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MARINE CORPS AIR STATION
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AIR STATION ORDER 5100.13A

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 5100.29
(g) NAVMC DIR 5100.8
(h) MCO 5100.8
(i) MCO P5102.1B
(j) MCO 5100.19F
(k) MCO 5100.30B
(l) MCIEASTO 5100.2A
(m) MCO 5104.1C
(n) OPNAVINST 5100.23H
(o) UFC 3-560-01
(p) OSHA 3071
(q) 49 CFR 395
(r) MARADMIN 436/12
(s) MIL-HDBK 828B
(t) OPNAVINST 3750.6S
(u) 29 CFR 1926

Encl: (1) Occupational Safety and Health Program

1. Situation. This Order promulgates Marine Corps Air Station (MCAS) Cherry Point's Occupational Safety and Health (OSH) policy to eliminate or minimize the probability of mishaps. This Order assigns responsibility and establishes instructions for the OSH Program.

2. Cancellation. ASO 5100.13 (OSH Program), and Policy Letter 02-16.

3. Mission. The primary mission of the OSH program is to enhance readiness by preserving human and material resources. Each individual aboard MCAS Cherry Point is entitled to a safe and healthful workplace. This includes providing adequate personal protective equipment (PPE) wherever specific operations cannot otherwise be kept hazard free. Supervisors will exercise their responsibility to ensure the safety of their subordinates in the workplace and implement Voluntary Protection Programs (VPP) under the Safety and Occupation Health Management System (SOHMS).

4. Execution

a. Commander's Intent and Concept of Operations

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(1) Commander's Intent. Leaders shall actively support, implement, and manage all safety programs, procedures, and guidance set forth in the references. The Station Executive Officer is responsible for the execution of the safety program per reference (f).

(2) Concept of Operations

(a) Apply the safety standards promulgated by the references and this Order to all operations and workplaces.

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

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

(d) Establish an ongoing safety training program for military and civilian personnel. All full time MCAS personnel will attend either a general industry or construction Occupational Safety and Health Administration (OSHA) 10 hour safety course to enhance the safety culture and ensure employees are aware of their responsibilities. New employees should attend the 10 hour training program within 6 months of reporting for duty. Current employees must attend within three years of the date of this Order.

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

(f) Investigate, analyze, report, and record mishaps.

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

b. Subordinate Element Missions

(1) Safety and Standardization Directorate

(a) Serve as overall coordinator for the MCAS Cherry Point's OSH Program.

(b) Establish, administer, monitor, maintain, and review the functions for the effective management of programs in aviation safety, ground safety, occupational safety and health, industrial hygiene and explosive safety for the Air Station, outlying fields and facilities, tenants, contractors, and residents.

(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.

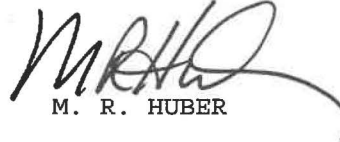
c. Coordinating Instructions. Submit all recommendations for changes to this Order to the MCAS Cherry Point Safety and Standardization Directorate.

4. Administration and Logistics. This Order is published electronically and can be accessed online via the MCAS Cherry Point web page at <https://www.cherrypoint.marines.mil/Staff/Station-Adjutant/>.

5. Command and Signal

a. Command. This Order is applicable to all activities aboard MCAS Cherry Point.

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



M. R. HUBER

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Chapter 1

Occupational Safety and Health (OSH) Program Administration

1. Purpose

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

b. To define responsibilities of the MCAS Cherry Point Commanding Officer (CO), Director of Safety and Standardization (DSS), department heads, supervisors, and non-supervisory personnel as they pertain to the administration of the OSH program.

2. Mission. The primary objective of the MCAS Cherry Point Safety Program is to enhance readiness by preserving human and material resources. Although many factors may contribute to a mishap sequence, they are normally grouped into two broad categories: physical conditions and personnel actions or inactions. Mishaps seriously degrade operational readiness and unnecessarily cause deaths, injuries, occupational illnesses, and collateral damage. The DSS will establish, administer, monitor, maintain, and review the functions for the effective management of programs in ground safety, OSH, and industrial hygiene for the Air Station, outlying fields and facilities, tenants, contractors, and residents.

3. Responsibilities

a. The CO, MCAS Cherry Point has the overall responsibility for compliance with the references and implementation of an effective command OSH program. Further, as host for several tenant commands, it is his/her responsibility to prescribe and enforce additional OSH directives as may be necessary to meet unique local conditions.

b. The DSS has been delegated responsibility for OSH matters of impact to MCAS Cherry Point processes and operations.

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

(1) Ensure their personnel receive indoctrination and continuous instruction in applicable OSH regulations and procedures.

(2) Ensure that applicable safety precautions are posted in the appropriate places in accordance with references (d), (e), and (o).

4. Department Heads, Officers-In-Charge (OIC) and Supervisors Shall:

a. Establish and maintain an effective safety program within their department by incorporating and enforcing safe work practices and conduct a review of personnel risk of any activity/operation not covered by orders, directives or SOPs. They shall also, through proper channels, initiate corrective actions necessary for the elimination and control of all inherent hazards.

b. Ensure and document all personnel under their cognizance read and acknowledge their OSH rights and responsibilities.

c. Ensure all personnel under their cognizance comply with all standards and regulations that have been established for the prevention of injury, illness, and damage to property and/or equipment. Each non-bargaining unit employee's Performance Appraisal Report (PAR), or similar performance rating document (for NAF supervisors/managers), shall contain a critical performance standard for safety to ensure accountability for the purpose of promoting a positive safety climate within their areas of responsibility.

d. Supervisors 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; ensure that necessary safety precautions are observed.

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

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

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

(5) Conduct workplace OSH training for personnel per references (d) and (e). Submit documentation of workplace safety training to the Training Support Department (TSD) in a timely manner.

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

e. Identify personnel requiring a medical surveillance examination as identified in the Industrial Hygiene (IH) Survey and that the requirement is entered within the Enterprise Safety Applications Management System (ESAMS) for each employee. Ensure that medical surveillance examinations are scheduled with Occupational Health and that personnel remain current with these examinations.

5. Military and Civilian Employees. Personnel are responsible for observing safety and health regulations and procedures applicable to their workplace. Additionally, personnel shall:

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

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

c. Alert others they believe to be endangered by known hazards, have failed to observe applicable safety precautions, or any other developing hazards.

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

e. Wear or use protective clothing and/or equipment for the safe performance of duties.

f. Report for work suitably groomed and clothed for assigned tasks:

(1) Suitable clothing is considered clothing which is normally worn and generally used by other members of the trade or profession.

(2) 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.

(3) Do not wear items of jewelry and/or loose clothing in areas that present a hazard.

(4) 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.

6. Supply Officer, Public Works Officer (PWO), Marine Corps Community Services (MCCS), and any other Contracting Officer/Agent. Ensure all contracts, including Naval Facilities Engineering Command contracts, contain a clause requiring the contractor to comply with Federal and State laws, and Marine Corps/Navy Safety regulations and that each contractor working on the Installation receive a Safety/VPP pamphlet that identifies installation safety requirements. Pamphlets are available through the DSS.

7. Inspections and IH Surveys. Copies of the OSH standards, IH Surveys, records of OSH inspections and Safety Committee Minutes, and any other documentation of the command OSH Program are located at the Station Safety Office, MCAS Cherry Point.

Chapter 2

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 references (d) and (g).

b. Membership. The composition of the Safety Council will consist of: Directors/Deputy, Department Heads, Union representatives, and OSH representatives. CO, MCAS Cherry Point or his designated representative will chair the MCAS Cherry Point Safety Council.

c. Meetings. The MCAS Cherry Point Safety Council will meet at least quarterly.

d. Meeting Minutes. The MCAS Cherry Point Director of Safety and Standardization (DSS) will ensure the preparation, publication, and filing meeting minutes.

2. Supervisors' Safety Committee

a. Purpose. The MCAS Supervisors' Safety Committee shall assist the MCAS Cherry Point Safety Council by identifying existing or potential OSH hazards and deficiencies and recommend corrective measures per reference (g). The committee will periodically review the mishap experiences of their particular area of responsibility, including mishap prevention efforts and discussing potential hazards which may result in death, injury, or property damage. Recommendations/suggestions should be brought to the Executive Safety Council. Supervisors shall keep documentation of these meetings.

b. Membership. Committee membership shall consist of military and civilian supervisors and Union representatives. A chairperson shall be elected annually per reference (g).

c. Meetings. The MCAS Cherry Point Supervisors Safety Committee meetings will be held at least monthly per reference (g).

d. Meeting Minutes. The committee chairperson will ensure accurate minutes are prepared and submitted to the MCAS Safety Council for review and appropriate action.

3. Shop Safety Committee

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

b. Membership. Per reference (g), MCAS Cherry Point shop safety committees shall consist of personnel from each work center (e.g. office, shop crew, section, department, etc.) and have a membership of five or more persons. Each shop safety committee shall include members of the same work center. The shop safety committees shall be chaired by a civilian (journeyman level) or military supervisor.

c. Meetings. One or more committee meetings will be held monthly as scheduled by the chairperson of each shop safety committee. Meetings should be of short duration and have minimal impact on work schedules.

4. Safe Driving Council

a. Purpose. To establish and maintain an effective Traffic Safety Program to reduce accidents and recommend policies to the CO. To identify and correct traffic mishap trends through mishap investigations, reporting, and analysis per reference (j). Liaise with national, state, and local traffic agencies, civil authorities, and neighboring military commands.

b. Membership. The CO or his designated representative will chair the safety driving council. Membership will include representatives from the Safety Department, Provost Marshals Office, Motor Transportation Office, Operations, and the Public Works Department.

c. Meetings. The MCAS Cherry Point Safe Driving Council will be held concurrently with the MCAS Cherry Point Safety Council. The MCAS Cherry Point Safe Driving Council will meet at least quarterly or more frequently if circumstances warrant.

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

Chapter 3

Occupational Safety and Health (OSH) Inspection Program

1. Purpose. The purpose of an OSH Inspection Program is to provide all personnel with a safe and healthful place of employment per reference (c). This chapter will provide guidance for conducting workplace safety and health inspections. Workplace safety and health inspections will be conducted per references (e) and (g). All recognized hazards shall be eliminated or controlled as quickly as possible, subject to prioritization based upon risk assessment, and assignment of Risk Assessment Codes (RACs) per reference (g).

