



UNITED STATES MARINE CORPS
MARINE CORPS AIR STATION
POSTAL SERVICE CENTER BOX 8003
CHERRY POINT, NORTH CAROLINA 28533-0003

AirStaO 5100.8B
SS
13 AUG 2009

AIR STATION ORDER 5100.8B

From: Commanding Officer, Marine Corps Air Station, Cherry Point
To: Distribution List

Subj: OCCUPATIONAL SAFETY AND HEALTH (OSH) PROGRAM

Ref: (a) DODINST 6055.1
(b) SECNAVINST 5100.10H
(c) Public Law 91-596
(d) 29 CFR 1910
(e) 29 CFR 1960
(f) MCO 5100.29A/W CH 1
(g) NAVMC Dir 5100.8
(h) MCO 5100.8
(i) MCO P5102.1B
(j) MCO 5100.19E
(k) MCO 5100.30B
(l) MCIEASTO 5100.2

Encl: (1) Occupational Safety and Health (OSH) Program
Administration
(2) Councils and Committees
(3) Personal Protective Equipment
(4) Mishap Investigation, Reporting, and Recordkeeping
(5) Personnel Reports of Unsafe/Unhealthful Working
Conditions
(6) Hazardous Material Control and Management Program,
(HMC&M) and Hazard Communication (HAZCOM) Program
Plan
(7) Occupational Safety and Health (OSH) Inspection
Program
(8) Occupational Safety and Health (OSH) Training
(9) Prevention and Control of Workplace Hazards
(10) Lockout/Tagout Program
(11) Confined Space Program Requirements
(12) Exposure Control Plan for Bloodborne Pathogens
(13) Off-Duty and Recreation Safety Program
(14) Ergonomics Plan
(15) Fall Protection Program

DISTRIBUTION STATEMENT A: Approved for public release,
distribution is unlimited.

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1. Situation. This Order promulgates Marine Corps Air Station Cherry Point Occupational Safety and Health (OSH) policy to eliminate or minimize the probability of mishaps occurring in training, industrial, U.S. Government and vehicle, other operations, recreational and off-duty environments. This order assigns responsibility and establishes instructions for the Air Station Occupational Safety and Health Program. Excluded from this order is information pertaining to explosive safety which is addressed separately in Air Station Order P8600.1E.

2. Cancellation. AirStaO P5100.8A

3. Mission. Marine Corps Air Station (MCAS) Cherry Point Commanding Officers, Officers in Charge (OIC) and Directors shall ensure compliance with the OSH program. Each individual aboard MCAS Cherry Point is entitled to a safe and healthful workplace. These conditions can be achieved through an aggressive and comprehensive OSH program that reflects the provisions of reference (h). This includes providing adequate protective devices/personnel protective equipment wherever specific operations cannot otherwise be kept hazard free. Supervisory personnel will diligently exercise their responsibility to ensure the safety of their subordinates in the workplace.

4. Execution

a. Commander's Intent and Concept of Operation

(1) Commander's Intent. Leaders shall actively support, implement, and manage the OSH program per the policies, procedures, and guidance set forth in reference (h) and this Order.

(2) Concept of Operations

(a) Comply with applicable OSH standards.

(b) Establish an OSH Manager with direct access to the Commanding Officer concerning enforcement of program requirements.

(c) Provide for abatement of identified hazards to the maximum extent possible.

(d) Establish detailed procedures for reporting suspected hazards to supervisory and OSH personnel without fear of reprisal.

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(e) Establish an ongoing OSH training program for military and civilian personnel.

(f) Place the OSH Manager in the reviewing chain for plans, projects, or contracts involving new construction, demolition, renovations, or traffic engineering, and procurement of safety equipment to ensure OSH requirements are met and potential hazards are eliminated or controlled prior to actual purchase or commencement of work.

(g) Investigate, analyze, report, and keep records of mishaps.

(h) Establish procedures to recognize superior or deficient OSH program performance through evaluations and special awards.

(i) Establish procedures for the OSH Manager to provide advice during any negotiated agreements with labor organizations or unions to ensure consistency with the provisions of the OSH manual.

b. MCAS Cherry Point Safety and Standardization Directorate

(1) The Director of Safety and Standardization

(a) Serve as overall coordinator for the MCAS Cherry Point's safety efforts.

(b) Develop internal safety procedures.

(c) Act as the safety liaison between tenant units and the Station Command Center by providing situational input and information regarding incident and mishap updates.

(d) Perform any other duties as required in support of the Station's Safety Program.

c. Coordinating Instructions. Submit all recommendations of changes to this Order to the MCAS Cherry Point Safety and Standardization Directorate via the appropriate chain of command.

4. Administration and Logistics

a. This Order is published electronically and can be accessed online via the MCAS Cherry Point web page.

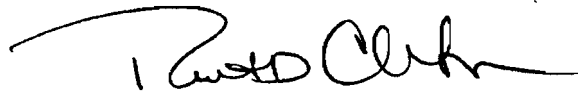
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b. Access to an online medium will suffice for directives that can be obtained from the Internet, CD-ROM, or other sources. For the purpose of inspection, electronic files will suffice and need not be printed.

5. Command and Signal

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

Command. This Order is applicable to all MCAS Cherry Point and Tenant Commands.



ROBERT D. CLINTON
Executive Officer

DISTRIBUTION: A

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OCCUPATIONAL SAFETY AND HEALTH (OSH) PROGRAM ADMINISTRATION

1. Purpose

a. To provide military and civilian personnel with a single comprehensive repository and ready reference that supports the OSH programs.

b. To define responsibilities of the MCAS Cherry Point Commanding Officer, OSH Manager, department heads, supervisors, and non-supervisory personnel as they pertain to the administration of the OSH program.

2. Policy. To reaffirm and support the Occupational Safety and Health (OSH) program and to establish and maintain an effective and comprehensive OSH policy.

3. Responsibilities

a. The MCAS Cherry Point Commanding Officer has the overall responsibility for compliance with references (a) through (l) and implementation of an encompassing command OSH program. Further, as host for several tenant commands, it is his responsibility to prescribe and enforce additional OSH directives as may be necessary to meet local conditions.

b. The OSH Manager is delegated responsibility for matters pertaining to command related non-aviation and non-nuclear OSH situations.

c. Commanding officers, department heads, and officers in charge are responsible for ensuring the provisions of this Order are enforced within their area of responsibility.

d. Supervisory personnel are responsible for maintaining safe and healthful workplaces for personnel under their cognizance. Supervisors shall:

(1) Ensure personnel under their supervision are adequately trained concerning OSH rules, regulations, and processes pertaining to jobs performed and ensure that necessary safety precautions are observed.

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(2) Provide, as appropriate, command-approved OSH equipment required for a specific job and enforce the use of such equipment.

(3) Investigate and, as appropriate, take required action on reports and recommendations received concerning work practices and unsafe conditions.

(4) Ensure injured personnel receive prompt medical attention.

(5) Investigate and report occupational mishaps and illnesses that affect property and/or personnel per reference (i).

(6) Conduct workplace OSH training for personnel per reference (d). Submit memoranda of workplace safety training to the Safety Department in a timely manner to record official training.

(7) Continually inspect workplace areas for unsafe or unhealthful work conditions and practices. Immediately initiate necessary actions to correct or control each discrepancy noted.

e. Military and civilian personnel are responsible for observing safety and health regulations and procedures applicable to their workplace. Additionally, personnel shall:

(1) Report to an immediate supervisor any condition, equipment, or material that they consider to be unsafe or likely to develop into a hazard.

(2) Immediately cease the use of any equipment or appliance that malfunctions or is in violation of a safety or health standard or regulation.

(3) Alert others whom they believe to be endangered by known hazards, failure to observe applicable safety precautions, or any unusual or developing hazards.

(4) Report to supervisory personnel accidents, mishaps, injuries, or evidence of impaired health occurring during the course of work processes.

(5) Wear or use protective clothing and/or equipment for the safe performance of duties.

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(6) Report for work suitably groomed and clothed for assigned tasks:

(a) Suitable clothing is considered that which is normally worn and in general, used by members of the trade or profession involved.

(b) Certain hairstyles and beards become hazardous around machinery and open flames. They may also interfere with vision or use of respiratory protection devices; therefore, suitably restrain long hair in caps or nets. Beards are prohibited when considered a hazard in the workplace.

(c) Do not wear items of jewelry and/or loose clothing in areas where they subject the wearer to increased hazard.

(d) Individuals requiring eye correction, hearing aids, or prosthetic devices must maintain such devices in good functional order and utilize them while in their own workplace.

f. Copies of the OSH standards, records of OSH committees and their actions and recommendations, the activity hazard communication plan, and any other documentation of the command OSH program are located at and may be reviewed at the Joint Safety Office, building 294, wing 4.

