	3	
5.3.2	Subsection: Committee Training: Committee members who need training in hazard recognition, or other committee activities, must have access to such training. Journeyman craftsmen may not have the expertise outside of their craft, or be prepared to recognize certain hazards. The test is whether the committee members possess adequate experience and knowledge to conduct their responsibilities (e.g. inspections), or whether training is needed for them to adequately recognize hazards. (TELD 8.4 Appendix F, 4.5.1 (IV)(4), and Appendix E (IV)(4))							
5.3.2.1	D = Review training requirements documentation for committee members (Doc 33). I = Ask committee members if they have received training on how to operate as a team.	Workers who participate on committees have been trained on their responsibilities and committee functions. [PMG (c)(4)(g)]	No training	D,I	DNM	0	3	
5.3.2.2	D = Review training requirements documentation for committee members (Doc. 33). I = Ask the committee members about trend analysis techniques utilized, if any. (committee interview 12)	If the committee is used to perform trend analysis, it has had training in how to use statistics to direct inspections and analyze trends.	Do not trend	D,I	DNM	0	3	
5.3.2.3	D = Review training requirements documentation for committee members (Doc. 33). I = Ask the committee about training on group dynamics.	The committee has had training in how to work together as a group.	No	D,I	UD	1	3	
5.3.2.4	D = Review training records for committee personnel. (Doc. 33-34) I = Ask committee members what training was required to be on the committee. (committee interview 9)	Committee members are trained for their other technical responsibilities.	Tracking - JSA - some, very informal Haz recording/PPE/OSHA training, not all have received PPE training.	D,I	PM	2	3	
Total:						31	54	
				Score:		57%		

Instructions		Criteria		Finding		S	R	PR	PA	P
5.4	Section: Emergencies: Training should be provided to all employees regarding their responsibilities for each type of emergency. Managers, supervisors, and non-supervisory employees, including contractors, must understand what to do in emergencies. [TED 8.4, Chapter III, HC.4.e.]									
5.4.1.1	I = Ask manager, supervisors and workers to describe what to do in the event of an emergency (covers several examples). Ask the last time drills were performed (worker interview B-5).	All employees are aware of their responsibilities for each type of emergency.	Some employees were not aware of evacuation routes and points of assembly outside of building.	D,J	PM	2		3		
5.4.1.2	D = Compare training matrix for the facility to the emergency response plan to determine if all regulatory required training is covered. (Doc. 31).	Response personnel (e.g., first aid, rescue, spills, etc.) are specifically trained to site scenarios, procedures and this is effective.	BBP, spills, first-aid, monthly training (structural, haz-mat, crush, emt) CS rescue, etc.							
5.4.1.3	I = Ask the worker to describe the safety and health training received and how often (worker interview B-1, 2).	Response personnel are specifically trained to regulatory required topics.	Respiratory- yes, BBP - yes, see above.				M	3		3
5.4.1.4		Incident commanders are trained to their scenarios, specific responsibility and this training is specific.	Contact list.				M	3		3
				Total:				11	12	
				Score:						92%
5.5	Section: PPE: Where personal protective equipment (PPE) is required, employees must understand that it is required, why it is required, its limitations, how to use it, and maintenance. [TED 8.4, Chapter III, HC.4.f.]									
5.5.1.1	D = Review the training matrix for PPE related training. (Doc. 31, 33 and 34).	Workers are trained how to use PPE.	No evidence in training records, but many employees report having received training in PPE. Supervisors are responsible for providing PPE training, contractors - yes, civil servants - no.	D,J	UD	1		3		
5.5.1.2	I = Ask the workers what type of PPE used and what training was involved (worker interview H-4) D = Compare the PPE hazard assessment (Doc. X) to the training matrix for PPE related training. (Doc. 31, 33, and 34).	Workers are trained where to use PPE.	Signs are posted in many work areas. No signage in boiler room.							
	I = Ask the workers what type of PPE used and what training was involved (worker interview H-4) V = Walk the facility and check for PPE signage and worker compliance that proper PPE is used.			D,I,V	PM	2		3		

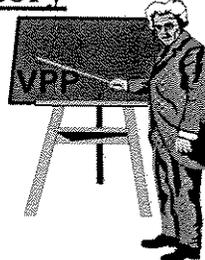
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D=Documents, Procedures Records; I=Interviews; V=Visual Observation

ID	Instruction	Criteria	Finding	S	R	PR	PA	P
5.5.1.3	D = Compare the PPE hazard assessment (Doc. X) to the training matrix for PPE related training. (Doc. 31, 33, and 34). I = Ask the workers what type of PPE used and what training was involved (worker interview H-4) V = Walk the facility and check for PPE signage and worker compliance with PPE required areas.	Workers are trained when to use PPE.	No evidence of training documentation, despite employee reports of training.	D,I,V	UD	1	3	
5.5.1.4	D = Compare the PPE hazard assessment (Doc. X) to the training matrix for PPE related training. (Doc. 31, 33, and 34). I = Ask the workers who is responsible for the distribution and maintenance of PPE (worker interview H-3) V = Walk the facility and check for PPE storage areas. Check for properly maintained equipment.	Workers are trained in the care and maintenance of PPE devices.	No evidence of training documentation, despite employee reports of training. Lab areas have safety available attendance.	D,I,V	UD	1	3	
Total:						5	12	
				Score:		42%		