2. Background. Safety and Standardization may inspect all units and commands aboard MCAS Cherry Point, including tenant activities per references (e) and (g). Tenant Safety Programs will not be inspected by installation safety personnel, unless requested.

a. Annual inspections are conducted year-round. Inspections are conducted in two parts; an evaluation of the unit/command safety program, and the walkthrough of the facilities, or building inspection. The inspection will also cover HM storage, compatibility, and verify the required annual HM inventory per reference (g), chapter 17.

b. The inspector shall provide a written inspection report to the unit commander or director. This inspection report must describe the findings which form the basis for issuance of any NAVMC 11400 and any recommendations for correction. Safety will not submit work tickets. However Safety can help influence the status if there is a hazard sufficient to require it.

c. If required, a NAVMC 11400 shall be issued within 15 days of the inspection. Units/commands are given 30 days from the date of the inspection report to respond to deficiencies with a Corrective Action Plan (CAP).

3. General Procedures. All work centers, training facilities, and ranges on the installation, including those of tenant commands shall be inspected at least annually by installation safety personnel. Where a tenant command has a full-time safety and occupational health specialist/manager, the ISM may accept the tenant's safety inspections as outlined in the Inter-Service Support Agreement (ISSA).

a. A RAC is assigned to all hazardous conditions or unsafe acts observed during the inspection. RACs are not assigned to safety program evaluation findings. A RAC is assigned on hazard severity and probability of occurrence. Reference (a) explains the criteria for RAC assignments.

b. A NAVMC 11400 must be posted at or near the site of the hazard for each RAC 1, 2, or 3 hazard found during the inspection which is not corrected immediately. Safety Inspectors will advise the supervisor to post the Deficiency Notice at/near the hazard. All RAC 1 or 2 will be briefed to the MCAS Cherry Point Commanding Officer within 8 hours.

c. Follow-up on open RAC codes or program management findings, shall be updated every 30 days from the date of the inspection receipt, until corrected.

d. The work center supervisor shall:

(1) Ensure work center and program inspections are conducted monthly by the assigned work center safety representative or the supervisor. The inspection and findings are required to be recorded. The work center inspections shall include a review of the SOPs, training manuals (TMs), and all other directives that govern the operations, processes, or management of the facility to assure that guidance materials, orders, regulations, TMs, etc., are present, current, and available.

(2) Ensure the supervisor or the safety representative for the work center is present for any OSH inspection to encourage exchange of information, provide access, answer questions, and develop an immediate record of deficiencies identified.

(3) Review completed inspection reports to determine if any deficiencies are present within their area of responsibility and initiate action as needed.

(4) Within 30 working days of receipt of notification of work center OSH deficiencies, complete the OSH Deficiency Notice in ESAMS. For hazards that cannot be abated within 30 working days, the supervisor of the work center must update the OSH Deficiency Notice every 30 days until corrected.

(5) Ensure changes in work processes or new equipment are identified so a job hazard analysis evaluation can be conducted and written before the new process begins.

Chapter 4

Occupational Safety and Health (OSH) Training

1. Purpose. MCAS Cherry Point will establish and implement a written training plan for OSH per reference (d). This chapter establishes a safety training plan and working relationship with other departments to fulfill requirements.

2. Procedures. The DSS will coordinate a schedule of VPP, OSH, and HAZCOM/GHS classes with the TSD. Training will be documented on a class roster maintained by Training Support Department (TSD). Safety will notify TSD of training outside of the purview of TSD, and safety will send rosters of classes taught outside of the Training and Education (T&E) building to TSD.

3. Job Safety Training. All personnel shall receive safety training before their assigned work begins and at least annually. This training is provided and documented by work center supervisors. At a minimum, the training will consist of:

- a. Employee's OSHA rights; Per CG's Policy letter 8-14
- b. Hazards in the work environment;
- c. Hazards associated with assigned tasks;
- d. Applicable safety and health standards;
- e. PPE required for each task and review of JHA;
- f. An overview of the local safety and health program with emphasis on individual rights and responsibilities;
- g. Requirements for prompt reporting of unsafe conditions to management;
- h. Potential exposure to hazardous chemicals/materials the employee might encounter, location of MSDS or SDS (HAZCOM/GHS), and familiarization with labeling requirements.

4. Change-in-Work Training. Events creating a change in working environments, processes, or tasks that affect the safe and healthful performance of work require change-in-work training. Some events that may require change-in-work training are: New process, new/change in equipment, relocation of work stations, updated SOP, alteration of control devices, modifications to buildings, or changes in TMs. Supervisors will ensure each person affected by a change-in-work is trained and that documentation of such training is maintained.

5. Civilian Employee/Shop Safety Representative Training. Civilian employees of the command who are representatives of employee groups, such as labor organizations that are recognized by the command and shop safety representatives, shall be afforded applicable training. Safety and Standardization will conduct OSHA Outreach Courses to meet the requirements in reference (f). The OSHA 30-hour General Industry or 30-hour Construction Course will enable each shop or collateral duty safety representative to

ensure safe and healthful working conditions and practices. It provides them with the skills and knowledge to effectively participate in work center safety and health inspections.

6. Supervisor Safety Training. The ISM shall ensure OSH training is provided to all supervisory personnel. New supervisors shall be provided the training within 90 days of appointment.

7. Supervisor's Safety Training Annual Refresher. The ISM shall ensure supervisors receive annual refresher training. The ISM shall determine subject matter and duration of the training based on needs of the supervisors receiving training. Training will be directed at supervisor's job tasks with the goal of progressively enhancing skills in providing a safe and healthful work center.

8. Safety and Occupational Health Specialists (SOHS). The ISM will ensure personnel filling safety and health positions are fully trained and an Individual Development Plan (IDP) is established for their career development. SOHS shall receive a minimum of eight Continuing Education Units (CEU) or equivalent per year per (g). The career development program should provide safety and health personnel the necessary background to become a fully qualified journey-level safety specialist (GS-0018-11). These guidelines also apply to personnel in the safety engineer (GS-0803), safety technician (GS-0019), and industrial hygienist (GS-0690) series. Training opportunities should include formal subject matter and field activity assignments per reference (g).

Chapter 5

Mishap Investigation, Reporting, and Recordkeeping

1. Purpose. To standardize mishap requirements and procedures for timely mishap reporting within organizations aboard MCAS Cherry Point. The primary objective of the Marine Corps Safety Program is to enhance readiness by preserving human life and material resources. Tenant commands will report through their chain of command.

2. Background. Accurate and complete reporting is essential to meaningful analysis and formulation of corrective action(s). Reporting mishap information provides invaluable data to assess our safety posture and make changes that prevent or mitigate harm in future incidents. A mishap in which there was minor injury or little damage may illuminate a hazard with potential to cause frequent and severe mishaps. A "Near Miss" should be reported to identify possible hazardous conditions. See definitions below.

3. Responsibilities

a. Commanders/Directors will ensure mishaps are reported to the DSS as required in references (i) and (l). Notification of death, serious (Class A, B, or C Mishap) injuries or illness will be made by email/phone call via the chain of command with a copy to the DSS as soon as possible. All mishaps and near misses will be entered into ESAMS within three working days of the incident by the supervisor or section designated person.

b. The DSS will coordinate safety investigations of all MCAS Cherry Point mishaps, maintain records of safety investigation reports, and conduct mishap trend analyses. The DSS will also provide safety specialists to participate in Safety Investigation Boards (SIBs) and assist in preparing Ground Mishap Eight Day Briefs on Class A and B mishaps upon request. Definitions of mishap classifications can be found below.

c. Supervisors shall be actively involved in all mishap investigations in order to determine the circumstances of mishap events and prevent their recurrence. For Class A or B Mishaps on board MCAS Cherry Point, the accident scene will be secured and kept intact until properly released by the designated Safety Authority/SIB. Control of the accident scene is of paramount importance since SIB members will have to gather relevant evidence (i.e., draw a diagram of the scene, photograph the scene, etc.).

4. Director Safety and Standardization (DSS)

a. Call the Naval Safety Center to report all Class A mishaps and request support.

b. Call the OSHA at 800-321-OSHA and Marine Corps Installations East (MCIEAST) Safety Office at 910-451-2082/9497 to report all civilian on-duty, or fatalities within eight hours of notification.

5. Definitions

a. Class A Mishap. The resulting total cost of damages to government and other property in an amount of \$2.5 million or more; a Department of Defense

(DoD) aircraft is destroyed; or an injury and/or occupational illness results in a fatality or permanent total disability.

(1) Fatality/Fatal Injury. Mishap or complications of a mishap, that results in a death. When death occurs six months or more following the initial mishap, contact Commandant of the Marine Corps, Safety Division (CMC (SD)) for reporting requirements.

(2) Permanent Total Disability. If a non-fatal injury or occupational illness, which in the opinion of competent medical authority permanently incapacitates someone. Also, the loss of the following body parts or the use thereof during a single mishap is a permanent total disability:

- (a) Both hands.
- (c) Both feet.
- (d) Both eyes.
- (e) A combination of any two of these body parts.

b. Class B Mishap. The resulting total cost of damage is \$600,000 or more, but less than \$2.5 million. An injury and/or occupational illness results in permanent partial disability or when personnel are hospitalized for inpatient care.

(1) Permanent Partial Disability. An injury or occupational illness, that results in a permanent impairment or loss of any part of the body (e.g., loss of the great toe, thumb, or a non-repairable inguinal hernia, traumatic acute hearing loss of 10 dB or greater documented by medical authority).

(2) Exceptions include the following:

- (a) Loss of teeth.
- (b) Loss of tips of fingers/toes without bone loss.
- (c) Repairable hernia.
- (d) Disfigurement.
- (e) Sprains or strains that do not cause permanent limitation of motion.

c. Class C Mishap. The resulting total cost of property damage is \$60,000 or more, but less than \$600,000; or a nonfatal injury or occupational illness that results in one or more days away from work (Lost Time Case) beyond the day or shift on which the injury occurred or the illness was diagnosed.

d. OSHA Reportable Mishaps. Mishaps as defined below shall be reported to the DSS. This list is not all inclusive, so contact Safety if questions arise at 466-2730.