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COUNCILS AND COMMITTEES

1. SAFETY COUNCIL

a. Purpose. To consider, define, study and establish policies, abatement processes and programs pertinent to safety matters as outlined in reference (d) and other related directives.

b. Membership. Department heads, Union representatives, and occupational health representatives constitute the council chaired by the Commanding Officer or a designated representative.

c. Meetings. The council will meet quarterly.

d. Meeting Minutes. The Safety Manager will assure the preparation, publication, and file maintenance of the meeting minutes.

2. SUPERVISORS SAFETY COMMITTEE

a. Purpose. To assist the OSH safety council by identifying existing or potential OSH hazards and deficiencies, to recommend corrective measures to that council, and to promote and assure an effective proactive and continuing OSH program.

b. Membership. Committee membership shall consist of military supervisors, civilian supervisors, and Union representatives. A supervisor shall be elected annually as chairperson from members. The Safety Manager shall provide safety membership with consultation and advice.

c. Meetings. Committee meetings will be held monthly.

d. Meeting Minutes. The committee chairperson will ensure minutes are prepared and submit accurate minutes to the OSH policy council in a timely manner via the OSH Manager. The OSH Manager will review the minutes, affix appropriate comments, and forward them to the OSH safety council for consideration.

3. SHOP SAFETY COMMITTEE

a. Purpose. To increase interest in safety at the workers level and decrease the potential for mishaps.

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b. Membership. Personnel from each work entity (e.g. office, shop crew, section, department) consisting of five or more persons may constitute a shop safety committee. Each such committee will include members of that particular entity and shall be chaired by a supervisor or a journeyman level member.

c. Meetings. One or more committee meetings will be held monthly, with time and location scheduled by the supervisor. Meetings should be of short duration and have minimal effect on work schedules.

4. SAFE DRIVING COUNCIL

a. Purpose. To establish and maintain an effective Traffic Safety Program. To identify and correct traffic mishap trends through mishap investigation, reporting, and analysis. Evaluate and recommend command policies concerning motor vehicles. Maintain liaison with national, state and local traffic agencies, civil authorities, and neighboring military commands.

b. Membership. The Commanding Officer or a designated representative will chair the council. Membership will include a representative from the Safety Department (as recorder), Provost Marshals Office, Motor Transportation Office, and Public Works Department.

c. Meetings. The safe driving council shall be consolidated with the Station Safety Council. The council will meet quarterly or more frequently if circumstances warrant.

d. Meeting Minutes. The recorder will assure the preparation, publication, and file maintenance of the meeting minutes.

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PERSONAL PROTECTIVE EQUIPMENT

1. Purpose. To prescribe personal protective equipment (PPE) requirements and comply with Marine Corps, DOD, and Federal regulations regarding responsibilities for providing, enforcing, using and maintaining PPE.
2. Policy. The PPE program will be in compliance with ref (d).
3. Procedure. The Safety Department shall assess workplaces to determine if hazards are present, if the use of PPE is necessary, and complete a written verification of the hazard assessment that identifies the following:
 - a. Workplace evaluated.
 - b. Person certifying the evaluation.
 - c. Dates of hazard assessment.
 - d. Document as a certification of hazard assessment.
4. Enforcement of Program. It is the responsibility of supervisors to enforce the use/wear of appropriate PPE and compliance with applicable rules, regulations, and procedures.
5. Personnel Regulations
 - a. While at work in industrial areas, personnel shall not wear:
 - (1) Torn, ragged, extremely dirty or greasy clothing.
 - (2) Outer garments made of flammable synthetic materials.
 - (3) Shoes that are in poor condition, open-toed, open heeled, high-heeled, slippers, sandals, or platform shoes.
 - (4) Eye shades or spectacle frames made of flammable substances or caps with celluloid visors.
 - (5) Loose or dangling ornamental jewelry or other articles of clothing which may be caught in machinery.

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(6) Metal frame glasses, jewelry, belt buckles, piercings, or other adornments while performing electrical work or power distribution operations.

(7) Hats with brims that restrict peripheral vision.

b. Portable headphones, earphones and listening devices do not enable the user to hear or respond to sirens, fire alarms or other means of warning, therefore they are prohibited in the workplace, while operating a motor vehicle, jogging, walking, bicycling or skating on roads and streets.

c. Personnel shall wear required personal protective clothing and equipment while on the job.

d. Personnel on the aircraft ramps are prohibited from wearing loose clothing, badges, tags or equipment that could become a Foreign Object Damage (FOD) hazard.

6. Personnel Training. Personnel utilizing PPE shall receive the following minimum training:

a. When PPE is necessary.

b. What type of PPE is necessary.

c. How to don, doff, adjust, and wear PPE properly.

d. Limitations of the PPE.

e. Proper care, maintenance, useful life, and disposal of PPE.

7. Respiratory Protection

a. The Respiratory Protection Program shall be per reference (d).

b. Supervisors of work centers that utilize respirators shall develop work-site specific Standard Operating Procedures (SOPs) and post them in the general work area.

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MISHAP INVESTIGATION, REPORTING, AND RECORDKEEPING

Mishap Reporting and Recordkeeping

1. Purpose. This chapter standardizes mishap recordkeeping requirements and procedures for timely mishap reporting by all MCAS commands.

2. Background. Reporting mishap information provides an invaluable means to assess our safety posture and make changes that prevent or mitigate harm from future incidents. Accurate and complete reporting is essential to meaningful analysis and formulation of any corrective action. Leaders at all levels seek to identify trends and direct resources, but are unable to do so because they find that reporting of information is marginal and in many cases inconsistent with existing Marine Corps orders and directives.

3. Responsibilities

a. Commanders experiencing a mishap as defined by reference (h) will ensure all mishaps are reported using appropriate media as required in references (h) and (i).

(1) Class A and B Mishaps.

(a) All Reportable Casualties. During working hours, voice notification to Headquarters Marine Corps (HQMC) Casualty Assistance Section (MPRC) at DSN 278-9512 and this headquarters (Attn: Adjutant) at commercial (910) 451-2220/3033 or DSN 751-XXXX is required within one hour upon becoming aware. If the mishap occurs after normal working hours, voice notification will also be made to HQMC Marine Corps Operations Center (MCOC) at commercial (703)695-5454 or DSN 225-5454 and to the MCIEAST Command Duty Officer (CDO) at commercial (910)451-2414/3031/3032/3033 or DSN 751-XXXX. The CDO will then follow the requirements in reference (i). A follow-up PCR message will be released within eight hours once it has been identified as a class A or B mishap. In some cases an OPREP-3 SIR may also be required or directed by Marine Corps Operations Center (MCOC).

(b) Serious Incidents or Events. During working hours, voice notification to HQMC Marine Corps Operations Center (MCOC) at commercial (703)695-5454 or DSN 225-5454 and MCI East

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headquarters (Attn: Assistant Chief of Staff, G-3) at commercial (910) 451-0375/2743/2742 or DSN-751-XXXX is required within 15 minutes of the reportable incident/event.

If the mishap occurs after normal working hours, an immediate notification by telephone will be made to the Command Duty Officer (CDO) at commercial (252)466-5236. The CDO will then follow the requirements in reference (i). A follow-up OPREP-3 SIR message is required within one hour unless otherwise directed by the MCOC.

(c) OPREP-3 SIR/PCR. Within timelines listed above or at least within eight hours from the time of the mishap, even if details of the mishap are unclear, the command will release a Naval message (OPREP-3 SIR/PCR) to CMC WASHINGTON DC POC, and info: COMNAVSAFECEN, CMC WASHINGTON DC SD, COMMARFORCOM, COMMARFORCOM G-3-5-7, COMMARFORCOM DSS, COMMARCORBASESLANT, CG MICEAST, CG MCIEAST G3, CM MCIEAST G1, CG MCIEAST DPS, CG MICEAST PAO, and the command's Safety Office. Supplemental messages may be required to provide details unavailable in the first eight hours following the mishap.

(d) Seven-Day Brief. Commanders will ensure all serious mishaps are briefed to the first general officer in the chain of command within seven days and will provide the circumstances surrounding the mishap and the steps taken to prevent recurrence. The first general officer will brief his/her chain of command and the Assistant Commandant of the Marine Corps (ACMC) on or before the eighth day following the mishap. See Figure 4-1 for Ground Mishaps Seven-Day Report and Figure 4-2 for eight day PowerPoint Report. Additional guidance and assistance is available from the installation safety manager.

(e) WESS. The command will also initiate a Web Enabled Safety System (WESS) entry no later than close of business on the first business day following the day of the mishap.

(f) Death Brief. MCIEAST commands will prepare death briefs for the CG for all non-combat deaths (deaths due to morbidity is excepted). The intent of this requirement is to involve the entire chain-of-command in the process in order to prevent future deaths. An electronic copy of the brief will be provided to MCIEAST Regional Safety Office. The template is Figure 6-3. Examples of briefs are on the MCIEAST Regional Safety's website (<https://intranet.mcieast.usmc.mil>).