VOLUNTARY PROTECTION PROGRAMS: An Industry Success Story



DOLLARS



SENSE

Presented by:

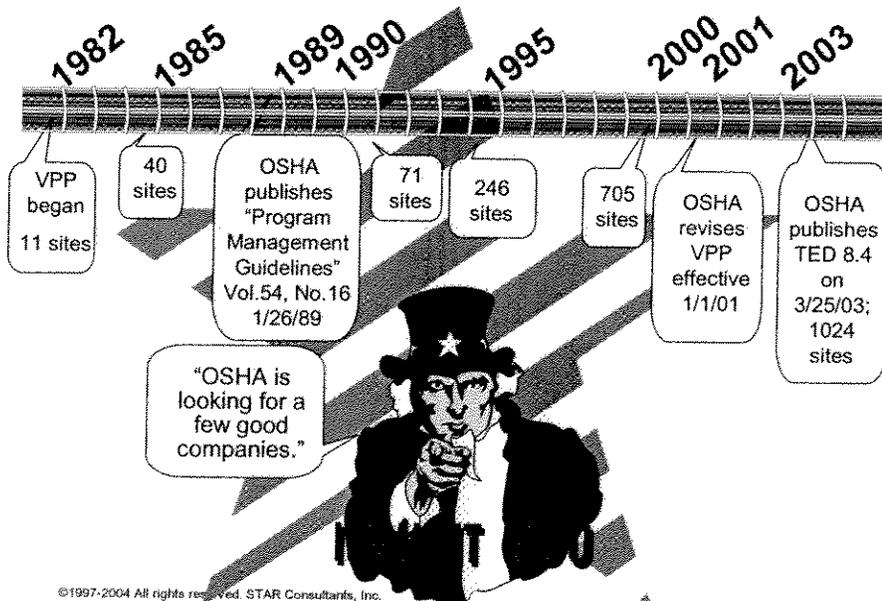
Paul Esposito, CIH, CSP
 STAR Consultants, Inc.
 580 Bellerive Dr. Suite 5-B
 Annapolis, MD 21401
 (410) 349-9713 (410) 757-0524 FAX
 www.starconsultants.net

Presented at:

2/25/2004
 NASA Wallops Island

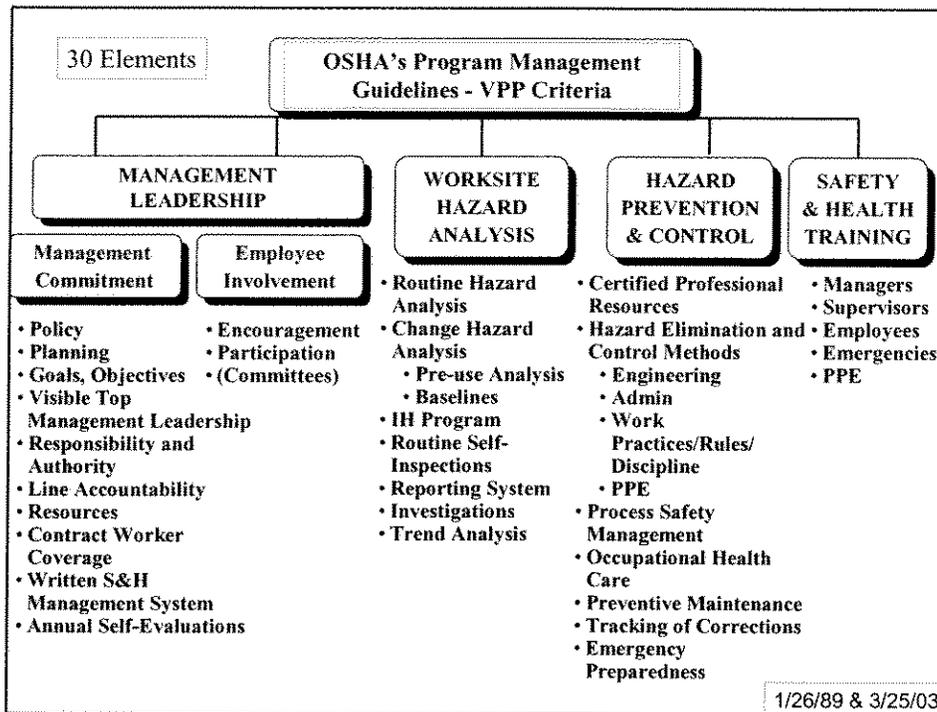
NASA Wallops Island January 2004

What is the VPP?



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2



VPP Baseline Assessment

In order to help a site focus their VPP efforts, a third party review is often performed to help qualify program strengths and weaknesses. We look at:

- ⊗ Site Survey
- ⊗ Company Documents (Pre-Audit Questionnaire) *and perform*
- ⊗ Program and Personnel Interviews (Sample Schedule)

The goal is to be able to verify that efforts are consistent and fully integrated and communicated among all personnel levels.

Response Language

Before we begin an assessment, we categorize and weight the Responses that will be used to answer each evaluation criteria...