(1) Class A, B, C, and D government property damage mishaps. This includes property damage caused by a government evolution, operation or vehicle to other government or non-government property.

(2) Class A, B, C, and D on-duty DoD civilian mishaps and military on/off-duty mishaps. For military fatalities and injuries occurring during Permanent Change of Station (PCS) orders, it is the responsibility of the gaining command to submit a mishap report.

(3) Class D Mishap. Any other occupational illness or injuries that involve medical treatment beyond first aid. All light duty and restriction cases will be reported.

(4) Other incidents of interest to the Marine Corps for mishap prevention purposes are reportable mishaps:

(a) All on-duty military fatalities or permanent total disabilities that are the result of a medical event that commenced within one hour of a command-sponsored Physical Training (PT), Physical Readiness Test (PRT), Physical Fitness Test (PFT), Combat Fitness Test (CFT), or Physical Fitness Assessment (PFA) (e.g., chest pains, heart attack, coma, etc.)

(b) Class A and B mishaps occurring as the result of a DoD activity, operation, or evolution that results in the serious injury or death of a guest or military dependent.

(c) All Government Motor Vehicle (GMV) or Government Vehicle Other (GVO) mishaps resulting in \$5,000 or more in government vehicle or government property damage, and/or injury/fatality of DoD-personnel; or a mishap caused by a GMV/GMO resulting in \$5,000 or more in total damage including any private vehicle or private property damage, and/or injuries/fatalities to non-DoD personnel.

(d) All reportable injury and occupational illness mishaps involving a contractor where the Department of the Navy (DON) provided direct supervision of the contractor, the mishap was caused wholly or in part by DoD operations, and DON has the means to affect change to prevent reoccurrence of the mishap.

(e) Any medically diagnosed occupational illness and injury, such as cumulative trauma disorder or musculoskeletal disease, whether or not involving further medical treatment or any time away from work.

(f) Work-Related Significant Threshold Shift (STS) in hearing averaging 10 dB or more at 2000, 3000, and 4000 Hz in one or both ears, and the person's total hearing level is 25 decibels or more above audiometric zero in the same ears (averaged at 2000, 3000, 4000 Hz) when an audiologist, otologist, or occupational medicine physician confirms the shift is toward deteriorated hearing, is permanent, and is considered to be of occupational origin.

(g) Any on-duty military heat stress or cold injury requiring medical treatment.

(h) Any case requiring a military member or civilian employee to be medically removed under the requirements of an OSH standard

(5) Near Miss. A near miss is an unplanned event that did not result in injury, illness, or damage, but had the potential to do so. Only a fortunate break in the chain of events prevented an injury, fatality, or damage; in other words, a "Close Call."

Chapter 6

RISK MANAGEMENT PROGRAM

1. Purpose. The purpose of this Order is to establish policy, provide guidance, and assign responsibility concerning the implementation and standardization of the Risk Management (RM) Program. Risk Management shall be considered an integral part of the decision-making process for all personnel, military and civilian, in all operational and non-operational activities, both on and off-base. Risk Management provides the process that enables this command to accomplish a most critical task - the preservation of our ability to support our nation's warfighters.

2. Background. The focus of RM is the relentless pursuit of operational excellence and technical and tactical proficiency. All Marines shall incorporate the RM process in all tasks, missions, operations and in personal activities whether forward deployed, in garrison, or on liberty no matter how routine these events become over time. All civilian personnel shall incorporate RM while on duty and are encouraged to apply RM while off-duty. Successful implementation of RM increases mission effectiveness while minimizing unnecessary loss of assets, both personnel and materiel.

3. Procedures.

a. The RM program outlined in this Order will be incorporated at all levels within this command in order to maximize mission readiness while reducing associated risk. The RM process will be briefed as a part of all confirmation briefs presented to the Commanding Officer, Marine Corps Air Station (MCAS), Cherry Point prior to events, and it will be utilized by all leaders as they conduct operations, exercises, training, and command sponsored activities of any sort. Appendix (1) of this chapter will be used for RM.

b. The principles of RM will be taught to all personnel assigned or attached to MCAS Cherry Point, at appropriate levels commensurate with their rank and responsibility, with the objective that all hands employ it as a tool to assist with all on and off-duty activities that could place them at risk. RM analysis will include a completed and signed RM worksheet using enclosure (1) of this order.

c. Commanding Officers will ensure that the command has designated and trained RM instructors per reference (f). Ensure that RM training is provided to all personnel in the command, commensurate with experience and rank.

d. Directors, Department Heads, and Supervisors will ensure all Marines, Sailors and civilian employees, are properly trained in the principles of RM. Initial training should occur within the first 90 days of assignment. Following initial RM training, refresher training will be provided and documented at least bi-annually.

e. Director Safety and Standardization (DSS) will provide training assistance and support to all units aboard Marine Corps Air Station Cherry Point to achieve their RM requirements.

f. Hazards will be identified, risks assessed, and controls developed and implemented by the subject matter expert (SME) during the earliest possible planning stages to mitigate identified risks. Operations will be continually monitored for effectiveness of controls and situational changes. The safety

office should be involved during the planning stages.

g. Leave and Liberty. Prior to extended liberty or leave periods, Marines, and Sailors will be instructed on using the principles of RM while participating in off-duty/recreational activities. Risk management planning is required for Marines under the age of 26 before commencing leave, extended liberty, or executing Permanent Change of Station orders.

4. Planning. Commanders shall integrate RM strategies into appropriate planning, orders, training and indoctrination programs, technical and tactical publications, checklists, and standard operating procedures. RM shall be part of the lessons learned process. Resources are available to assist leaders and planners in considering the principles of RM in their spectrum of activities at the following websites:

a. Naval Safety Center: www.safetycenter.navy.mil

b. MCAS Safety and Standardization SharePoint:
<https://eis.usmc.mil/sites/chpt/Safety/SafetyCollab/Pages/default.aspx>

NOTE: For questions contact Safety and Standardization at: 252-466-2370.

Chapter 7

Safety Awards and Rewards

1. Purpose. To establish a safety recognition awards and rewards program.

2. Background. Safety awards and rewards reflect outstanding individual contributions in ground safety and are the direct result of an active, aggressive safety program. If applicable, submission requirement, nomination procedures, selection board composition, submission timelines, and further guidance is provided in award and reward descriptions below.

3. Implementation.

a. MCAS Cherry Point Voluntary Protection Program Recognition and Reward Program. This program allows leaders and supervisors the ability to recognize and reward individuals for significant contributions and accomplishments directly pertaining to VPP safety best practices and mishap prevention.

(1) Eligibility. All military personnel, appropriated fund employees (APF), and non-appropriated fund employees (NAF).

(2) Award Criteria. Outlined in enclosure (2).

b. MCAS Cherry Point Ground Safety Award. This award will be presented annually to the Installation Marine, Sailor, or civilian who makes the most significant contribution in the reduction of ground safety related mishaps. For active duty members the award will include a certificate signed by the Installation CO and 72 hour liberty. For APF and NAF, the award will include a certificate signed by the Installation CO and a recommendation for an 8-hour time-off reward. Rewards for APF and NAF employees will be processed similar but is outlined in paragraph 4.

(1) Eligibility. All military personnel, APF and NAF employees.

(2) Award Criteria. A narrative description of the individual's achievements will accompany the nomination and will include the following:

(a) Individual's name, military or civilian grade, MOS or civilian job series, and job title and description.

(b) A brief description of the individual's achievement(s) relating to safety and methods used to effect or sustain mishap reduction/hazard mitigation.

(c) Other pertinent data such as mishap statistics.

(3) Submission Time Line. Nomination packages must be forwarded to the Installation Safety Office via the individual's chain of command in September. The exact submission date will be promulgated yearly by separate correspondence from the Installation Safety Office.

4. MCAS Cherry Point Voluntary Protection Program Recognition and Reward Program

a. Purpose. To establish procedures for administering the MCAS Cherry Point Voluntary Protection Program (VPP) recognition and rewards program.

b. Background. MCAS Cherry Point is actively participating in the Occupational Safety and Health Administration's Voluntary Protection Program. This bold safety management system is designed to promote safe workplaces and ensures leadership, accountability, and active involvement of employees in the command safety program.

(1) Safety cultures consist of shared beliefs, practices, and attitudes that exist at an establishment. Culture, therefore, is the atmosphere created by those beliefs and attitudes that shape our behavior. An organizations values and behaviors, modeled by its leaders internalized by its members, serves to make safe performance of work the overriding priority to protect employees.

(2) Every day, MCAS Cherry Point personnel, military and civilian alike, are doing the right things to reduce mishaps in the workplace for fellow employees and for their own protection. It is important for leaders to emphasize the importance of recognizing individuals and/or teams for their significant contributions and accomplishments made in the field of safety and mishap prevention.

c. Action. To enhance our commitment to improving safety and health, as well as to increase public recognition, MCAS Cherry Point is implementing the Safety Recognition and Rewards Program. This program allows leaders and supervisors the ability to recognize and reward individuals for significant contributions and accomplishments directly pertaining to VPP safety best practices and mishap prevention. This program is intended to closely align with higher headquarters efforts as described in reference (a).

d. Implementation. Leaders and supervisors will reward individuals with a safety token, which represents safety excellence. For appropriated fund employees (APF), the reward will be processed via a Request for Personal Action (RPA) as a four hour time-off award per reference (b). This award will be separate from annual cash and/or time-off awards related to civilian annual Performance Appraisal submissions, but will still be in compliance with the mandates of reference (c). For non-appropriated fund employees (NAF), the reward will be processed via the supervisor's certificate on the timecard. Military personnel can be granted special liberty in accordance with reference (d).

(1) The Safety Department will distribute safety tokens (chips) to Commanders and Staff Departments.

(2) The safety token can be presented by a supervisor to an individual for significant contributions and accomplishments made in the field of safety and mishap prevention, which is demonstrated by proactive measures for risk reduction, hazard identification and/or abatement, and/or continued behavior that promotes a command culture centered on safety excellence.

(3) The supervisor of APF employees will forward justification to the Civilian Manpower Office via the Directorate or Special Staff Offices, for

processing of the RPA. When the employee receives a Notification of Personnel Action (NPA), the time-off award could be utilized in keeping with normal leave requesting procedures.