(2) Class C and all other recordable mishaps. Commands will initiate a WESS entry within 30 days following the day of the mishap.

(3) Web Enabled Safety System (WESS). WESS is the only system for reporting mishaps per paragraph 3007 of reference (a). Although WESS data fields are set and cannot be modified, CMC (SD) established a standard procedure for requiring such information to be submitted in the narrative of mishap reports. All WESS entries will identify COMMARFORCOM as the component command, MCIEAST as the major command, the installation as the parent command, and the mishap unit as the unit command. All WESS entries will include MCIEAST (UIC M02213) in the Community of Interest. Mishap unit command reporting unit code (UIC) will not be lower than the battalion level. Supplemental information is to be added to the WESS entry as it becomes available.

(4) These guidelines for reporting and recordkeeping are in addition to any established requirements found in reference (h).

b. The Safety Manager will:

(1) Coordinate the investigations of all installation mishaps, maintain reports, and conduct analyses. Provide safety specialists for safety investigation boards, as requested.

(2) Provide assistance in preparing the Ground Mishap Seven-Day Report (Figure 4-1) on Class A and B mishaps as requested and the Eight-Day Brief (Figure 4-2).

5. The Mishap Action Plan. The MAP Checklist is a booklet provided as a user's guide at the unit level. The MAP Checklist booklet is also being provided electronically for the individual units to customize its contents as necessary. The booklet is divided into three sections to address the three basic areas involved with a ground mishap and reporting procedures.

a. Section I provides the Duty Personnel guidance and immediate procedures to be followed.

b. Section II provides guidance and procedures to members of a Safety Investigation Board conducting a Safety Investigation.

c. Section III provides examples of required message reports.

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6. Instructions for Duty Officer/DNCO

a. The Duty Officer/DNCO will probably receive the initial report of a ground mishap. It is absolutely paramount that all Duty Officer/DNCOs be familiar and confident with the MAP checklist.

b. The MAP checklist is a step-by-step guide designed to help the Duty Officer/DNCO gather pertinent information and meet the reporting requirements after being notified of a ground mishap. All Duty Officer/DNCOs should review the MAP checklist at the beginning of every tour of duty. Upon notification of a mishap involving unit personnel or equipment, turn IMMEDIATELY to the Mishap Checklist and execute the appropriate steps.

c. Upon initial notification of a mishap and after obtaining all essential information, the Duty Officer/DNCO should take down the caller's name, telephone number, and location.

8. Mishap Checklist

<u>STEP</u>	<u>ACTION</u>	<u>TIME</u>
One	NOTIFICATION OF MISHAP	_____
Two	INITIATE COMMAND NOTIFICATION	_____
Three	PCR MESSAGE DATA	_____
Four	OPREP-3 SIR	_____
Five	DETERMINE MISHAP CLASS AND CATEGORY	_____
Six	ACTIVATE SAFETY INVESTIGATION BOARD (if required)	_____
Seven	ACTIVATE UNIT INVESTIGATION	_____
Eight	NOTIFY NAVAL SAFETY CENTER FOR ALL CLASS A MISHAPS	_____
Nine	NOTIFY MARFOR WITH THE RUC, LOCAL LOGBOOK MISHAP NUMBER, CATEGORY, AND CLASSIFICATION TO ESTABLISH THE SAFEREP FILE NUMBER	_____

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9. Command Notification Sheet

a. The CDO must notify the first three people listed below. The DNCO should make the remaining calls.

b. If the person to be notified is not at the number listed and cannot be immediately contacted, leave a message to contact the Duty Officer and continue with the recall.

<u>BILLET</u>	<u>WORK</u>	<u>HOME</u>
COMMANDING OFFICER	See Duty Binders	
EXECUTIVE OFFICER		
ADMIN OFFICER		
SAFETY OFFICER		
S-4 OFFICER		
MEDICAL OFFICER		

10. Important Phone Listings

AGENCY	NUMBER
Squadron Duty Officer	252-466-3200 SDO
Station Duty Officer	252-466-5236
Station Safety Office	252-466-3578/2730
MCI EAST Command Center	910-451-2414/3031
MCI East Safety Office	910-451-2082/9497
HQMC Command Center	Same as below
HQMC Safety Office	703-614-1202/1077/2423, DSN 224
NAVAL SAFETY CENTER (NORFOLK, VA)	757-444-3520 EXT 7145, DSN 564

a. The Naval Safety Center will provide a mishap investigator for all class A mishaps.

Contact Naval Safety Center, Code 40:
Comm. (757) 444-3520, extension 7145/7147
DSN 564-3520, extension 7145/7147

b. The mishap unit must provide the MARFOR with their RUC, the local log book mishap number, category, and classification to establish the SAFEREP file number.

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Template for Ground Mishaps Seven-Day Report

Ground Mishaps

1. Mishap Marine biography/general mishap information:

- a. Name
- b. Rank
- c. MOS
- d. Age
- e. Drivers Improvement Course Date
- f. License Status (current/valid)
- g. Seat Belt/PPE Usage
- h. Pre-mishap Condition of PMV/Motorcycle
- i. NJP/Court-Martial History
- j. Enlistment Waivers
- k. Time in Service/Time in Grade
- l. Armed Forces Active Duty Base Date
- m. Time/Date of Mishap
- n. Recent/Pending Deployment Dates
- o. Residence on/off Base [roommates and their status/involvement]
- p. Marital Status [any domestic problems; any other issues along this line of thinking that have been revealed?]
- q. What was the Marine doing before the mishap? Were other Marines involved and if so, what was the nature of their interaction with the mishap Marine? Can/Did they shed light on the mishap Marine's mental state/thoughts/sobriety, etc?

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r. To what level was alcohol involved or thought to be involved?

2. Mishap Summary: Provide as much detail as possible regarding the actual events leading up to the mishap, the mishap itself, and the post mishap actions by Marine(s)/EMS/Police, etc.

3. Lessons learned and/or amplifying details.

4. Motorcycle mishaps should also address the following:

a. Who in the command knew the Marine owned a motorcycle?

b. What type of motorcycle was it? [sport bike/cruiser/dirt]

c. What training had the Marine received? [Basic Rider Course (BRC)/Experienced Rider Course (ERC)/Military Sport Bike Rider Course (MSRC)]

d. Did the command enforce CMC ALMAR 014/08 and White Letter 02-08?

5. Commanders Comments:

Figure 4-1.--Template for Ground Mishaps Seven-Day Report



ACMC 8 Day Brief

Unit
Mishap Classification/Type
Date of Brief

Figure 4-2.--Template for Ground Mishaps Eight Day Report

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Mishap Overview

ACMC 8 Day Brief

Who	Name/Rank/Age/MOS of Marine(s)/Sailor(s) involved Status at the time of the mishap (i.e. pedestrian/driver passenger/pilot at controls, etc.) Unit, Unit Location
What	Type of mishap and short summary of the circumstances surrounding the fatality/permanent partial disability/property damage
When	Approximate date/time of the mishap
Where	Basic geographic location (city/highway/cross streets any other pertinent data on the location of the mishap)

Figure 4-2.--Template for Ground Mishaps Eight Day Report



Profile of SNM

ACMC 8 Day Brief

Personal Background Information

MARITAL STATUS	(Single / Married / Divorced)
LOCATION OF DEPENDENTS	
DEPENDENTS:	
Name	(relationship/sex / date of birth)
Name	(relationship/sex / date of birth)
RESIDENCE	(On/Off base; address)
RELIGION	(religious affiliation)
HOBBIES & INTERESTS	(as appropriate)
VALID DRIVER'S LICENSE	YES/NO (State)
DRUGS OR ALCOHOL	(Factor/ no factor)
BAC LEVEL	(As appropriate)
PERSONAL ISSUES	(relationship/family/performance/etc.)