Description	Available Points	Goal
Does Not Meet	0	
Under Development	1	
Partially Meets	2	
Meets	3	X
Not Applicable	null	

Response Scoring/Weights

	Response	Points received	Points available
1.1.1	Meets	3	3
1.1.2	DNM	0	3
1.1.3	PM	2	3
1.1.4	N/A	-	-
1.1.5	UD	1	3
Raw Score*		6/12	12
Score		50%	

Red = 0 – 50
 Yellow = 51 – 79
 Green = 80 - 100

Employee Interviews

Employee Interview Table

Employee #	1	2	3	4	5	Max-Min	Avg - al	Std Dev -	% 4 & 5
B. Orientation and Training									67.00%
1. Did you receive safety and health training when you began to work here? (If so, please describe). How soon after you begin to work did you receive training? How long did it last?	2	4	5			5	2	3.67	1.25
2. If you did not get training when you were first hired (or transferred to a new job), have you received any basic safety and health training since that time? If so, please describe.									
Maximum	3	4	5			5	3	4.00	0.82
Minimum	2	4	5						
Average	###	###	###						
Standard Deviation	0.5	0	0						

1- Weakness **Strength- 5**

VPP Requirements...

Have in place at least one year:

- | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> ☆ Management Leadership & Employee Participation <ul style="list-style-type: none"> ⊛ Goals and Objectives (measurable initiatives) ⊛ Performance Appraisals ⊛ Annual Evaluation and Narrative Report ⊛ S&H Steering Committee | <ul style="list-style-type: none"> ☆ Worksite Hazard Analysis <ul style="list-style-type: none"> ⊛ Written IH Program ⊛ Inspections ⊛ Hazard Analysis Process ⊛ Accident Investigations ☆ Hazard Prevention and Control <ul style="list-style-type: none"> ⊛ Tracking Systems |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

The Science of Safety - not just Common Sense
Incorporate Safety into Existing Management Processes
Facilitate Employee Involvement
Plan for Continuous Improvement

Programs of Excellence!!!

- ☆ Safety Committees
- ☆ Top management support
- ☆ Emergency planning
- ☆ Written programs
- ☆ Planning
- ☆ Preventative maintenance
- ☆ Problem reporting
- ☆ Pre-use analysis –range safety system

What We Heard

“Our team has a safety topic at each meeting”

“Too much paperwork” (first aid cases)

“Dollars compete with safety”

“I think Wallops is a very, very safe place to work”



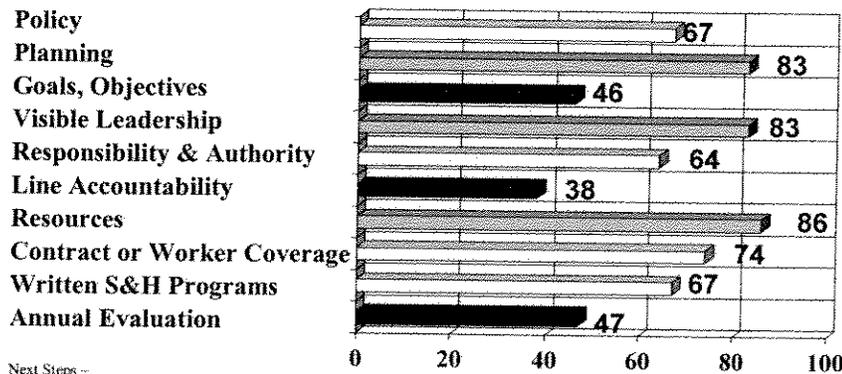
Employee Interviews

Management strengths may be considered by the % of 4's and 5's for each category (13 formal: 7 Civil, 6 Contractor)

	% 4's & 5's
☆ Orientation and Training	82%
☆ Management Leadership	56%
☆ Top Management Involvement	86%
☆ Hazard Correction	79%
☆ Reports of Problems	94%
☆ Health Program	89%
☆ PPE	88%
☆ Safety Committee	60%