(4) NAF recipients of the award will submit the token to their immediate supervisor when requesting time-off.

(5) On a monthly basis, Civilian Manpower and HRO for NAF employees will provide the safety office any tokens received, a list of employees awarded time-off with the justification, and date of award.

Chapter 8

Personal Protective Equipment (PPE)

1. Purpose. To establish the requirements for PPE per the references and reiterate the supervisor's responsibilities for providing, enforcing, using, and maintaining PPE.
2. Policy. The PPE program will be in compliance with references (d) and (g).
3. Procedure. The Naval Clinic will provide IH surveys to outline occupational hazards in the workplace. These surveys will not outline the exact PPE required for specific tasks. A Job Hazard Analysis (JHA) will outline the process hazard with PPE requirements. MCAS Cherry Point Safety will assist work center supervisors in assessing workplaces for safety and occupational hazards and determine what PPE is required.
4. Enforcement of Program. It is the responsibility of supervisors to enforce the use/wear of appropriate PPE. Managers will ensure compliance with the prescribed use of PPE and document cases of noncompliance. Per reference (g), managers should consider disciplinary action as a corrective measure against the offender and/or supervisor, as necessary.
5. Personnel Regulations
 - a. While working 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.
 - (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 while operating a motor vehicle, jogging (except on jogging trails), walking, crossing, bicycling, or skating on/or near roads and streets. Portable headphones are not a substitute for proper hearing protection. Bluetooth/hands free devices for cell phones shall utilize only one ear.
 - c. Personnel shall wear required personal protective clothing and equipment while on the job.

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

6. Personnel Training. Supervisors shall provide, or coordinate with MCAS Cherry Point Safety to provide PPE training for their personnel. Personnel utilizing PPE shall be trained on the following:

- a. When PPE is necessary.
- b. What type of PPE is necessary and why.
- c. How to don, doff, adjust, and wear PPE properly.
- d. Limitations or hazards associated with the use of PPE.
- e. Proper care, maintenance, useful life, and disposal of PPE.

7. Respiratory Protection

a. The MCAS Cherry Point Respiratory Protection Program shall ensure compliance with policies and procedures established in reference (g). Chemical Biological Radiological and Nuclear (CBRN) personnel will be guided by reference (n).

b. Marine Corps personnel working in areas where they may be exposed to harmful levels of airborne dust, fogs, fumes, mists, gases, smokes, sprays, or vapors shall be provided appropriate respiratory protection at government expense. Station Safety will aid in determining the level of protection required.

c. The DSS shall designate a Respiratory Protection Program Manager (RPPM) for MCAS Cherry Point in writing (example provided at Figure 8-1. Directors shall establish a Respiratory Protection Program Assistant (RPPA). The RPPM designated by the DSS will provide consultation to RPPMs/RPPAs on all aspects of the Respiratory Protection Program.

d. The RPPM shall:

(1) Complete one of the following courses before appointment:

(a) OSHA Training Institute Course 2220, Respiratory Protection.

(b) OSHA Training Institute Education Centers Course 2225, Respiratory Protection.

(c) Naval Occupational Safety and Health, and Environmental Training Center RPPM Course (A-493-0072).

(d) Respiratory Protection Course with at least 32 hours of training which covers: minimum program requirements and administration; respirator types, selection, certification, and limitations; respirator cleaning, maintenance, and inspection; fit testing; respirator cartridge change out schedules; and medical considerations. The course must provide training in all aspects of reference (d).

(2) Assist Supervisors and RPPA's in developing written standard operating procedures (SOPs) governing the selection, issue, care, and use of respirators for their respective work centers and ensure they are posted in each general work area. SOPs shall include pertinent regulations, consensus standards, and emergency and rescue guidance, as necessary.

(3) Approve in writing, all purchases of nonstandard respiratory-protective equipment.

(4) Ensure tenants establish facilities for respirator storage, issue, cleaning, and maintenance as required.

(5) Conduct and assist RPPA's with annual training to all respirator users and their supervisors, as needed. Ensure all training is recorded.

(6) Ensure all respirator users receive a medical evaluation prior to being fit-tested. Ensure all medical information is recorded.

(7) Ensure all users of tight-fitting respirators are fit-tested initially and annually. Ensure all fit-testing is recorded.

(8) Maintain all records pertaining to respirator training and fit-testing.

(9) Conduct an annual audit of the Respiratory Protection Program using Bureau of Medicine and Surgery's (BUMED) checklist.

e. RPPAs

(1) Complete one of the following courses before appointment:

(a) Online ESAMS Respirator Protection Manager Training

(b) Respiratory protection course with at least 16 hours of training which covers: minimum program requirements and administration; respirator types, selection, certification, and limitations; respirator cleaning, maintenance, and inspection; fit testing; respirator cartridge change out schedules; and medical considerations. The course must provide training in all aspects of reference (d).

(2) Assist supervisors in developing written SOPs governing the selection, issue, care, and use of respirators for their respective work centers and insure they are posted in each general work area. SOPs shall include pertinent regulations, consensus standards, and emergency and rescue guidance, as necessary.

(3) Request an IH to conduct a health hazard evaluation of new or modified work operations to ensure appropriate respirators are specified.

(4) Inspect facilities for respirator storage, issue, cleaning, and maintenance as required.

(5) Conduct annual training for all respirator users and their supervisors as needed.

(6) Ensure all respirator users receive a medical evaluation prior to being fit-tested.

(7) Ensure all users of tight-fitting respirators are fit-tested initially and annually. Ensure all fit-testing information is documented.

(8) Maintain all records pertaining to respirator training and fit-testing. Assist with coordinating medical evaluations for user qualification or suitability and worker exposures with the Occupational Health Clinic as needed.

(9) Conduct an annual audit of the Respiratory Protection Program assigned using the BUMED checklist.

f. Supervisors shall:

(1) Assign a RPPA in writing to their department if respirators are required (example provided at Appendix A).

(2) Ensure only trained and medically qualified personnel are assigned to tasks requiring the use of respirators.

(3) Supervisors of work centers that utilize respirators shall develop work-site specific SOPs with assistance of their RPPA and post them in the general work area. SOPs shall include pertinent regulations, consensus standards, and emergency and rescue guidance, as necessary.

g. Respirator users shall:

(1) Use respirators per reference (d).

(2) Report work site problems involving use of respirators to their supervisors.

(3) Properly store, maintain, and clean the respirators issued to them.

h. Respirator Selection

(1) Respirators shall be selected by the RPPM in accordance with the guidelines of the IH Survey and reference (d).

(2) The responsible IH shall specify type of respirators.

i. Respirator Use

(1) Respirators shall be used as issued. No modifications or substitutions to the equipment are permitted.

(2) Respirators shall be used only by the person to whom issued. Users shall inspect the respirators before donning.

(3) Respirators with tight-fitting face pieces shall not be worn by individuals with facial hair that interferes with the face piece seal to the face.

(4) Contact lenses worn with a respirator are authorized on a case-by-case basis by the Occupational Health Clinic only.

(5) A positive and negative pressure user seal check shall be performed each time an air-purifying respirator is donned.

(6) While using respiratory protection, if odor or taste from the work process is detected, difficulty in breathing is encountered, or other sign of leakage is present, the user shall leave the area without delay. Reentry shall not be permitted until the problem has been resolved by replacing cartridges or filters, adjusting respirator fit, or by other means, as necessary.

(7) When respirators are temporarily removed during breaks in work operations, removal shall be done away from the work area to prevent personnel exposure and keep the interior of the respirator face piece clean. Respirators shall be protected from contamination prior to re-donning.

(8) Chemical cartridge/canister air-purifying respirators may be used (up to their maximum use concentration) for protection against substances without good warning properties, including isocyanates, if a cartridge change out schedule is developed and implemented. Activities shall:

(a) Implement a change out schedule for chemical canisters/cartridges based on objective information or data that will ensure that canisters and cartridges are changed before the end of their service life. Activities must describe this data, along with the logic for relying on the change out schedule, in their respirator programs. The change out schedule should be included in written SOPs.

(b) Change chemical canisters/cartridges according to the manufacturer's directions, or based on objective data obtained as indicated in reference (d).

j. Voluntary Respirator Use. When respirators are not required, voluntary use of respirators are limited to a filtering face piece (Dust Mask), which will be selected by the RPPM. Marine Corps commands will supply the respirators. Personnel must be trained on the proper use and care of respirators; however, they do not have to be placed in the medical surveillance program.

k. Respirator Inspection

(1) Respirators shall be inspected before and after use.

(2) Respirators and self-contained breathing apparatuses kept for emergency use shall be inspected monthly. Records of inspection dates and findings shall be maintained.

l. Respirator Cleaning and Disinfecting. Respirators shall be cleaned and disinfected after each use. Follow procedures provided by the RPPM, manufacturer, or reference (d).

m. Storage of Respirators

(1) Clean respirators shall be stored in sealed plastic bags, away from sunlight, heat, extreme cold, excessive moisture, or damaging chemicals. The storage area shall be kept sanitary.

(2) Respirators shall be stored in such a way as to prevent crushing which can result in deformation of the face piece.

(3) Respirators shall not be stored by hanging from the head straps.

n. Repair and Maintenance

(1) Only trained and qualified personnel shall perform respirator assembly and repair.

(2) Repair of respirators shall be accomplished with the appropriate parts designated by the respirator manufacturer. Parts from one manufacturer will not be used on another manufacturer's respirators, including filters and cartridges.

(3) No attempt shall be made to replace, adjust, or repair respirator components beyond the manufacturer's recommendations.

o. Specifications. Breathing air for supplied air and self-contained breathing apparatus (SCBA) respirators must meet Grade D specifications of CGA Pamphlet G-7.1, Compressed Gas Association, Inc., Commodity Specification for Air.

p. Medical Examinations

(1) Activities shall not fit test personnel, or assign them to work in or permit them to enter, areas requiring respiratory protection unless medically evaluated by a physician or other licensed health care professional.

(2) Military personnel who have been confirmed by their command or medical activity as "Fit-for-Full Duty" based on their current periodic military physicals from Occupational Health, and their annual Preventive Health Assessment (PHA) are considered qualified to wear any type of respiratory protection.