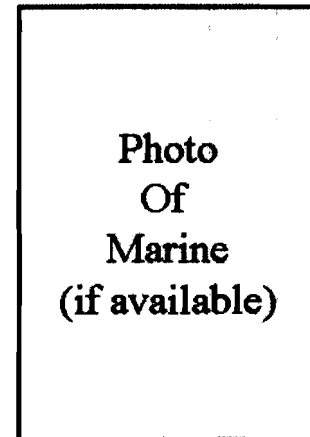


Figure 4-2.--Template for Ground Mishaps Eight Day Report

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Profile of SNM

ACMC 8 Day Brief

Military Background Information

DATE ENTERED USMC	(xx-xx-xxxx)
DATE OF RANK	(xx-xx-xxxx)
DATE JOINED UNIT	(xx-xx-xxxx)
OIC	(Rank/Name)
SNCOIC	(Rank/Name)
MENTOR	(Rank/Name)
DUTY STATUS	(Off duty/ On duty)
DUTIES	(Current Billet)
WORK SCHEDULE	(hours prior to mishap)
ENLISTMENT WAIVERS	YES/NO
NJP/COURT MARTIAL HISTORY	(As appropriate)
DRIVER IMPROVEMENT	YES/NO (Provide date)
PREVIOUS DUTY STATIONS	(location/unit)
RECENT/PENDING DEPLOYMENT	OIF/OEF (date)
LAST SAFETY BRIEF	(Date)

Figure 4-2.--Template for Ground Mishaps Eight Day Report

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Summary of Events

ACMC 8 Day Brief

- Mishap Summary: provide as much detail as possible regarding the actual events leading up to the mishap, the mishap itself, and the post mishap actions by Marine(s)/ EMS/ Police/ etc. Include significant weather and any other potential contributing factors. (As many slides as necessary)
 - Include a description of any involvement of other Marines and how their actions or inactions contributed to the mishap. This involvement may have had either a positive or negative impact.
 - PMV mishaps should also address the following
 - PPE usage
 - Driving History (violations/DUIs)
 - Current Documentation (registration/insurance/inspection)
 - Vehicle condition prior to mishap

Figure 4-2.--Template for Ground Mishaps Eight Day Report

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Summary of Events

ACMC 8 Day Brief

- Continued
 - Motorcycle mishaps should also address the following
 - PPE usage
 - Who knew the Marine owned/ rode a motorcycle
 - Type of motorcycle (sportbike/cruiser/dirt)
 - What training had the Marine attended (BRC/ERC/MSRC)
 - Did the Command enforce CMC ALMAR 014/08 and WL 02-08?
 - Aviation mishaps should also address the following
 - 30/60/90 flight data
 - Total flight time
 - Hours in T/M/S
 - Pertinent qualifications/designations
 - Known human factors/ standardization issues
 - JAG/FFPB status
 - AMB composition

Figure 4-2.--Template for Ground Mishaps Eight Day Report



Overview of Accident Scene and Surrounding Area

ACMC 8 Day Brief

- Insert any photos that will assist ACMC to better understand the sequence of events.

Figure 4-2.--Template for Ground Mishaps Eight Day Report

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Press Interest

ACMC 8 Day Brief

- Detail any anticipated media interest and/or summarize news coverage that has occurred.

Figure 4-2.--Template for Ground Mishaps Eight Day Report

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Family and CACO Issues

ACMC 8 Day Brief

- Notification of Next of Kin
- Status of notifications/issues encountered. (may also be in Lessons Learned)
- Other pertinent data

Figure 4-2.--Template for Ground Mishaps Eight Day Report

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CG Comments/ Lessons Learned

ACMC 8 Day Brief

- Detail any lessons learned as a result of this mishap
- Include any changes in policy or SOP that may have resulted.
- Other actions taken by the Command.
 - Stand-downs
 - Climate Assessment Survey's (eg):
 - Private Motor Vehicle
 - Drinking and driving
 - Motorcycles
 - Off Duty and Recreational
 - Ground Safety Assessment
 - Higher Headquarters

Figure 4-2.--Template for Ground Mishaps Eight Day Report

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12. Senior Board Member Appointment Letter Example

(UNIT LETTER HEAD)

From: Commanding General/Officer (MEF/Wing/MCI East/MLG/MEU)

To:

Subj: SAFETY INVESTIGATION BOARD (SIB) APPOINTMENT LETTER

Ref: (a) MCO P5102.1A

1. You are hereby appointed as the Senior Member to the (unit) Safety Investigation Board, per the reference.

2. You will adhere to the provisions of the reference that concern the use and protection of information to which you will become privy as a member of the SIB and which defines your responsibilities as a member of this board.

3. Upon receipt of this appointment, your duties as a Senior Member of the SIB, when convened, will take precedence over all other duties until release of the safety investigation report (SAFEREP).

4. The success of preventing similar serious mishaps is dependent upon thorough investigation and reporting of mishaps to identify and eliminate the potential causes of damage or injury. The objective of the board is to improve safety. Your efforts must include open and candid expressions of your opinions and views.

5. As the Senior Member of the SIB, you have the authority to release Naval Messages directly relating to this appointment. Additionally, you will authorize "Promise of Confidentiality" authority to those members of the SIB who are trained as Mishap Investigators.

6. The Naval Safety Center Mishap Investigator is (provide name, telephone number and email address). You are encouraged to designate the investigator as a voting member of the Safety Investigation Board (SIB).

7. Should any circumstances arise which would preclude the proper performance of your duties as a member of this SIB, notify (name the POC and provide telephone numbers) the authority issuing this appointment.

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13. Mishap Investigation Guide

a. COMNAVSAFECEN ((757) 444-3520 ext 7145) will provide on site investigative assistance for all on duty Class A and selected Class B and C mishaps.

b. CLASS A MISHAP: Safety Investigation Board Senior Member will be appointed by the first general officer in the chain of command. MEU, installation, and SPMAGTF commanders are the appointing authority for their commands. Senior Member will be responsible for identifying board membership. Recommended board membership is Senior Member, Safety Specialist, Competent Medical Authority, Subject Matter Expert, NAVSAFECEN Investigator, and Special Investigative Assistants as required. MCO P5102.1B can be accessed on the USMC.mil website. CMC Command Center notification ((703) 695-736, DSN: 225-7366)

c. The mishap unit must provide the MARFOR with their RUC, the local logbook mishap number, category, and classification to establish the SAFEREP file number. Safety Investigation information is privileged and should be designated For Official Use Only (FOUO) (Sensitive). MARFORS will provide SAFEREP file number and endorsement chain.

d. Investigation Procedures: The actual procedures used in a particular investigation depend on the nature and results of the accident. The agency having jurisdiction over the location determines the administrative procedures. In general, responsible officials will appoint an individual to be in charge of the investigation. The investigator uses most of the following steps:

(1) Define the scope of the investigation.

(2) Select the investigators. Assign specific tasks to each (preferably in writing).

(3) Present a preliminary briefing to the investigating team, including:

(a) Description of the accident with dollar estimates of damage.

(b) Normal operating procedures.

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- (c) Maps (local and general).
 - (d) Location of the accident site.
 - (e) List of witnesses.
 - (f) Events that preceded the accident.
- e. Visit the accident site to get updated information.
- f. Inspect the accident site.
- (1) Secure the area. Do not disturb the scene unless a hazard exists.
 - (2) Prepare the necessary sketches and photographs. Label each carefully and keep accurate records.
- g. Interview each victim and witness. Also, interview those who were present before the accident and those who arrived at the site shortly after the accident. Keep accurate records of each interview. Use a tape recorder if desired.
- h. Determine
- (1) What was not normal before the accident?
 - (2) Where the abnormality occurred.
 - (3) When it was first noted.
 - (4) How it occurred.
- i. Analyze the data obtained in step g. Repeat any of the prior steps, if necessary.
- j. Determine:
- (1) Why the accident occurred.
 - (2) A likely sequence of events and probable causes (direct, indirect, or basic).
 - (3) Alternative sequences.

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- k. Check each sequence against the data from step g.
- l. Determine the most likely sequence of events and the most probable causes.
- m. Conduct a post-investigation briefing.
- n. Prepare a summary report, including the recommended actions to prevent a recurrence. An investigation is not complete until all data are analyzed and a final report is completed. In practice, the investigative work, data analysis, and report preparation proceed simultaneously over much of the time spent on the investigation.
- o. Distribute the report according to MCO P5102.1B. MARFORLANT subordinates can mail both the original Part B and a copy via FEDEX to MARFORLANT (DSS).

14. Safety Report Guide

MCO P5102.1B is provided to assist safety personnel, Safety Investigation Boards and units preparing Off-Duty SAFEREPS. MCO P5102.1B provides instruction on drafting the SAFEREP. Names should not appear in the message body.

15. SAFEREP Endorsement Guide

PREPARATION OF THE SAFEREP ENDORSEMENT: This document is provided to assist safety personnel and units preparing SAFEREP endorsements. MCO P5102.1B provides instruction on drafting the SAFEREP endorsements, like SAFEREPS contain privileged information and require special handling. Mishap names should not appear in the message body.

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PERSONNEL REPORTS OF UNSAFE/UNHEALTHFUL WORKING CONDITIONS

1. Purpose. To provide guidelines and procedures for the submittal and evaluation of reports concerning unsafe/unhealthful-working conditions and to outline an appeals process for individuals in disagreement with conclusions reached concerning such conditions.

2. Policy. Personnel reporting unsafe/unhealthful-working conditions shall comply with reference (d), utilizing NAVMC 11401 REV.7-98, page two of this enclosure (5). Personnel are encouraged to participate in the OSH program and will not be subjected to restraint, interference, coercion, discrimination, or reprisal by virtue of their participation. Personnel believing they were subject to restraint, interference, etc. should report such incidents through their chain of command. If an appeal is initiated due to an unsatisfactory response, the process and channel by which it will be resolved are contained in the Appeal Sequence, page five of this enclosure (5).