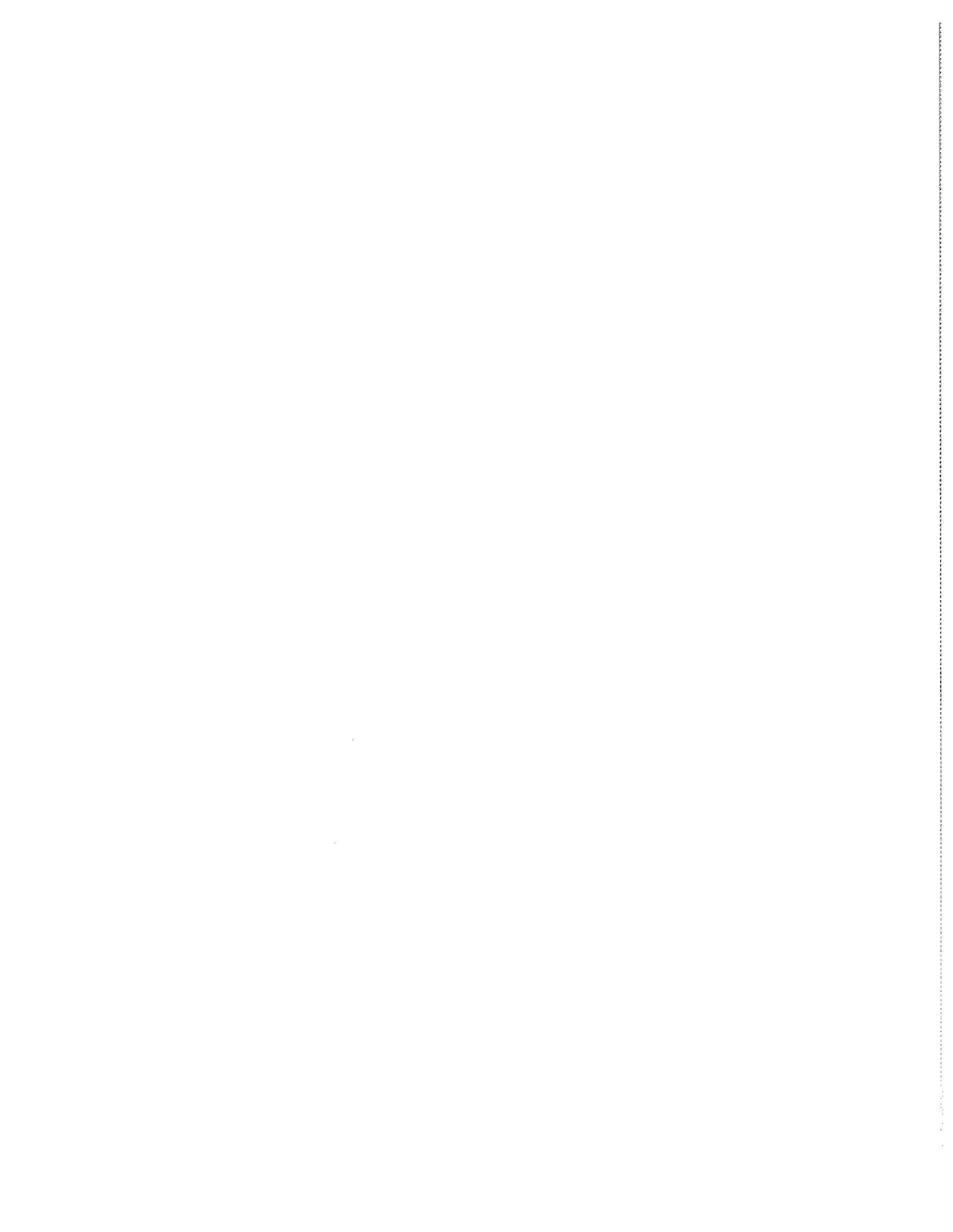


Management Leadership



Next Steps -

- ☆ Policy: Better communication of policy to workforce
- ☆ Planning: Identify training needs
- ☆ Goals, Objectives = Communicate H&S objectives. Periodically measure Objectives (Action Plans) to reach goals, by Department.
- ☆ Responsibility and authority: Include H&S responsibilities in job descriptions. Set expectations for H&S performance
- ☆ Line Accountability: Measure H&S performance in annual appraisals. Establish H&S objectives and measure performance of them.
- ☆ Resources: Issue with furniture replacement restrictions
- ☆ Contractor workers: Report contractor hours. Selection criteria to include safety record
- ☆ Written H&S Programs: Written programs for each SMS element; re-evaluate annually
- ☆ Annual Evaluation: include all VPP elements in the evaluation and perform site observations and document reviews



Supervisor's Scorecard

S&H Initiatives - 1999

Month

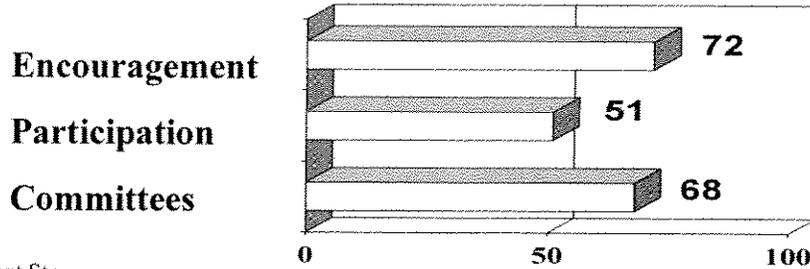
EHS Training	Department			Department			Department			Facility		
	Pop.	% Trn	Goal	Pop.	% Trn	Goal	Pop.	% Trn	Goal	Total	Overdue	Goal
Ergonomics												
Haz Com/MSDS												
BBP												
Forklift												
Fire Extinguishers												
LOTO												
JSA												
PPE												
Discipline	numbers			numbers			numbers			numbers		
Positive												
Negative												
Monthly Contacts												
Accidents/Injuries	M/Prev YTD/Prev Goal			M/Prev TD/Prev Goal			M/Prev YTD/Prev Goal			YTD	2002	Goal

Supervisor's Scorecard (cont.)