(3) Users of prescription eye wear who must wear a full-face respirator shall be fitted with respirator spectacles as recommended by the respirator manufacturer and prescribed by an optometrist or ophthalmologist.

q. Fit-Testing

(1) All users of negative-pressure respirators shall be fit-tested annually in a test atmosphere to ensure proper respirator fit.

(2) All users of negative-pressure air purifying respirators shall be trained in using positive and negative user seal checks prior to donning these respirators.

(3) Individuals with interfering facial hair will not be allowed to use respiratory protection equipment except for positive-pressure supplied air hoods where appropriate. Personnel with facial hair that interferes with the sealing surface of the respirator shall not be fit-tested.

(4) Fit-testing shall be performed per requirements of reference (d) and this Order.

r. Training. Personnel entered into the respiratory protection program shall be trained according to reference (d) which includes the nature and degree of respiratory hazards, respirator selection, donning, and fit-testing procedures, care of respirators (storage, cleaning, maintenance), respirator cartridge change out schedules, wear of contact lenses, and use and limitations of respirators (including signs and indications of respiratory failure). Personnel training records shall include entries for respirator training and fit testing.

Figure 8-1



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

5100
SECTION
DD Mon YY

From: Director/Department head, _____
To: Employee _____

Subj: ASSIGNMENT AS (SHOP/UNIT/DEPARTMENT) RESPIRATORY PROTECTION PROGRAM
ASSISTANT (RPPA)

Ref: (a) ASO 5100.13A
(b) NAVMC DIR 5100.8 series Chap.13
(c) OPNAVINST 5100.23 series Chap.15
(d) OSHA 29CFR 1910.134

1. Per reference (a) you are hereby designated as the RPPA for (SHOP/UNIT/DEPARTMENT). This designation is effective until notified otherwise in writing.
2. You shall become familiar with the contents of the above references in order to perform the duties required of this position.
3. You are authorized to provide training, fit testing and all duties required to effectively manage and administer the Respiratory Protection Program within the (SHOP/UNIT/DEPARTMENT) under the direct guidance and authority of the Station RPPM.

Director

Chapter 9

Personal Flotation Devices (PFD)

1. Situation. Boating is a common activity among personnel at MCAS Cherry Point. The hazards associated with falling overboard, capsizing, flooding, sinking, and collision are always present. Since a PFD is the most important piece of safety equipment for any boater, all boaters must wear a PFD to reduce the risk of mishaps while operating or as a passenger of government-owned watercraft.

2. Mission. Mandate the use of PFDs for all personnel aboard government-owned watercraft.

3. Execution

a. Commander's Intent. This Order requires the use of PFDs for all military, DoD civilians, and non-appropriated fund (NAF) employees while aboard government-owned watercraft.

b. Concept of Operations. All military, DoD civilians, and NAF employees assigned to MCAS Cherry Point, and all patrons who rent and/or operate any watercraft owned by MCAS Cherry Point will wear an appropriate and serviceable U.S. Coast Guard approved PFD. Figure 9-1 provides a list and description of approved PFDs.

c. Tasks

(1) Supervisors will provide communication equipment to every employee who operates a watercraft.

(2) All users of watercraft aboard MCAS Cherry Point will follow all manufacturer's safety recommendations for the watercraft.

(3) Applicable MCAS Cherry Point units/departments will develop, publish, and maintain detailed SOPs covering the following:

(a) Requirements to provide all affected employees and patrons with the proper PFD, communication equipment, and training and ensure all personnel use the proper PFD.

(b) Requirements for supervisors, employees, and training including records maintenance and inventory control. Training records will be sent to TSD for inclusion into personnel files.

(c) Requirements for all current affected employees to read, understand, and agree to abide by the SOP. All new employees will read and agree to abide by the SOP prior to executing duties.

(d) Requirements for supervisors of all affected employees to ensure their employees have read and understand the SOP prior to executing duties, wear the proper PFD while operating a watercraft, and operate all watercraft in a safe manner.

TYPES OF APPROVED PERSONAL FLOTATION DEVICES

	<p>A Type I PFD, or Offshore Life Jacket provides the most buoyancy. It is effective for all waters, especially open, rough, or remote waters where rescue may be delayed. It is designed to turn most unconscious wearers in the water to a face-up position. The Type I comes in two sizes: Adult size provides at least 22 pounds of buoyancy, the child size, 11 pounds, minimum.</p>
	<p>A Type II PFD, or Near-Shore Buoyant Vest is intended for calm, inland water or where there is a good chance of quick rescue. This type will turn some unconscious wearers to a face-up position. The turning action is not as pronounced nor as effective as a Type I. An adult size provides at least 15.5 pounds buoyancy, a medium child size provides 11 pounds. Infant and small child sizes each provide at least 7 pounds buoyancy.</p>
	<p>A Type III PFD, or Flotation Aid is good for calm, inland water, or where there is a good chance of quick rescue. This type will not turn unconscious wearers to a face-up position. The wearer may have to tilt their head back to avoid turning face down. Type III has the same minimum buoyancy as a Type II PFD. Float coats, fishing vests, and vests designed for various water sports are examples. Some Type III PFDs are designed to be inflated upon entering the water.</p>
	<p>A Type IV PFD, or Throwable Device is intended for calm, inland water with heavy boat traffic, where help is always present. It is designed to be thrown to a person in the water and grasped and held by the user until rescued. It is not designed to be worn. Type IV devices include buoyant cushions, ring buoys, and horseshoe buoys.</p>
	<p>A Type V PFD, or Special Use Device is intended for specific activities and may be carried instead of another PFD only if used according to the approval condition on the label. Some Type V devices provide hypothermia protection. Varieties include deck suits, work vests, board sailing vests, and Hybrid PFDs. A Type V Hybrid Inflatable PFD is the least bulky. It contains a small amount of inherent buoyancy and an inflatable chamber and must be worn when underway to be acceptable. This type is designed to automatically inflate upon entering the water.</p>

Figure 9-1

Chapter 10

Prevention and Control of Workplace Hazards

1. Purpose. To identify, eliminate, and/or control recognized safety and health hazards within the workspace prior to exposing employees to a safety or health hazard.

2. Policy. Prevention and control of workplace hazards will comply with references (e), (f) and (g). Supervisors will ensure all hazards shall be eliminated or controlled as quickly as possible subject to prioritization based upon RAC assigned thru the Risk Management (RM) process.

3. Job Hazard Analysis (JHA). The JHA process begins with identification of the potential hazards or risks associated with a particular job. Once the hazards are understood, the consequences of those hazards are then identified and followed by control measures to eliminate or mitigate the hazards. The JHA should include a risk assessment of each hazard occurring and the severity of the consequences using the RAC to analyze the level of risk associated with each job step. The JHA can be used to help refine safe work procedures and will act as a tool for training new employees.

a. Workers and management need to understand that documentation will not make the job safe. Supervisors will use the documented JHA to ensure workers understand the risks and hazards associated with the job and know how to use the chosen controls in such a way as to eliminate or mitigate those risks. The JHA documents the decisions of this process. JHA shall be entered in ESAMS.

b. Reference (p) may be used as guidance when completing a JHA. The IH survey and DSS are valuable resources in identifying hazards and methods to reduce hazards.

c. Work shall not begin until the JHA for the work activity has been accepted by the first line supervisor and reviewed by the second line supervisor. The JHA will be discussed with all personnel engaged in the activity working on site. Approval of JHA is within the directorate creating the JHA.

d. The JHA shall be reviewed annually and modified as necessary to address changing conditions, operations, or changes in the number of qualified person(s).

Chapter 11

Personnel Reports of Unsafe/Unhealthful Working Conditions

1. Purpose. To provide guidelines and procedures for submitting reports of unsafe/unhealthful working conditions and to outline the appeal process when disagreeing with corrective actions taken by the command.

2. Policy. Reporting of unsafe/unhealthful working conditions must be in accordance with reference (g). Personnel reporting unsafe/unhealthful working conditions may do so by submitting an oral or written report to Safety and Standardization at any time. Acceptable means of written reports are NAVMC 11401, NAVMC 11509, ESAMS or Interactive Customer Evaluation (ICE) system, a link is located on the MCAS Cherry Point web page or http://ice.disa.mil/index.cfm?fa=site&site_id=419&dep=DoD. ICE comments should be addressed to the DSS. NAVMC 11401 and NAVMC 11509 Forms are found in chapter 9 of reference (g). Personnel are encouraged to participate in the MCAS Cherry Point OSH program and will not be subjected to restraint, interference, coercion, discrimination, or reprisal by virtue of their participation per references (d) and (e). Personnel believing they are being subject to coercion, interference, etc., have the right to report such incidents to the CO, MCAS Cherry Point using the chain of command. Personnel who do not agree with the corrective actions taken by the command may submit an appeal. Appeal procedures are found in reference (g), Chapter 9.

3. Reporting Procedures

a. All employees shall be encouraged to report unsafe or unhealthful working conditions to their immediate supervisor who will promptly conduct an investigation and take appropriate corrective actions. Supervisors will contact the DSS for assistance as necessary. Supervisors will keep the reporting employee informed of all actions taken.

b. Any employee or employee representative may submit a written report of an unsafe/unhealthful working condition directly to the Safety and Standardization Directorate. Blank copies of hazard report forms and procedures shall be located in areas convenient to all workplaces. Employees who wish to remain anonymous shall indicate so on the form.

c. If the originator of the hazard report is dissatisfied with the assessment of the alleged hazard made by the safety authority or with actions taken to abate a confirmed hazard, they are encouraged to confer with the DSS and/or the unit safety manager/OIC and attempt a resolution. If the originator remains dissatisfied after conferring with the DSS, they may submit an appeal to the CO, MCAS Cherry Point in writing. The appeal request shall include a detailed description of the hazardous condition and the following:

(1) The OSHA Standard violated (if known).

(2) How and to whom the original report of the hazardous condition was reported.

(3) Actions taken by the immediate chain of command and/or Safety personnel.