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Marine Corps Occupational Safety and Health Program
UNSAFE OR UNHEALTHFUL WORKING CONDITION - NAVMC 11401

I believe a condition exists which is a safety or health hazard to Marine Corps personnel or property. (Check One)

Civilian: _____ Military: _____
Employee Representative: _____ Other: _____

1. Does this hazard immediately threaten life or health?

Yes _____ No _____

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

3. Supervisor (if known) at this location is: _____
And phone number is: _____

4. Briefly describe hazard: _____

5. Number of employees exposed to or threatened by hazard: _____

6. If known, list any safety or health standard which you believe may apply to this condition: _____

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

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

9. Name (optional): _____
Phone number (optional): _____

10. If you are a representative of employees, provide name of organization. _____

Case Number _____ (Filled in by Installation or Unit Safety Officer)

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PERSONNEL REPORTS OF UNSAFE/UNHEALTHFUL WORKING CONDITIONS

HAZARD REPORTING PROCEDURES

1. All Marine Corps employees shall be encouraged to orally report unsafe or unhealthful working conditions to their immediate supervisor who will promptly investigate the situation and take appropriate corrective actions. Supervisors will contact the installation Safety Department for assistance as necessary. Supervisors will keep the reporting employee informed of all actions taken.

2. Any Marine Corps employee (or employee representative) may submit a written report of an unsafe or unhealthful working condition directly to the installation Safety Department. Blank copies of hazard report forms and procedures shall be located in areas convenient to all workplaces. Employees who wish to remain anonymous shall so indicate on the form.

3. If the originator of a report is dissatisfied with the assessment of the alleged hazard made by the installation Safety or with actions taken to abate a confirmed hazard he/she is encouraged to confer with the installation or unit safety manager and attempt resolution. If after this discussion the originator remains dissatisfied, an appeal to the installation commander shall be made in writing, setting forth a detailed description of the hazardous condition to include the following:

a. The occupational safety and health (OSH) standard violated (if known).

b. How and to whom the original report of the hazardous condition was given.

c. What action resulted.

d. An explanation of the dissatisfaction and any recommendations for correction.

4. If the first level appeal response does not satisfy the originator, additional appeals may be submitted. The appeals process is normally coincident with the originator's chain of command. At each level of the appeal process, the originator shall provide complete documentation, including copy of the initial report, information on actions taken by review authority, and reasons why the originator is not satisfied with those actions.

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5. The final appeal authority within the Marine Corps is CMC (SD). If the CMC (SD) response does not satisfy the originator, the next level of appeal shall be through the Assistant Secretary of the Navy (Installations and Environment) (ASN (I&E)). Final level of appeals within DOD is to DUSD (ES). Copies of all level appeals shall be provided by the originator to CMC (SD) and the originator's commander. Appeal shall describe, in detail, the Marine Corps's disposition of the report (i.e., results of the previous level appeal) and the originator's objections.
6. As a last resort, if not satisfied with the final DOD disposition, the originator may contact, in writing, the Office of Federal Agency Safety Programs, Department of Labor (OSHA), Washington DC 20210. Appeal must describe in detail the entire processing of the report, furnish copies of all previous level appeals and describe the originator's objections.
7. Sequence of appeals for military personnel is via the chain of command concluding at the Office of the Secretary of Defense.
8. The originator of the appeal should receive a response within 20 days. If at any time during the appeal process, the originator does not receive a response within 20 working days, an appeal may be submitted to the next higher reviewing authority without waiting for a reply. An interim reply shall be made to the originator of the report when 20 working day suspense cannot be met. An interim reply may meet the response time criteria; however, an interim reply shall not take the place of a final reply.
9. Any appeal, which bypasses these established procedures, will be returned to the originator.

(Ref (g) NAVMC DIR 5100.8, Chapter 9 "Reports of Unsafe or Unhealthy Working Conditions")

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PERSONNEL REPORTS OF UNSAFE/UNHEALTHFUL WORKING CONDITIONS

APPEAL SEQUENCE

1. The appeal sequence for civilian personnel:

COMMANDING OFFICER
MARINE CORPS AIR STATION CHERRY POINT
PO BOX 8003
CHERRY POINT NC 28533-0003

COMMANDANT OF THE MARINE CORPS
HEADQUARTERS US MARINE CORPS
2 NAVY ANNEX
WASHINGTON DC 20380-1775

ASSISTANT SECRETARY OF THE NAVY
INSTALLATIONS & ENVIRONMENT (ASN(I&E))
WASHINGTON DC 20350

SECRETARY OF DEFENSE
ENVIRONMENTAL SECURITY (DUSD(ES))
WASHINGTON DC 20350

OFFICE OF FEDERAL AGENCY SAFETY PROGRAM
DEPARTMENT OF LABOR (OSHA)
WASHINGTON DC 20210

2. The appeal sequence for military personnel is via their chain of command concluding at the Office of the Secretary of Defense.

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HAZARDOUS MATERIAL CONTROL AND MANAGEMENT PROGRAM (HMC&M)
AND HAZARD COMMUNICATION (HAZCOM) PROGRAM PLAN

HMC&M

1. Purpose. References (d) and (f) identify requirements and responsibilities for personnel in support of the Marine Corps HMC&M program.

HAZARD COMMUNICATION (HAZCOM) PROGRAM PLAN

1. Purpose. To establish a HAZCOM program plan for MCAS Cherry Point per reference (i).

2. Applicability and Scope. This program, unless otherwise specified, applies to MCAS Cherry Point and tenant command personnel who routinely work with or are exposed to hazardous chemical(s) in their work places.

3. Definitions

a. A hazardous chemical is a physical hazard or a health hazard per reference (d), section 1200(c).

b. Hazardous Material (HM) is any material that:

(1) Is regulated as a HM per reference (d), or

(2) Requires a Material Safety Data Sheet (MSDS) per reference (d), section 1200, or

(3) During end use, treatment handling, packaging, storage, transportation, or disposal meets or has components defined as hazardous waste, per 49 CFR.

c. Hazardous Waste is any discarded substance as defined in reference (i) or applicable state regulations where the state has been granted enforcement authority by the Environmental Protection Agency.

4. Policy. The HAZCOM program plan shall be made available upon request to personnel, their designated representative, or other government officials.

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5. Program Operations and Responsibilities

a. Authorized User List (AUL)

(1) The Command HM AUL contains the only authorized HM allowed on station. A unique identifying number is assigned to HM on the AUL. The Supply Directorate maintains the AUL, which is updated annually in cooperation with command departments and tenant activities.

(2) Activities procuring items of HM from the Hazardous Minimization Center (HAZMINCEN) must have an approved entry for that item on the AUL.

(3) HM brought aboard MCAS Cherry Point for the first time must be reviewed for regulatory compliance and approved by the HAZMINCEN, Environment Department, Safety Department and Industrial Hygienist. The HAZMINCEN can approve HM request forms for materials previously evaluated and approved for other similar MCAS Cherry Point activities, and will add these materials to the activity specific AUL.

(4) The activity specific AUL contains a one-week usage which is the maximum allowable stock on hand. The one-week usage level is required for inventory control and regulatory reporting purposes, and can only be exceeded in a bona-fide emergency. Submit a Hazardous Material Emergency Procurement Form, page 8 of enclosure (6) to the HAZMINCEN to procure previously approved HM quantities exceeding the one-week limit for emergency situations. If the one-week level increases permanently, submit a Hazardous Material Emergency Procurement Form to adjust the one-week limit.

(5) The HAZMINCEN issues self-help HM and maintains the master self-help AUL. A Hazardous Material Request Form is not required for issue of self-help materials, and the one-week inventory limit does not apply. Self-help HM still requires a MSDS and SOP. Return partially used self-help HM to the HAZMINCEN for use by other activities on a cost avoidance basis.

(6) The MCAS Cherry Point master AUL also includes HM procured by MCCS and NEX. MCCS and NEX procured HM require a Hazardous Material Request Form, MSDSs, and SOPs.

(7) Do not keep infrequently used HM on hand due to shelf life and spill concerns. The activity specific AUL will be annotated "stock" in the one-week column, and HAZMINCEN will issue material as needed.

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(8) The Environmental Department and the Safety Office will inspect activities on a periodic basis to ensure regulatory requirements are met.

b. MATERIAL SAFETY DATA SHEET (MSDS)

(1) The using unit is responsible for obtaining MSDSs for HM used on station and will maintain the master reference library of MSDSs. If no MSDS is received, supply shall request a MSDS from the vendor or obtain it from the Hazardous Material Inventory System (HMIS).

(2) Prior to procurement of HM, supply shall verify the hazardous chemical(s) on the AUL. If on the AUL, annotate the unique identifying number on the requisition. If not on the AUL, the requisition, MSDS and other pertinent information will be forwarded to the Safety Department for approval, assignment of a unique number and added to the AUL prior to procurement.