Inspections (CMS)	M/Prev YTD/Prev Goal		M/Prev TD/Prev Goal		M/Prev YTD/Prev Goal		YTD	2002	Goal
Findings									
Priority									
Repeat									
Over 30									
Priority over 30									
Incident Root Causes	M/Prev YTD/Prev Goal		M/Prev TD/Prev Goal		M/Prev YTD/Prev Goal		YTD	2002	Goal
People									
Environment									
Equipment									
Management									
Total									
Accident Investigations	complete	over	Goal	complete	over	Goal	complete	over	Goal
Cause w/48 hrs									
Action Plans									
Near Misses									
Participation	Total #	%	Goal	Total #	%	Goal	Total #	%	Goal
Employees									
Set Up JHAs									
Action Plans									Status



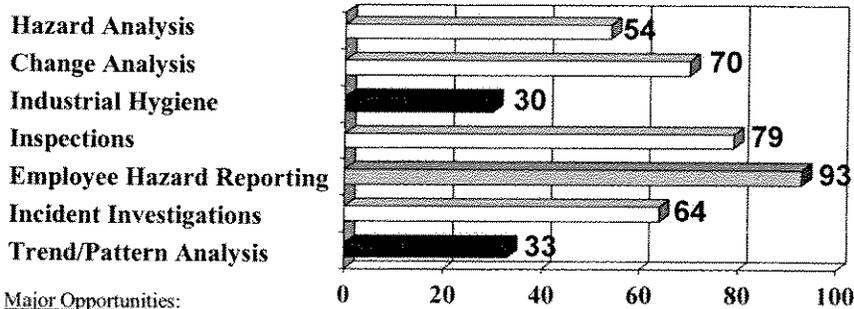
Employee Involvement



Next Steps:

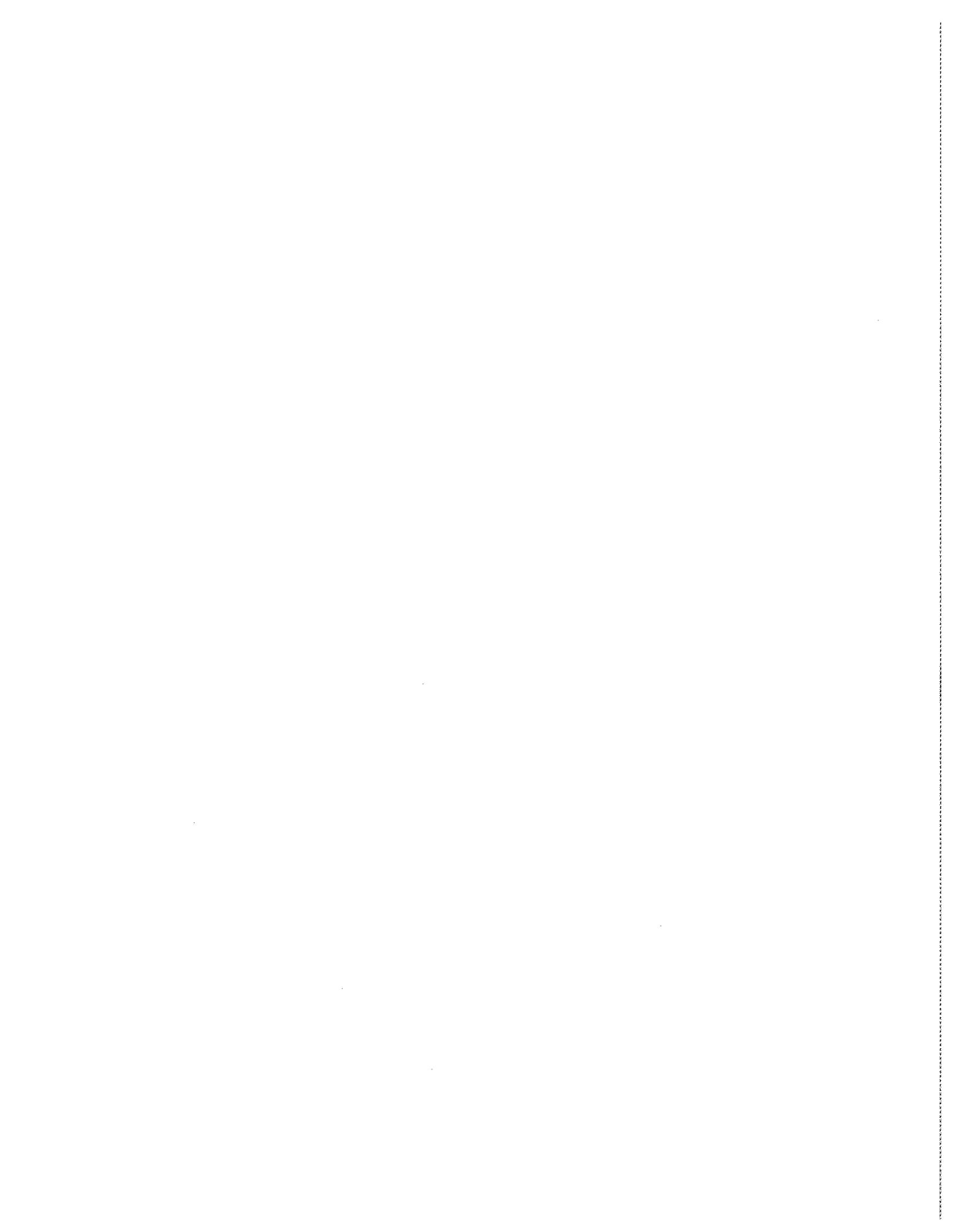
- ☆ Encouragement: H&S objectives; ownership of programs
- ☆ Participation: Communicate safety vision; H&S program involvement; General inspections.
- ☆ Safety Committee: Get involved in investigations, inspections; training in committee functions