(4) An explanation of the dissatisfaction and any recommendations for correction.

d. If the response provided by the first level in the appeal chain does not satisfy the originator, additional appeals may be submitted up the appeal chain. 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 a copy of the initial report, information on actions taken by review authority and reasons why the originator is not satisfied with those actions.

e. 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 the Deputy Under Secretary of Defense, Environmental Security (DUSD (ES)). Copies of all level appeals shall be provided by the originator to CMC (SD) and the originator's commander. Appeals shall describe, in detail, the Marine Corps disposition of the report (i.e., results of the previous appeals) and the originator's objections.

f. 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. Appeals must describe in detail the entire processing of the report, contain copies of all previous appeals and describe the originator's objections.

g. The sequence of appeals for military personnel is via the chain of command concluding at the Office of the Secretary of Defense.

h. The originator of the appeal should receive a response within 20 working 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 the 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.

i. Any appeal which bypasses these established procedures will be returned to the originator per reference (g).

Chapter 12

Hazardous Material (HM)/Hazard Communication (HAZCOM)

1. Purpose. The purpose is to provide guidance for the safe use of hazardous materials (HM), and provide guidance for OSHA's Hazardous Communication (HAZCOM) standard for MCAS Cherry Point per reference (d). This chapter establishes a program to ensure that all HM used, stored, or shipped aboard this installation are identified and evaluated. The hazard information will be provided to all employees who may be exposed to such materials. The program also establishes compliance with reference (d), the Occupational Safety and Health Standard for HAZCOM, by outlining a comprehensive plan which incorporates labeling requirements for HM, Safety Data Sheets (SDS), inventory list of HM, information on hazardous non-routine task, training and information, management responsibilities and record keeping.

2. Applicability and Scope. This chapter applies to all personnel who handle, transport, store, use, or dispose of HM. All personnel shall handle HM in a manner that safeguards personnel, property, and the environment. The necessity to use hazardous and potentially HMs requires effective application of procedures, equipment, and barriers to prevent overexposure and provide protection for exposed personnel and property. Materials or waste products should be considered hazardous if container labels, Material Safety Data Sheets (MSDS), or SDS include precautions for handling, storage, or use (e.g., corrosive, explosive, flammable, oxidizer, poison, danger, do not mix with acids) or meets the definition of HM. Prior to working with HM, personnel must receive HAZCOM training that complies with reference (d).

3. Supervisors of personnel conducting operations with HM shall:

a. Ensure each work center is inspected and an inventory is developed of all HM on hand. The inventory shall include all open-purchase, government stock items, and miscellaneous cleaning materials and updated at least annually or when significant changes occur. Mishaps involving HM and exposure to hazardous chemicals shall be reported to the appropriate Safety Office.

b. Examine all work processes and materials with the intent of substituting HM with less hazardous substances whenever possible.

c. Ensure MSDSs/SDSs are readily available to anyone who uses HM, and employees are trained on the use of the HM before being allowed to use any hazardous product/chemical, supervisors will also ensure that such chemicals are on the Authorized User List (AUL).

d. Ensure all HMs are maintained in an approved and properly labeled container. If any material is transferred to a different or smaller container it must be labeled with the following:

- (1) What the hazard is, i.e. flammable, inhalation, or irritant.
- (2) Material name and manufacturer
- (3) Shelf life type and date.

(4) Pictograms required under the Global Harmonizing System (GHS)

4. Hazard Communication (HAZCOM)

a. Material Safety Data Sheet (MSDS) or Safety Data Sheets (SDS)

(1) Each department or section is responsible for obtaining MSDSs/SDSs for HM used aboard MCAS Cherry Point and will maintain a reference library (may be electronic) of MSDS/SDS. The reference library shall be accessible to employees at all times.

(2) Work center supervisors shall ensure work areas maintain and have readily available to workers MSDSs/SDS of all hazardous materials used in the work center.

b. Labels and Warnings. Supervisors are responsible for ensuring HM is properly stored in work areas. Safety personnel will perform routine inspections to ensure HMs are properly labeled and used properly.

c. Training

(1) Personnel who come in contact with hazardous chemicals shall receive training on HM and precautionary measures needed for protection against potential hazards.

(2) Supervisors shall inform new personnel of the HAZCOM/GHS Program and schedule job-specific training before the employee is allowed to start work.

(3) Supervisors may obtain assistance in developing specific hazard training information from their Safety Office.

(4) Training is necessary each time a new hazard is introduced into the work area, but not necessarily linked to a new chemical. For example, if a new solvent is brought into the workplace and poses a hazard similar to an existing chemical for which training has already been performed, then training is not necessary. However, if the new solvent poses a new/different hazard that has not been addressed in previous training, training on the new hazard is required.

(5) HAZCOM training shall emphasize the following

(a) A summary of the OSHA HAZCOM/GHS standard

(b) Job-specific HM, chemical properties of the materials (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, etc.).

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

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

(6) Providing personnel with a MSDS/SDS 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.

(7) Document training in personnel training folders and send a copy of the training roster to the TSD, Building 4335.

(8) 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 prior to initiation of the scheduled work.

(b) The installation Safety Office can aid the supervisors; developing and documenting non-routine HM training.

d. Contractor Employers and Employees. Supervisors are responsible for ensuring contractor employers and employees adhere to the policies of reference (d).

e. Supervisors will implement and maintain at each workplace a written HAZCOM Plan/SOP containing the following elements (If using this chapter as a HAZCOM plan, this chapter must be posted in the workplace):

(1) A list of chemicals, MSDS/SDSs, and HM SOPs.

(2) A plan detailing how the requirements for labeling and other forms of warning, MSDS/SDSs and employee information, and training are going to be met in the workplace.

(3) Personnel responsible for the following must be appointed in writing:

(a) Initial and on-going HAZCOM training.

(b) Labeling of in-shop containers.

(c) Labeling of any shipped containers.

(d) Obtaining and maintaining MSDSs.

(4) Procedures to review and update label information when necessary. SOPs do not have to be lengthy or complicated. They are intended to comply with the HAZCOM program and assure that all requirements will be met.

5. Lithium Batteries

a. Explosion. Lithium batteries provide greatly increased shelf life and specific energy over lead acid or Nickel Cadmium (NiCad) batteries. Lithium batteries contain much higher energy content, sometimes in

pressurized cells. Because these pressurized cells can rupture, under no circumstances should the battery be deliberately opened, crushed, punctured, disassembled, or mutilated. These batteries should also not be heated or incinerated as overheating may produce internal pressure exceeding their venting capacity, causing them to explode. Primary (non-rechargeable) lithium batteries shall never be recharged. Such action could cause venting, rupturing, and fire.

b. Fire. Lithium is a reactive metal that burns extremely hot when ignited and is difficult to extinguish without proper training and equipment.

c. Toxic Gases. Lithium batteries will release toxic gases if they vent. These gases are highly corrosive and may injure personnel at concentrations as low as 10 parts per million (PPM) in ambient air (equivalent to a one-second inhalation).

d. Chemical Burn. Lithium batteries will release toxic chemicals if they leak, vent, or rupture from internal over-pressure due to short-circuiting, voltage reversal, or heat. These chemicals are highly corrosive and may cause grave injury to personnel. When handling batteries that have leaked, vented, or ruptured, use personal protective equipment (e.g., appropriate chemical resistant gloves).

6. Lithium Battery Storage Requirements

a. Lithium batteries suitable for use shall be stored in command-approved storage facilities or areas. Only lithium batteries will be stored in these facilities or areas. Charging of batteries is not authorized in the storage area. The criteria for a lithium battery storage facility or area include:

- (1) Ease of access for emergency response equipment;
- (2) Distance from other structures;
- (3) Inaccessibility to unauthorized personnel; and
- (4) Distance from canals or ditches that could allow heavy metal to be released during a fire to enter bodies of water.

b. Lithium batteries suitable for use shall not be stored in the same stack as magnesium or lead acid batteries. New lithium batteries will be stored separately from "used" batteries that remain suitable for use. All batteries will be stored at least two inches from facility walls and have at least two inches between stacks to promote air circulation for cooling. Stacks will be no higher than three boxes high. All batteries will be protected from crushing, puncturing, or short-circuiting by storing them in the original or equivalent packaging. All batteries will be inspected daily for evidence of leakage, excessive heat, or exposure to water.

c. Lithium batteries suitable for use may become unstable at temperatures greater than 130° F. Thermometers will be placed within each battery storage facility or area to monitor the temperature control. Should the temperature exceed 130° F, the installation safety manager (ISM) or unit safety officer shall be notified.

d. Lithium batteries shall not be exposed to direct sunlight or water during storage or while discharging.

e. If personnel suspect a lithium battery is venting (e.g., noxious or irritating odor, hissing sound, smoke, or flames), all personnel shall immediately leave the battery storage facility or area and contact the fire department. No one, other than properly trained and equipped emergency response personnel, shall reenter the battery storage facility or area. An SDS/MSDS for each lithium battery type in storage shall be available at the battery storage facility or area for emergency response personnel.

f. Appropriate fire suppression equipment shall be readily accessible at the battery storage facility or area. This and any other fire equipment on site will be inspected as required by the fire department.

g. Signs shall be placed on all four sides of each battery storage facility or area. These signs will prohibit open flames, eating, drinking, and smoking. Eating, drinking, and smoking in or around a battery storage facility or area is prohibited due to the risk of contaminating food or drink. Each battery storage area will be marked to warn emergency service personnel of lithium battery contents.

h. Units shall inspect battery storage facilities and areas at least monthly to assess their serviceability.

7. LEAD SAFETY PROGRAM

a. Lead has long been recognized as a health hazard and may lead to damage of the nervous system, blood-forming organs, kidneys and reproductive system. In recognition of the serious health hazards associated with and numerous sources of potential lead exposure, the Marine Corps and OSHA has established strict controls limiting occupational exposures.

b. Personnel shall adhere to guidance provided in references (d), (g) and (u) when performing any tasks involving lead (firing range operations, painting and paint removal, hot work, etc.) These references establish a compliance program that includes engineering and work practices controls (including administrative controls) to reduce and maintain personnel exposure to lead below the Permissible Exposure Limit (PEL).

c. To comply with the above standards and ensure proper exposure control, all projects involving lead and lead paint remediation shall be reviewed by the Station Safety Lead Program Manager for Marine Corps and OSHA compliance.