(3) Departments/tenants shall annotate the unique identifying AUL number on the MSDS.

(4) Work center supervisors shall ensure work areas maintain MSDSs for HM used in that area, and are readily available to workers.

(5) The MSDS and HMIS are sources of information on hazard and storage compatibility.

c. Labels and Warnings

(1) Supply shall ensure that centrally received HM is properly labeled with the hazardous chemical(s), hazard warning(s), and name/address of the manufacturer, importer, or other responsible party.

(2) The Safety Department and Industrial Hygienist are responsible for performing routine periodic inspections to ensure HM is properly labeled and in proper use.

(3) Departments/tenants shall ensure HM shipped is properly labeled and conforms to the Department of Transportation (DOT), postal, or other requirements. Insert a copy of the MSDS in the container with the product.

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d. Training

(1) Personnel working with or routinely coming in contact with hazardous chemicals shall receive training on HM and precautionary measures needed for protection from this hazard(s).

(2) Supervisors shall inform new personnel of the HAZCOM program, and schedule job-specific training. Do not delay in scheduling training, as personnel must receive training prior to any exposure to prevent adverse health effects.

(3) Supervisors may obtain technical assistance in developing specific hazard training information from the Safety Department or Industrial Hygiene. The Safety Department periodically conducts general HAZCOM training.

(4) Retraining is necessary when a new hazard is introduced into the work area, not a new chemical. For example, if a new solvent is brought into the work place and it has hazards similar to existing chemicals for which training has already been performed, then training is not necessary. However, if the new solvent's poses a hazard has not been addressed in previous training, retraining is necessary for that specific hazard.

(5) Emphasize the following workplace HAZCOM training:

(a) A summary of the OSHA HAZCOM standard and MCAS Cherry Point HAZCOM program.

(b) Job-specific HM and hazardous chemicals, chemical properties of the HM (including visual appearance and odor), and methods used to detect the presence or release of hazardous chemicals.

(c) Physical and health hazards associated with the potential exposure to workplace chemicals.

(d) Procedures to protect against hazards (e.g., PPE, work practices, emergency procedures).

(e) Hazardous chemical spill, leak, and disposal procedures.

(f) The location and availability of the written HAZCOM program, including the MSDSs, content comprehension, and how to obtain/use appropriate hazard information.

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(g) Providing personnel with a MSDS to read does not satisfy training requirements. Training is to be a forum for explaining not only hazards associated with chemicals in the workplace but also providing the opportunity for personnel to ask questions to ensure they understand the information presented.

(h) Document training in unit personnel training folders with a copy of the training roster to the Training Department.

(6) Workplace non-routine tasks:

(a) Supervisors planning non-routine tasks shall ensure personnel are trained and equipped to the same extent, as those required for routine tasks.

(b) Training for possible hazards of a non-routine task shall take place between the supervisor, person(s) performing the task, and Safety prior to initiation of the scheduled work.

(c) Safety will aid the supervisors in documenting non-routine training for personnel training records.

(7) Contractor Employers and Employees:

(a) Supervisors are responsible for ensuring contractor employers and employees adhere to the policies of this program.

(b) Facilities shall take action to write and use contract clauses that require adherence with the HAZCOM plan.

(c) Contractors must inform workplace supervisors and Safety of HM brought aboard station and MSDSs must be readily available.

6. Supervisors will implement and maintain at each workplace a written Hazardous Communication Standard Operating Procedures (SOP) containing the following elements:

a. A list of chemicals in the workplace with their MSDSs and SOPs for each chemical.

b. Plan detailing how the requirements for labels and other forms of warning, MSDSs and employee information and training are going to be met in your workplace.

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c. Designate in writing person(s) responsible for:

- (1) Initial and on-going HAZCOM training.
- (2) Labeling of in-shop containers.
- (3) Labeling of any shipped containers.
- (4) Obtaining and maintaining MSDSs.

d. Procedures to review and update label information when necessary.

e. SOPs do not have to be lengthy or complicated. They are intended to be a blueprint for implementation of the Station written program and assurance that all aspects of the requirements are met.

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OCCUPATIONAL SAFETY AND HEALTH (OSH) INSPECTION PROGRAM

1. Purpose. To provide guidance for conducting workplace safety and health inspections.

2. Policy. Workplace safety and health inspections will be conducted per reference (d).

3. Procedures

a. MCAS Cherry Point Safety and Standardization Directorate shall inspect workplaces at least annually.

b. Designated high hazard areas shall be inspected semi-annually or more frequently based upon an assessment of the potential for injuries, occupational illnesses, or damage to property.

c. The Safety Directorate shall analyze mishap data, nature of work performed as in the case of chemical or machine processes, and material handling to determine how often a workplace will be inspected.

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OCCUPATIONAL SAFETY AND HEALTH (OSH) TRAINING

1. Purpose. Establish and implement a written training plan for OSH and HAZCOM per reference (d).
2. Procedures. The Safety Directorate will coordinate a schedule of OSH and HAZCOM classes with the Training Department.
3. Training Requirements
 - a. Personnel shall receive safety training per reference (d).
 - b. Document personnel safety training on a class roster maintained by the Training Department and Training will send a copy of the roster to the Safety and Standardization Directorate.

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PREVENTION AND CONTROL OF WORKPLACE HAZARDS

1. Purpose. To eliminate or control recognized safety and health hazards as quickly as possible.
2. Policy. Prevention and control of workplace hazards will comply with reference (g).
3. Procedures
 - a. The Safety Directorate reviews plans and specifications for local projects and submits recommendations, in writing, to Facilities and ROICC.
 - b. The supervisor will develop standard operating procedures (SOPs) or similar directives to outline hazardous work/operations performed. Coordinate SOPs or similar directives with the Safety Department prior to use.
 - c. The Safety Directorate approves the purchase of safety equipment.
 - d. The Safety Directorate reviews contracts performed by contractor employees.

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LOCKOUT/TAGOUT PROGRAM

1. Purpose. To ensure personnel are protected from injury during any servicing or maintenance done on machinery or equipment, where the unexpected energization, start-up or release of any type of energy could occur.

2. Policy. Reference (g) NAVMC DIR 5100.8, Chapter 12, provides policy and outlines responsibilities for the implementation of the MCAS Cherry Point Lockout/Tagout Program.

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CONFINED SPACE PROGRAM REQUIREMENTS

1. Purpose. To prescribe policy and procedures applicable to the entry and work in spaces designated as "enclosed" or "confined" as defined in reference (g). To inform personnel engaged in enclosed or confined space operations of the hazards and precautions associated with such operations. To establish specific authority and responsibility for those delegated to administer the confined space program.

2. Scope. Conduct the confined space program operations per reference (g). Conduct aviation gas free engineering per reference (h). This section provides information and guidance for confined space operations at MCAS Cherry Point. It is not inclusive and does not contain all conceivable operations and conditions that may be encountered. Therefore, it is essential that personnel engaged in confined space operations clearly understand the intent and fundamental concepts of this instruction.

3. Policy. This section pertains to military, civilian, and contractor operators on board MCAS Cherry Point. Guidance and requirements stated herein shall be applied to the maximum extent possible under the direct control and supervision of the designated Confined Space Program Manager (CSPM) for MCAS Cherry Point. Entry into confined, closed, or enclosed spaces is prohibited until the space has been tested and determined to be safe.

4. Responsibilities. The CSPM is physically located in the Safety Office at building 294 Wing 4. Personnel requiring CSPM services (i.e., space testing, treatment, and certification) shall contact the CSPM at extension 466-2555. These responsibilities may be delegated to the Assistant Confined Space Program Manager (ACSPM) when, in the judgment of the CSPM, they will be executed in accordance with instructions contained herein. CSPM personnel assigned to other commands or activities must also meet the qualifications and training requirements of this Order.

5. Action. CSPM personnel are responsible for ensuring compliance with standards of references (d), (g), (h) and this Order.

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EXPOSURE CONTROL PLAN FOR BLOODBORNE PATHOGENS

1. Purpose

a. The Exposure Control Plan (ECP) is implemented to meet the letter and intent of the Occupational Safety and Health Administration (OSHA) Bloodborne Pathogens standards. ECP is a policy to prevent or reduce the risk of personnel occupationally contracting Hepatitis B Virus (HBV), Human Immunodeficiency Virus (HIV), and other bloodborne diseases.

b. The ECP sets forth procedures, engineering controls, personal protective equipment, work practices and other methods designed to protect personnel, and meets the requirements stipulated in the OSHA Bloodborne Pathogens standards.

2. Policy. The ECP for Bloodborne Pathogens will comply with references (d) and (g).

3. Applicability. Applicable personnel are encouraged to study provisions of the ECP. Direct questions and/or comments to the OSH Manager. The input and involvement of applicable personnel is needed to ensure this ECP continues to provide adequate workplace safety. The ECP is subject to an annual review and revision, as needed.