Worksite Hazard Analysis

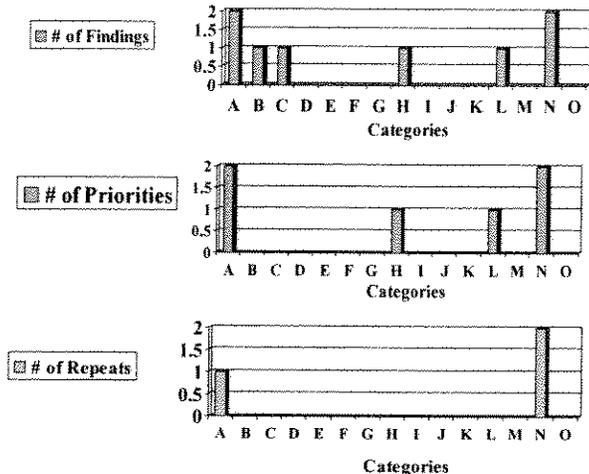


Major Opportunities:

- ☆ Hazard Analysis: Update JHAs and use in training. Provide training in JHA preparation.
- ☆ Change Analysis: Perform baseline hazard analyses for machine guarding, fall, confined spaces, IH, etc. Complete PPE evaluations
- ☆ Industrial Hygiene: Need written program. Perform IH qualitative survey. Follow up on hood survey.
- ☆ Inspections: Track findings to closure; encourage more FOM/Supervisor inspections. Provide training in inspections/hazard recognition.
- ☆ Incident Investigations: Identify causal factors and root causes. Track to closure; investigate more first aid and near misses. Train investigators.
- ☆ Trend Analysis: Trend incidents, inspections, reported concerns. Develop corrective actions for trends detected.



Trend/Pattern Analysis - Charts



Trends for the 1st Quarter

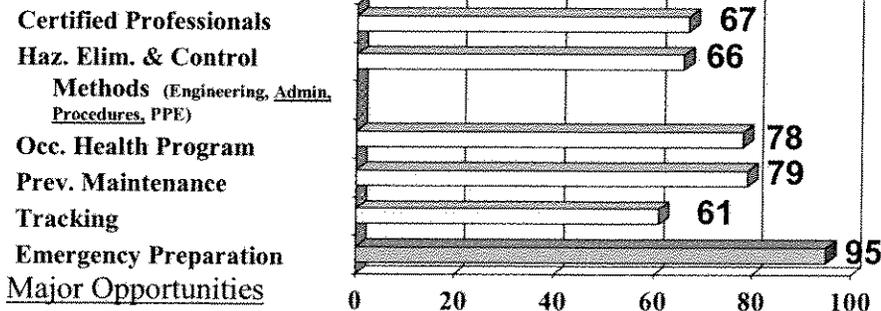
MONTH	1			2			3			TOTAL		
	#	P	R	#	P	R	#	P	R			
A. General Work Area							2	2	1	2	2	1
B. Aisle and Walkways							1			1		
C. Chemical Storage							1			1		
D. Confined Space												
E. Electrical												
F. Emergency Preparedness												
G. Equipment												
H. Fire Safety							1	1		1	1	
I. Flammable Liquids												
J. Guarding												
K. Hurling												
L. Lockout/Tagout							1			1		
M. Materials												
N. Materials Handling							2	2	2	2	2	2
O. PPE												
Total							8	5	3	8	5	3

Use histograms with check sheet to maximize presentation value

Also trend closure rate....

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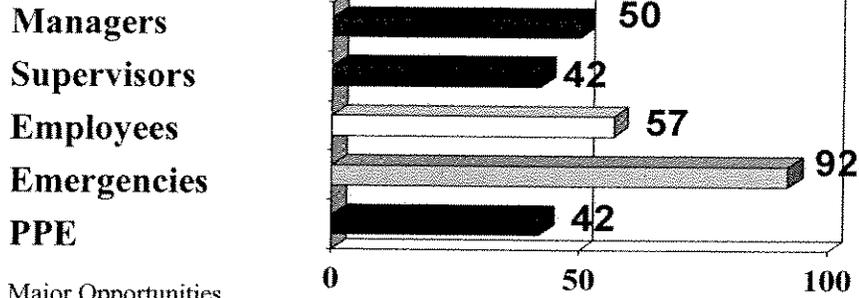
Hazard Prevention and Control



- ☆ Certified Professionals: Need more access to CIHs, CSPs
- ☆ Hazard Controls: Signature on PPE evaluations, improve availability of PPE; disciplinary actions for H&S; coordinate confined space entry with FD
- ☆ Occ. Health: systematic means to identify employees for medical surveillance and enforcement; more involvement of med staff in emergency planning.
- ☆ Preventative Maintenance: fume hoods on a PM schedule; improve inspection findings into WOs.
- ☆ Tracking: Track surveys, improve follow-up on tracking.
- ☆ Emergency Preparation: Train all FOMs and fire wardens.