Chapter 13

Lockout/Tagout (LOTO) Program

1. Purpose. Ensures MCAS Cherry Point 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 (e.g., electricity, steam, hydraulic, pneumatic, gravity) could occur. The machinery or equipment will be rendered safe to work on by being locked or tagged out under requirements of references (d) and (o). MCAS Cherry Point personnel operating or attempting to operate any switch, valve, or other energy isolating device that is locked or tagged-out may be subject to disciplinary action.

2. Energy-Isolating Devices. An energy-isolating device is considered capable of being locked-out in one of two ways. It is capable of being locked-out if designed with a hasp, other attachment, or integral part to which, or through which, a lock can be affixed. Also, it is capable of being locked-out if it has a locking mechanism built into it. Other energy isolating devices are also considered capable of being locked-out if lockout can be achieved without need to dismantle, rebuild, or replace the energy-isolating device or permanently alter its energy control capability.

3. The LOTO Program does not apply to the following:

a. Work on cord and plug-connected electric equipment where exposure to hazards of the unexpected energization or start-up of equipment is controlled by unplugging the plug which is under exclusive control of the person performing the servicing or maintenance.

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

(1) Continuity of service is essential.

(2) Shutdown of system is impractical.

(3) Documented procedures are followed, and special equipment is used which will provide proven effective protection for employees.

c. Exposure to electrical hazards from work on, near, or with conductors or equipment in electric utilization as defined by reference (d).

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

4. MCAS Cherry Point personnel who could be exposed to hazardous energy sources shall be instructed in the LOTO procedure. Supervisors shall ensure that new or transferred employees be instructed in the purpose and use of LOTO procedures before starting work. Training shall be conducted per references (d) and (o).

a. Supervisors and individuals will be held accountable for any failure to comply with the LOTO Program, and overriding or removing any LOTO device without authorization.

b. Departments will assign a LOTO Coordinator in writing who is delegated the responsibility and authority for controlling and administering the LOTO Program for their area of cognizance. Send a copy of appointment letters to the LOTO Program Manager in the safety office.

5. ISM or LOTO Program manager shall:

a. Coordinate with TSD for initial and annual LOTO training.

b. Evaluate the LOTO Program annually.

c. Provide technical assistance in drafting specific energy control procedures for each piece of affected equipment.

6. LOTO coordinators shall:

a. Administer the LOTO Program within their respective organizations/department.

b. Maintain a LOTO record of devices (log) per reference (o).

c. Ensure padlocks are utilized as the primary lockout device. Padlocks shall be singularly identifiable (not used for other purposes) and standardized for color, shape, or size.

d. LOTO identification tags are used in conjunction with the locking device when performing a lockout. The tag identifies the person applying the lock. It shall be singularly identifiable and capable of withstanding the environment to which exposed without becoming deteriorated or illegible. The tag shall bear the name and shop/code of the authorized worker, authorized worker's telephone number, and date of lockout.

e. Tagout devices are used in situations where equipment must be worked on and a lock cannot be applied. Equipment will not be operated, worked on, or removed when tagged-out. The tag and its means of attachment shall be strong enough to prevent inadvertent or accidental removal. Attachment devices shall be non-reusable, attachable by hand (no tools required), self-locking, and non-releasable with a minimum unlocking strength of 50 pounds.

7. Supervisors are responsible to fully investigate and report LOTO mishaps and incidents. Safety will assist in the investigation of mishaps. If a mishap involves control of hazardous energy with a single lockout source, a specific procedure will be written and included in the SOP before work is continued. If a mishap involves a specific procedure for a piece of equipment, the LOTO SOP will be re-evaluated and modified (if necessary) prior to authorizing work to continue. Incidents (e.g., improper removal of lockouts) will be input by the supervisor as a near miss and tracked by the Safety Office.

Chapter 14

Confined Space Program Requirements

1. Purpose. To prescribe policy and procedures applicable to the entry and work in spaces designated as "confined" or "enclosed" as defined in reference (d). 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 (d). Conduct aviation gas free engineering per reference (n). This section provides information and guidance for confined space operations aboard MCAS Cherry Point and outlying areas. 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 contractors operating aboard 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. All permit-required confined space procedures contained in references (d) and (g) shall be followed by all Marine Corps personnel, tenant commands, and contract personnel as per paragraph 1400I(2) of reference (g). A CSPM or a Competent Person will authorize entry into a confined space (see para 4.c for definition).

4. Responsibilities. The CSPM is physically located in the Safety Office. Personnel requiring CSPM services (e.g., space testing, treatment, and certification) shall contact the CSPM at 252-466-7542. These responsibilities may be delegated to the Assistant Confined Space Program Manager (ACSPM) at 252-466-4090.

a. Except as outlined in paragraph 1004.1 of reference (g), personnel assigned to other commands or activities must also meet the qualifications and training requirements of this Order.

b. Contractors and other non-DoD agencies shall implement their own Confined Space Entry Program that meets all pertinent OSHA standards and installation regulations and procedures. Competent personnel must be assigned in writing.

c. Note: An OSHA "Competent Person" is defined as one who is capable of identifying existing and predictable hazards and who has authorization to take prompt corrective measures to eliminate them.

Chapter 15

Exposure Control Plan (ECP) for Blood Borne Pathogens

1. Purpose

a. The ECP is implemented to meet the letter and intent of the OSHA Blood borne 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 blood borne diseases.

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

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

3. Applicability. Applicable personnel are encouraged to study provisions of the ECP and direct questions and/or comments to the Installation Safety 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, or 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. Blood borne Pathogens. Pathogenic microorganisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to, HBV and 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 blood borne 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 blood borne pathogens in the course of their assignments.

h. Engineering Controls. Controls (e.g., sharps disposal containers, self-sheathing needles) that isolate or remove the blood borne 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 ECP.

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

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

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

m. HIV. 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.

n. Licensed Health Care Professional. A person who is legally permitted a scope of practice that allows them to independently perform the activities required by reference (d), section 1030, paragraph f.

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. National Institute for Occupational Safety and Health (NIOSH). 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 their duties.

r. Other Potentially Infectious Materials (OPIM)

(1) Semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, peritoneal fluid, amniotic fluid, saliva exposure from dental procedures, any bodily 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). PPE is specialized clothing or equipment worn by personnel for protection against a hazard. General work clothes (e.g., 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, to include 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 blood borne 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 as identified in periodic IH surveys:

<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
Facilities	Housekeeping	Clean up	BOQ/Cherry Point Inn

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 removing gloves or other PPE and after hand contact with blood or OPIM.

b. If conditions are such that hand washing 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. Place PPE 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 clothing, skin, mouth, or mucous membranes.

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

<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. Routinely check equipment 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 potentially contaminated broken glass, use a brush and dustpan; do not use your hands.

e. Responsibilities. Supervisors are responsible for providing clean and sanitary worksites.

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 it 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.

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). 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) Worksite supervisors are 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. Training must be documented thru ESAMS.

(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.
- (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 in the event 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 report to the Naval Medical Clinic, Internal Medicine Department, for initial screening. After normal working hours, weekends and holidays, personnel are to report to a medical treatment facility (MTF) off base (e.g., Carolina East Medical Center-New Bern, Carteret General Hospital - Morehead City) where the incident victim(s) are being directed to and/or transported by Emergency Medical Services (EMS) personnel for further screening. Civilian personnel are to file a Workman's Compensations (CA-1) Form with their workplace supervisor to cover off base medical treatment service expenses.

(2) 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.

(3) Individuals must sign a waiver if declining vaccination see Figure 15-1.

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.

(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 to include 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) 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.

(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 working 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). 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. All training is required to be entered into permanent records.

(1) Keep training records for three years.

(2) The Safety Department shall maintain records.

(3) Forward all training records to the TSD for entry into official personnel files. Also, forward a copy of the training records to the ISM for compliance monitoring of the program.

Figure 15-1

HEPATITIS B VACCINE DECLINATION

Date: _____

Employee Name: _____

Employee DODID: _____

I understand that due to my occupational exposure to blood or other potentially infectious material, I may be at risk of acquiring 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 HBV, 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: _____

Chapter 16

Recreation and Off-Duty Safety (RODS) Program

1. Purpose. This chapter is to reaffirm the Marine Corps RODS Program for active duty MCAS Cherry Point personnel.
2. Policy. MCAS Cherry Point commands ensure compliance with reference (k). Mishaps that occur during off-duty and during recreational activities adversely impact mission accomplishment. RODS mishaps will be inputted into ESAMS by the Marine or Sailor's supervisor.
3. The MCAS Cherry Point Safety Office has safety videos and other training resources which can be checked out for unit/department training.
4. Per reference (k), specific high-risk recreational activities shall be addressed in writing by individual commands/units. As a unit, if personnel are to participate in a high-risk activity (e.g., water rafting, rock climbing, etc.), written guidance on the possible hazards using Risk Management (RM) is required.
5. Liberty Policies. While off limits establishments vary from time to time, individuals are advised to carefully consider the risks associated with liberty, especially at night. The importance of using the buddy system cannot be overemphasized. Everyone should familiarize themselves on current Off-Limits Establishments. This information is published online at <http://www.cherrypoint.marines.mil/>.

Chapter 17

Traffic Safety

1. Purpose. This chapter addresses unique traffic safety items for MCAS Cherry Point. MCAS Cherry Point Traffic Entry Regulations will be enforced for all motorized vehicles, bicycles, and pedestrians. References (j) and (l) addresses traffic safety issues not specifically covered in this chapter.

2. Background. Preventable traffic fatalities and mishaps continue to represent a leading threat to mission readiness. A reduction of mishaps will result from a variety of initiatives bolstered by a leadership culture in which safety is a focus.

3. Training

a. Driver's Education. The purpose of driver's education is to improve operator skills and habits by modifying individual behavior and attitudes and to reduce injuries caused by motor vehicle mishaps. Regardless of who conducts the courses, the DSS has oversight. All active duty under 26 years of age is required to complete.

b. Motorcycle Safety Training

(1) The Motorcycle Safety Training Program provides entry level riders with the minimum skills necessary to begin street riding safely and provides experienced riders the opportunity to sharpen their defensive riding skills. Riders requiring Level 1, Level 2, or Refresher training will sign-up for this training through ESAMS or navymotorcyclerider.com.

(2) Level 1 (Initial) Training. All active duty military riders who plan to purchase or currently own a motorcycle (without a state endorsement) and all operators of government-owned motorcycles are required to complete a Motorcycle Safety Foundation (MSF) Basic RiderCourse (BRC).