4. Definitions

a. Biohazard Label. A label affixed to containers of regulated waste and other containers used to transport blood and other potentially infectious materials. The label must be fluorescent orange-red with the biohazard symbol and the word "biohazard" on the lower part of the label.

b. Blood. Human blood, human blood components, and products made from human blood.

c. Bloodborne Pathogens. Pathogenic microorganisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to, Hepatitis B Virus (HBV) and Human Immunodeficiency Virus (HIV).

d. Contaminated. The presence or the reasonably anticipated presence of blood or other potentially infectious materials on an item or surface.

e. Contaminated Sharps. Contaminated objects that can penetrate the skin including, but not limited to, needles and broken glass.

f. Decontamination. The use of physical or chemical means to remove, inactivate, or destroy bloodborne pathogens on a surface or item to the point where they are no longer capable of transmitting infectious particles and the surface or item is rendered safe for handling, use, or disposal.

g. Personnel. An individual employed in a health care, industrial or other facility or operation that may be exposed to bloodborne pathogens in the course of their assignments.

h. Engineering Controls. Controls (e.g., sharps disposal containers, self-sheathing needles) that isolate or remove the bloodborne pathogens hazard from the workplace.

i. Exposure Control Officer. Personnel designated by the employer, and who is qualified by training or experience, to provide technical guidance in the development and implementation of the facility's Exposure Control Plan.

j. Exposure Incident. A specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that results from personnel performing their duties.

k. Handwashing Facilities. A facility providing an adequate supply of running potable water, soap and single use towels or hot air drying machines.

l. HBV. Hepatitis B Virus. The disease can produce mild to chronic infection, liver damage such as cirrhosis, liver cancer, or death due to liver failure.

m. HIV. Human Immunodeficiency Virus, the precursor to the Acquired Immunodeficiency Syndrome (AIDS). AIDS results in the breakdown of the immune system, so the body does not have the ability to fight off other diseases. Currently no vaccination exists to prevent infection of HIV, and there is no known cure.

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n. Licensed Health Care Professional. A person whose legally permitted scope of practice allows him or her to independently perform the activities required by reference (d), section 1030, Para f, "Hepatitis B Vaccination and Post-exposure Evaluation and Follow-up" of OSHA Bloodborne Pathogen standard.

o. Medical Consultation. A consultation which takes place between personnel and a licensed medical professional for the purpose of determining the employee's medical condition resulting from exposure to blood or other potentially infectious materials, as well as any further evaluation or treatment that is required.

p. NIOSH. National Institute for Occupational Safety and Health of the Public Service, of the U.S. Department of Health and Human Services; the Federal agency which assists OSHA in occupational safety and health investigations and research.

q. Occupational Exposure. Reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials that may result from the performance of personnel's duties.

r. Other Potentially Infectious Materials (OPIM)

(1) Semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any body fluid that is visibly contaminated with blood, and body fluids in situations where it is difficult or impossible to differentiate between body fluids.

(2) Unfixed tissue or organ (other than intact skin) from a human (living or dead).

s. Percutaneous. Piercing mucous membrane or the skin barrier through such events as needle sticks, human bites, cuts, and abrasions.

t. Personal Protective Equipment (PPE). Specialized clothing or equipment worn by personnel for protection against a hazard. General work clothes (i.e., uniforms, scrub suits, pants, shirts or blouses) are not intended to function as protection against a hazard. These work clothes are not considered to be PPE.

u. Regulated Waste. Liquid or semi-liquid blood or other potentially infectious materials that would release blood or other potentially infectious materials in a liquid or semi-liquid state if compressed; items caked with dried blood or other potentially infectious materials capable of releasing materials during handling; and contaminated sharps.

v. Source Individual. Any individual, living or dead, whose blood or other potentially infectious materials may be a source of occupational exposure to personnel. Examples include, but are not limited to, trauma victims and human remains.

w. Universal Precautions. An approach to infection control. According to the concept of Universal Precautions, all human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV, and other bloodborne pathogens.

x. Work Practice Controls. Controls that reduce the likelihood of exposure by altering the manner in which a task is performed (e.g., prohibiting recapping of needles by a two-handed technique).

5. Exposure Determination. For the following MCAS Cherry Point job classifications, it is reasonable to anticipate occupational exposure to bloodborne pathogens while performing certain jobs or tasks:

<u>Department</u>	<u>Job Title</u>	<u>Procedure</u>	<u>Location</u>
PMO	Patrolman	First responder	Patrol
MCCS	Lifeguards	First responder	Swimming Pools
MCCS	Childcare	Providers	Child Development Centers
Fire Dept	Firefighters	First responder	MCAS Cherry Point
OPS	ARFF/EOD	First responder	Flightline
VMR-1	SAR Med Techs	First responder	Flightline
Facilities	Housekeeping	Clean up	BOQ/Cherry Point Inn

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6. Engineering Controls. Whenever possible, utilize engineering controls to reduce potential exposure (e.g., dustpan and broom, tongs for cleaning up broken glass, etc.).

7. Required Work Practices (General)

a. Wash hands immediately or as soon as possible after removal of gloves or other personal protective equipment and after hand contact with blood or OPIM.

b. If conditions are such that handwashing facilities are not available, use antiseptic hand cleaners and wash hands at the first available opportunity.

c. Remove PPE immediately upon leaving the work area or as soon as possible and placed in an appropriately designated leak proof bag and transport to the MCAS Cherry Point Branch Medical Clinic, building 2496 for proper disposal.

d. Do not eat, drink, smoke, apply cosmetics/lip balm or handle contact lenses in work areas where there is a potential occupational exposure.

8. Personal Protective Equipment (PPE)

a. Where there is potential occupational exposure, personnel will be provided with (at no cost to the individual) required PPE including, but not limited to, gloves, glasses with side shields, and face shields. When necessary, provide hypoallergenic, powderless or other alternative gloving to personnel who are allergic to types normally provided.

b. Obtain PPE through the worksite immediate supervisor.

c. Do not decontaminate or wash single-use (disposable) gloves for re-use.

d. Remove and dispose of PPE prior to leaving the work area.

e. Appropriate PPE does not permit blood or OPIM to pass through or contact the clothing, skin, mouth, or mucous membranes.

f. Listed below are types of PPE available for use and circumstances under which to use them:

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<u>Item</u>	<u>Procedure</u>
One-way valve disposable rescue breather	Rescue breathing/CPR
Disposable gloves	Rescue breathing/CPR

9. Housekeeping

a. Work Surfaces. Decontaminate work surfaces with an appropriate disinfectant immediately after blood spills or OPIM and at the end of the work shift.

b. Equipment. Check equipment routinely for blood or OPIM contamination and decontaminate as necessary.

c. Receptacles. Inspect, clean and disinfect bins, pails, cans, and similar receptacles intended for reuse which have a potential for becoming contaminated with blood or OPIM immediately or as soon as possible upon visible contamination.

d. Glassware. When cleaning up potential contaminated broken glass, use a brush and dustpan; do not use your hands.

e. Responsibilities. The supervisor is responsible for providing a clean and sanitary worksite.

10. Waste Disposal

a. Place infectious waste disposal material in a closed, leak proof container or bag; color-coded or labeled. Deliver containers/bags to the MCAS Cherry Point Medical Clinic for proper disposal.

b. The worksite supervisor shall ensure that waste is properly eliminated and that the following is observed:

(1) If outside contamination of the container/bag is likely to occur, use a second leak proof container/bag, color-coded or labeled, over the outside of the first and close to prevent leakage during handling, storage and/or transport.

(2) Observe disposal procedures concerning medical waste in accordance with other applicable Federal, state and local regulations.

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11. Communication of Hazards to Personnel

a. Labels

(1) Affix warning labels to containers of infectious waste and contaminated PPE.

(2) Labels shall bear the legend described in reference (d), section 1030. They shall be fluorescent orange or orange-red or predominately so, with lettering or symbols in the contrasting color.

(3) Labels shall be an integral part of the container or affixed as close as safely possible to the container by string, wire, adhesive or any other method that prevents their loss or unintentional removal.

(4) Substitute red bags or red containers for labels on containers of infectious waste.

(5) The worksite supervisor is responsible for ensuring that containers of bio-hazardous waste are properly labeled.

b. Information and Training

(1) Personnel with occupational exposure shall participate in exposure control training prior to their initial assignment and at least annually thereafter. Coordinate training through the Safety Directorate 466-2730/5832.

(2) Personnel shall receive information and training in the following areas:

(a) Regulatory standards.

(b) Epidemiology and symptoms of bloodborne diseases.

(c) Modes of transmission of bloodborne pathogens.

(d) Exposure Control Plan.

(e) Appropriate methods for recognizing tasks and procedures that may involve exposure to blood or OPIM.

(f) Use and limitations to prevent or reduce exposure, including appropriate engineering controls and work practices.