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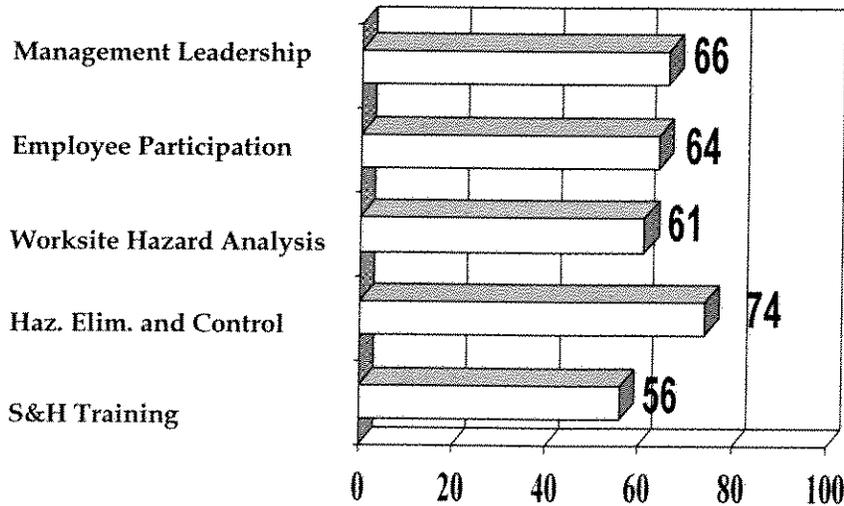
Training Elements



Major Opportunities

- ☆ Managers: SMS elements, setting and measuring objectives for safety
- ☆ Supervisors: hazard recognition training; safety supervision
- ☆ Employees and Committees: enforce required training; provide JHA training; awareness of SMS, committee training
- ☆ Emergencies: Response training for FOMs and fire wardens
- ☆ PPE: provide and document.

VPP Elements



Typical Organizational Opportunities...

Communication of Expectations

Management

- ☆ **More focus on safety metrics: Weekly in meetings (Closure Rates)**
- ☆ **VPP metrics more specific**
- ☆ **Goal and Objective setting**
- ☆ Take a "line/department" accountability perspective
- ☆ **Monthly EHS Scorecard - Matched to Goals and Objectives.**

Maintenance

- ☆ ID and PM Safety Critical Controls
- ☆ **LOTO Audits/Enforcement**
- ☆ Safety Work Order Statistics

Line/Department

- ☆ Tool Set/Accountability
- ☆ Hazard analysis/control communication
- ☆ % of employees involved
- ☆ Monthly meetings
- ☆ **Closure rates for findings/issues**

Employees

- ☆ **Encourage involvement**
- ☆ Report hazards
- ☆ Participate

Engineering

- ☆ Ergonomics lead
- ☆ Safety in Design and Installation
- ☆ Safety signoff

Priority

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Typical Organizational Opportunities...

Safety Committees

- ☆ Develop a detailed Charter
- ☆ **Rotation strategy**
- ☆ **Training**
- ☆ Each member as Champion
- ☆ **Data collection and analysis**
- ☆ QC programs
- ☆ Solution driven

HR

- ☆ **Performance appraisals**
- ☆ Qualifications, Training schedule and attendance

H&S

- ☆ Focus as more of a facilitator
- ☆ Focus more on consultative and coaching
- ☆ Focus more on QC
 - ⊕ accident investigations
 - ⊕ **generating metrics**
 - ⊕ communication
 - ⊕ regulatory watch

Priority

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Deliverables

- ☆ Exit Brief, with scores for each element, and a discussion of "Priority Issues"
- ☆ Employee interview scores
- ☆ A list of the protocols used to perform this assessment
- ☆ Detailed response/finding to each protocol criteria
- ☆ List of Strengths and Weaknesses

Next Steps

- ☆ STAR is available through Code 250, to provide support and mentorship, for a example
 - ⊗ JSA training
 - ⊗ Committee Facilitation
 - ⊗ Dept Scorecard and software
 - ⊗ Element mentorship
 - ⊗ Quality Control Review
 - ⊗ Etc.

Understanding S&H Management Systems

In order to complete your VPP library, STAR suggests you obtain:

- ☆ VPP Program Management Guidelines
 - ⊗ http://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=FEDERAL_REGISTRATION&p_id=12909
- ☆ OSHA Instruction TED 8.4, 2003 Revised "Voluntary Protection Program Policies and Procedures Manual"
 - ⊗ http://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=DIRECTIVES&p_id=2976
- ☆ OSHA's 12 Chapters (Draft Managing Worker Safety and Health)
 - ⊗ <http://www.dolir.state.mo.us/ls/onsite/ccp/index.html>
- ☆ "Analyzing Safety System Effectiveness" Dan Petersen. Van Nostrand Reinhold, Third Edition, 1996.
- ☆ "The New OSHA" by Duane Daugherty. 1996, American Management Association.



VPP Employee Interview Summary Table (from VPP App

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
CS	CS	CS	Co	Co	Co	CS	CS	CS	CS	CS	CS	Co	Co	CS	CS	CS	CS	CS	CS