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- (g) Personal protective equipment.
- (h) Selection of personal protective equipment.
- (i) Hepatitis B vaccine.
- (j) Appropriate actions and contact personnel in the event of an emergency.
- (k) Procedures if an exposure incident occurs including reporting method.
- (l) Medical counseling.
- (m) Signs, labels, and/or color-coding.
- (n) Questions and answers.

12. Medical Surveillance

a. General Information

(1) Individuals possibly exposed to potentially infectious materials shall be offered, at no cost, a vaccination for hepatitis B, unless previously vaccinated or antibody testing reveals immunity.

(2) Individuals must sign a waiver if declining vaccination (Hepatitis B Vaccine Declination Form, page eleven of enclosure (12)).

b. Post Exposure Procedures

(1) Should an exposure occur to a potentially infectious material (via needle stick, splash, etc.), provide a post-exposure evaluation as described herein.

(2) Following a report of an exposure incident, provide a confidential medical evaluation and follow-up, including:

(a) Documentation of the route(s) of exposure, HBV and HIV antibody status of the source individual's blood (if known), and the circumstances under which the exposure occurred.

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(b) If the source individual can be determined and permission obtained, collect and test the source individual's blood to determine the presence of HIV or HBV infection.

(c) Collect blood from the exposed individual as soon as possible after the exposure incident for determination of HIV/HBV status. Actual antibody or antigen testing of the blood or serum sample may be done at that time or at a later date, if requested by the exposed individual. Preserve samples for a least 90 days.

(d) Follow-up of the exposed individual including antibody or antigen testing, counseling, illness reporting, and safe and effective post-exposure prophylaxis, according to standard recommendations for medical practices.

c. Information Supplied to Medical. Provide the attending health care professional the following information:

(1) A copy of reference (d), section 1030, including appendices.

(2) A description of the affected individual's duties as they relate to the occupational exposure.

(3) Results of the source individual's blood testing, if available.

(4) Other pertinent medical records, including vaccination records relevant to the treatment of the exposed individual.

d. Health Care Professional's Report. The attending health care professional shall provide a written opinion to the individual's command concerning the following:

(1) The health care professional's recommended limitations upon the exposed individual's ability to receive the HBV vaccination.

(2) A statement that personnel have been informed of the results of the medical evaluation and have been told about any medical conditions resulting from exposure to blood or OPIM which require further evaluation or treatment.

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(3) Related specific findings or diagnoses to the individual's ability to receive the HBV vaccination. Any other findings and diagnoses shall remain confidential.

e. Report to Exposed Individual. For each evaluation under this section, provide the exposed individual a copy of the attending health care professional's written opinion within 15 days of the completion of the evaluation.

13. Recordkeeping

a. Medical Records. Medical records shall be kept for the length of the individual's employment plus 50 years per reference (d), section 1030. Maintain records at the designated medical treatment facility supporting the command or activity or transferred to the archives according to current regulations.

b. Training Records

(1) Keep training records for 3 years.

(2) The Safety Department shall maintain records.

(3) Forward a copy of the training records to the Safety Manager for compliance monitoring of the program.

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HEPATITIS B VACCINE DECLINATION

Date: _____

Employee Name: _____

Employee SSN: _____

I understand that due to my occupational exposure to blood or other potentially infectious material, I may be at risk of acquiring Hepatitis B Virus (HBV) infection. I have been given the opportunity to be vaccinated with Hepatitis B vaccine at this time. I understand that by declining the vaccine, I continue to be at risk of acquiring Hepatitis B, a serious disease. If in the future, I continue to have occupational exposure to blood or other potentially infectious materials and want to be vaccinated with Hepatitis B vaccine, I can receive the vaccination series at no charge.

Employee Signature _____ Date: _____

Medical Corps Representative Signature: _____

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OFF-DUTY AND RECREATION SAFETY PROGRAM

1. Purpose. To reaffirm the Marine Corps Off-Duty and Recreation Safety Program for MCAS Cherry Point personnel and activities under the auspices of the MCAS Cherry Point Commanding Officer.

2. Policy. MCAS Cherry Point commands and units shall ensure compliance with reference (k). Mishaps that occur during off duty and during recreational activities adversely impact the commands mission capability. MCAS Cherry Point Safety Department stresses the need and compliance of reference (k) to ensure the safety of all personnel aboard MCAS Cherry Point.

3. The MCAS Cherry Point Safety Directorate, building 294 has workspace, driving/drinking, and recreational safety videos and a host of other training resources that can be checked out for safety training. These are especially helpful during the holidays. Our goal is to get the word out on safety, at work and at play. The Operational Risk Management (ORM) process (e.g., identifies hazards, assess hazards, develop risk controls and make decisions, implement controls, and supervise) is the key to preventing mishaps.

4. Per reference (k), specific high-risk recreational activities shall be addressed in writing by individual commands/units. Hold biannual safety briefs for all hands. As a unit, if your personnel are to participate in a high-risk activity (e.g., water rafting, rock climbing, etc.), written guidance on the possible hazards and using ORM shall be initiated.

5. Liberty Policies

a. While off limits establishments vary from time to time, individuals are advised to carefully consider the risks associated with liberty, especially at night. The majority of those victimized are individuals who become intoxicated and separated from their friends at night. The importance of using the buddy system cannot be overemphasized. Everyone should check ASBul 1620 for current Off-Limits Establishments. Also, this information is published weekly in the *Windsock*.

ERGONOMICS PLAN

1. Purpose. Prevent musculoskeletal disorders in MCAS Cherry Point personnel. All situations that expose personnel to musculoskeletal risks shall be assessed by MCAS Cherry Point safety specialists and/or industrial hygienists who have completed ergonomic training.

2. Procedures. The Command Ergonomics Program as outlined in Air Station Order 5100.1 is a vital part of annual safety surveys, mishap investigations, reports of unsafe/unhealthy working conditions, office safety, personal protective equipment (ppe) and occupational health and industrial hygiene programs.

a. Workplace Analysis. The Safety Directorate shall conduct a workplace analysis to identify, evaluate, and manage workplace risks.

(1) Review of mishap logs, compensation claims, personnel complaints and suggestions, safety surveys and industrial hygiene surveys will indicate ergonomic trends in the workplace.

(2) Where analysis reveals ergonomic risks, questionnaires, personnel interviews, observations and videotaping may be used to prevent possible ergonomic related injuries.

b. Hazard Prevention and Control. Workplaces identified with ergonomic risks shall be abated/corrected by use of engineering controls and/or administrative controls. All risks identified shall be assigned a RAC and entered into the hazard abatement log.

(1) In order to achieve optimal ergonomic benefits, all furniture and equipment requests shall be completed using the guidance of MCO P10150.1.

c. Medical Management. Personnel with musculoskeletal injuries shall report to medical as delineated in the AirStaO 5100.1.

d. Education and Training. Ergonomics awareness training shall be provided to MCAS Cherry Point personnel. After training, personnel will be able to recognize ergonomic hazards and make necessary changes before an injury occurs. Training shall include:

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- (1) Ergonomic definitions and concepts.
- (2) Work center physical risk factors and personal traits that may contribute to an injury.
- (3) Recognition and reporting of early signs and symptoms associated with various musculoskeletal disorders.
- (4) Prevention of WMSD's by recognizing physical risk factors and identifying the basic elements of effective design. Know how to report physical risk factors to their supervisors and cooperate with intervention measures.
- (5) Ergonomics team members, supervisors and facilities department engineers are required to attend ergonomics training.
- (6) Understanding the components of the MCAS Cherry Point ergonomic program as described in ASO 5100.1 and their role in it.

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FALL PROTECTION PROGRAM

1. Purpose. This chapter establishes a fall protection program for MCAS Cherry Point as required by reference (d). This chapter applies to all personnel, civilian, military and contractors, on the station. Personnel exposed to fall hazards of 6 feet (1.8m) or greater will be assessed by a competent person with fall protection training to implement proper controls.

2. Responsibilities

a. Installation/Unit Safety Manager

(1) Provide fall protection training material and instruction for supervisors and workers as required.

(2) Provide recommendations for appropriate fall protection.

(3) Stop any work operations that are not in compliance with this Manual.

(4) Review all written fall protection SOP's before publication.

b. Supervisors

(1) Request assistance from the installation/unit safety office when assessing potential fall hazards.

(2) Provide personnel with a written fall protection SOP, approved by the installation/unit safety manager detailing steps necessary to control fall hazards.

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

(4) Provide personnel with appropriate fall protection equipment.

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

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(6) Install barriers or debris nets below elevated work surfaces to protect personnel from falling objects.

c. MCAS Cherry Point personnel

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

(2) Request supervisory assistance when assessing potential fall hazards.

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

(4) Inspect fall protection equipment before use and maintain the equipment per the manufacturer's recommendations. Remove from service any personal fall protection equipment that has been shock-loaded until inspected by the manufacturer or other competent person.

(5) Report unsafe conditions and equipment to supervisors.