Max	Min	Avg	Std Dev	Avg - all	Std Dev - all	%s of 4's and 5's
				4.2	0.98	82%

A. Background		25	14	7	30	19	14	28	15	20	3	19	28
1. What is your job here?													
2. How long have you worked here?													
B. Orientation and Training		5											
1. Did you receive safety and health training when you began to work here? (If so, please describe). How soon after you began to work did you receive training? How long did it last?													
2. If you did not get training when you were first hired (or transferred to a new job), have you received any basic safety and health training since that time? If so, please describe.													
3. Do you receive regular safety and health training? If so, how often? How long does it last?													
4. What are the company safety rules? Do they seem to cover everything they should? What happens if an employee disobeys a company safety rule?													
5. What are you supposed to do in an emergency? When did you last practice it?													
C. Management Leadership		1	1	1	1	1	1	1	1	1	1	1	1
1. Can you tell me what the safety and health policy is at this worksite?													
2. Can you tell me what the overall goal for safety and health is at this worksite?													
3. Are you aware of any safety and health objectives for this worksite? If so, tell me about them. And if so, do you know who if anyone has responsibilities related to these objectives?													
4. In general, who would you say has responsibility for the safety and health of you and your co-workers?													
D. Top Management Involvement		5	5	2	5	3	5	5	5	5	5	5	5
1. Are the top managers at this worksite involved in safety and health in ways that you can see? If so, please provide examples.													
2. On a scale of 1 to 5 with 1 being "non-existent," how would you rate safety and health communication from top management to you and your co-workers? Why?													
3. On the same scale, how would you rate the ability of you and your co-workers to communicate with top management? Why?													
4. Would you agree with the statement that managers set a good example of safe and healthful behavior? Can you give one or more examples of management behavior that led to your agreement (disagreement) with this statement?													
E. Hazard Correction		4	4	4	4	4	4	4	4	4	4	4	4
1. Do you come into contact with any safety hazards?													
2. Does the management people responsible for safety understand the hazards associated with your work?													
3. How long does it take for management to notice hazards and to correct them?													
F. Reports of Safety and Health Problems		4	3	3	3	3	3	3	3	3	3	3	3
1. Have you ever reported a hazardous condition to your supervisor or other management official here? If yes, ask the following questions: If no, skip to the next section. A. What was the condition? B. Whom did you notify? C. Did you report it?													
2. How long did it take to get a response? If you did not get a response, did you try again, or someone else? If the latter, describe.													
G. Health Program		5	5	5	5	5	5	5	5	5	5	5	5
1. Do you come into contact with any potentially dangerous chemical substances or harmful physical agents such as radiation or noise? If so, what are they?													

VPP Employee Interview Summary Table (from VPP App

Employee #	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	Max	Min	Avg	Std Dev	Avg.-all	Std Dev.-all	%s of 4's and 5's	
2. Do you feel that management has provided enough protection for you?																						5	4	4.583	0.49301			
3. At high hazard chemical plants only: Is maintenance of release prevention equipment satisfactory?																						0	0					
4. Have you ever seen industrial hygiene surveying or monitoring being done in your workplace? Was it just once or are these routine? If just once, was it in response to a specific problem? If a specific problem, what was it? If routine, how often?																						5	2	3.636	1.22643			
5. Has the company had you examined by a nurse or physician? If so, is this done periodically? If routine, how often? If not done periodically, what was the reason for the examination? Did the examination seem thorough?																						5	5	5	0			
6. Did the nurse or doctor explain what was being done, and why? If not, did anyone i management explain? If so, who?																						5	5	5	0			
7. Were the results of the examination explained to you? If so, who explained them? Were you given a written explanation of the results?																						5	5	5	0			
H. PPE																						0	0			4.5	1.12	86%
1. Do you use any personal protective equipment (hard hats, goggles, respirators, etc.)? What kind of PPE do you use?																								4.692	0.60569			
2. Is it readily available when needed?																						5	3	4.846	0.53294			
3. If PPE is used, is it kept clean and in good repair? Who is responsible for this?																						5	4	4.823	0.26647			
4. Have you been trained in the use of this equipment? If so, in your opinion, was the training adequate?																						5	1	3.462	1.69231			
I. Safety Committee (where applicable)																						0	0			3.3	1.68	60%
1. Are you aware of the committee (or other employee participation method) for safety and health?																								4.1	1.57797			
2. When did you become aware of it? Do you know any of the members? If yes, please name the members you know.																						5	1	4.1	1.57797			
3. Do you know how the employee members were selected? If yes, please describe.																						4	1	2.5	1.28452			
4. Have you seen them make inspections? If so, does the committee appear to be thorough in its approach?																						5	1	2.1	1.7			
5. What other things do they do?																						5	1	3.6	1.42829			
6. Would say this activity is very effective, somewhat effective, or not effective? Why?																						5	1	3.5	1.36015			
J. General																						0	0			3.3	0.92	50%
1. Have you ever seen the Log of Injuries and Illnesses or a summary or the log? If so, did it seem to agree with your knowledge of accidents and illnesses here?																								2.75	0.82916			
2. Have you ever been injured on the job or experienced a job related illness? Do you know anybody who has been injured or ill in the past year?																						5	3	3.875	0.59946			
3. How does this workplace compare to others where you have worked in terms of safety and health? Worse? About the same? Better? Much Better?																						0	0	###	###			
5. Is there anything else you think we should know about the safety and health program here?																						0	0	###	###			
K. At high hazard chemical plants only:																						0	0					
1. Is employee turnover high? If so, why?																						0	0	0	0	#DIV/0!	#DIV/0!	
2. Also if so, how long does it take a new employee to learn to work safely alone?																						0	0	0	0	#DIV/0!	#DIV/0!	
Maximum																						5	0					
Minimum																						1	1	1	1	1	1	0
Average																						4	4	4	4	4	4	4