(3) Level 2 Training. All active duty military riders (with a state endorsement) are required to complete the Advanced RiderCourse (ARC). Riders who completed the BRC are required to complete the ARC within 120 days of completing initial training per reference (j). This course emphasizes braking, curves and attitude; the three predominant factors in motorcycle injuries and deaths.

(4) Level 3 Training. California Superbike School, Advanced Motorcycle Operator School (AMOS), Advanced Rider Track Day Course (ARTD), Total Control, American Super Camp, or any other advance rider training approved by Headquarters Marine Corps (HQMC), Safety Division (SD).

(5) Refresher Training. All active duty motorcycle riders will complete Level 2 or 3 training every 3 years.

4. Seatbelt and Restraint System Usage. Reference (j) requires all personnel operating or riding as a passenger in a private or government motor vehicle on or off duty, whether on or off any DoD installation, to wear a seatbelt any time a motor vehicle is moving.

5. Pickup/Open Bed Trucks. Per reference (1), drivers (civilian or military) aboard any MCIEAST Installation will not operate a privately owned truck or government truck with any person (military or civilian) in the truck bed while the vehicle is moving. Military personnel assigned to MCIEAST will not operate a privately owned truck with any person (military or civilian) in the truck bed while the vehicle is moving, whether on or off duty, and whether the vehicle is on or off a DoD installation.

6. Driver/Operator Duty Time. To reduce the potential for traffic mishaps caused by operator fatigue, the following is established as duty hour limits for MCAS vehicle operators. These duty time limits take into consideration the degree of risk involved in various motor vehicle operations (e.g., weapons convoys, reserve drill, annual training, flight line operations, and public highway operations). Duty hour limits during normal operations will include the following minimum requirements:

a. Drivers will be provided with at least 8 consecutive hours of rest (off duty) during any 24-hour period. Leaders/supervisors shall ensure that preceding a known prolonged work or sleep loss period, off duty time will be kept as free of work-related requirements as possible and, ideally, should be spent at rest or asleep.

b. An operator will not drive more than 10 hours in a duty period (including rest and meal breaks). Mission essential billets requiring shifts in excess of 10 hours (e.g., security patrols, and snow removal), will develop specific procedures to minimize the hazards of increased mission-required driving time. To reduce the potential for traffic mishaps caused by operator fatigue following extended duty or shift work, a written plan shall be established. At a minimum the written plan shall include:

(1) Options to mitigate fatigue during periods of extended duty or shift work.

(2) A written RM worksheet used to assess the risks associated with using fatigued personnel to operate a motor vehicle. Such an assessment should consider such things as time on duty, the individual's physical condition, driving conditions, and length of travel.

(3) Control measures such as alternative means of transportation or designating rest stops for fatigued personnel until they are sufficiently rested to safely operate a motor vehicle.

(4) Requirements directing drivers will take rest breaks (at least 15 minutes) every two hours of driving or every 100 miles, whichever occurs first. These breaks are in addition to regular meal breaks.

(5) Duty time limits will comply with references (j) and (q). A means of recording driving time shall be established for designated motor vehicle operators who operate GMV on a regular basis.

(6) When transporting HM or explosives, two properly licensed drivers will be assigned to the vehicle if the trip will require more than eight hours of travel.

c. Commanders/OICs shall use published maximum driving times and mileage limits for Marines on leave, special liberty, or on an hourly pass

(48,72,96). Mileage limits will not exceed allowable limits in the Travel Risk Planning System (TRiPS).

7. Motor Vehicle Safety Program. COs are responsible for safety. However, in order to maximize the leadership potential of our small unit leaders, Noncommissioned Officers (NCOs) will take charge of the Motor Vehicle Safety Programs for all active duty military. NCOs are directly responsible for the combat effectiveness of our Marines and their health, welfare, and training. This responsibility does not stop at the boundaries of the work site or the installation perimeter. To maintain combat effectiveness, every Marine must have the courage to take control of situations that can lead to the injury or death of a fellow Marine, Sailor or innocent bystander.

a. NCOs shall be responsible for conducting and documenting risk assessments as part of the leave and liberty process. In addition to the chain of command, mentors, motorcycle mentors, TRiPS, Unit Safety Office, or other RM tools will be used to assist in the process.

b. In the event an NCO recommends denial of leave or liberty of a subordinate Marine due to deficient motor vehicle equipment, safety, or RM skills, a remediation plan shall be developed and implemented by the NCO to correct the deficient Marine. All leave requests must still be routed to designated leave approving officials.

c. NCOs are directed to review and make recommendation on junior Marines' leave and liberty requests. NCOs must review associated RM Forms in order to make an informed recommendation to the CO. The remediation plan will accompany the request as it is routed up the chain of command for final approval or disapproval by the CO.

8. Winter Driving Safety. Snow and ice are not common in Eastern North Carolina, however, when snow storms or ice storms occur, all drivers entering or aboard MCAS Cherry Point will:

a. Clear all vehicle glass of snow and ice to ensure adequate visibility.

b. Remove snow from vehicle hoods, roofs, and trunks. This ensures ice/snow does not blow off moving vehicles and create a hazard to other drivers.

Chapter 18

Fall Protection Program

1. Purpose: The intent of this chapter is to establish a Fall Protection Program for MCAS Cherry Point, provide policy and requirements for the implementation of the program, establish procedures on fall protection and fall prevention for personnel aboard MCAS Cherry Point.
2. Applicability: This program applies to all MCAS Cherry Point military, civilians, and contractors; who are exposed to fall hazards when performing construction, maintenance, or inspection work on an elevated, walking/working surface with unprotected sides, edges, or openings, in which there is a possibility of falling four feet or more to a lower level or where there is a possibility of a fall from any height onto dangerous equipment, into a hazardous environment, or onto an impalement hazard.
3. Background: Falls from heights are the leading cause of injuries and fatalities in the work place. The Marine Corps continues to experience serious fall related mishaps, which lead to lost time injuries, reduced readiness and productivity, or death.
4. MCAS Cherry Point Fall Protection Policy: Our mission at Cherry Point is to provide a safe working environment for all personnel. All exposure to the risk of falling is unacceptable. Minimizing exposure to fall hazards, and eliminating preventable mishaps, is part of mission accomplishment and is our number one task. This Fall Protection Program is part of the overall Cherry Point Safety Program designed to enhance operational readiness by preventing injury, or death of personnel through careful program management. Cherry Point personnel shall take every reasonable precaution to protect themselves and others while working at heights.
5. Duties and Responsibilities: The latest version of the DON Fall Protection guide, reference (v) provides overarching direction for a comprehensive fall protection program. In accordance with reference (v) all departments and activities, which have personnel working at heights above four feet or exposed to fall hazards, shall establish a Fall Protection program. Additionally, in accordance with reference (v), Fall Protection programs shall include identification, elimination, prevention, or control of Fall-Hazards, wherever practical, through engineering controls, training of personnel, proper installation and use of Fall Protection systems, and required rescue equipment and procedures. Additionally, all contractors working aboard MCAS Cherry Point will also abide by provisions EM-385-1-1, Army Corps of Engineers Safety Manual.
 - a. Overall program responsibility lays with the supervisors. Supervisors shall delineate duties and assign responsibilities to qualified and trained personnel involved in the development, management, and implementation of the Fall Protection program.
 - b. Supervisors shall ensure that assigned personnel have the necessary skills, knowledge, training, and expertise to manage, administer, and implement the Fall Protection program. This includes:
 - (1) Comply with the requirements and responsibilities of The DON Fall Protection Manual and OSHA guidelines (ref (d) and (u)).

(2) Ensure installation safety manager, or supervisors assess work site hazards, review pertinent regulations, and update organization SOPs regarding fall protection requirements.

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

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

(5) Request assistance (if needed) when assessing potential fall hazards.

(6) Ensure the use fall protection techniques and equipment properly when fall hazards are present.

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

(8) Report unsafe work conditions.

7. Training Requirements: All Navy and Marine Corps personnel working at heights, exposed to Fall-Hazards, using Fall Protection equipment, and other personnel involved in the Fall Protection program, shall be trained to recognize fall hazards in the workplace and how to eliminate, prevent or control such hazards.

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

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

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

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

(4) Training will be documented per chapter 4 of this order.

Chapter 19

Occupational Exposure Monitoring

1. Overview. The Occupational Health Program element is divided into two major specialties, IH and occupational medicine. Each of these specialties has a long-term surveillance program. IH involves anticipation, recognition, evaluation, and control of health hazards affecting workers in the occupational environment and is the focus of this chapter.

2. Workplace Monitoring. Each work center must be thoroughly evaluated to identify and quantify potential health hazards. The following subparagraphs provide basic requirements for workplace monitoring. Periodic surveys are completed by the Naval Health Clinic, MCAS Cherry Point.

a. Workplace Assessment. The responsible Medical Treatment Facility (MTF) industrial hygienist or other trained IH personnel shall conduct a baseline survey that includes:

(1) A description of operations and work practices that take place in the work center (e.g., welding, spray-painting), to include a layout sketch incorporating relevant aspects of the tasks. The time course of events and step-by-step details of the events taking place within each work center must be carefully described.

(2) A list of HMs (including biological hazards and radioactive material) used, handled, stored, or produced in the work center in terms of quantity per unit time including a brief description of how the materials are used in the operations.

(3) A list of potentially harmful physical agents (e.g., noise, radiation) and a brief description of their sources.

(4) A brief description of existing controls (e.g., ventilation hoods, hearing protection devices), and an evaluation of their use and effectiveness.

b. The IH shall ensure that individual monitoring and exposure data is provided to the medical department for entry into personnel medical records.

3. Installation Safety Manager (ISM). The ISM shall ensure a safe and healthful workplace and:

a. Ensure that affected personnel are entered in the medical surveillance program.

b. Examinations are up-to-date, as required for their respective programs/occupation as identified in the Occupation Exposure Registry (OER).

c. Coordinate with BUMED activities for occupation health services.

Chapter 20

Laser Hazard Control Program

1. Purpose. To prescribe installation policy and guidance concerning the control of Laser Radiation Hazards. When questions arise outside the scope of this chapter, reference (m) shall be used.

2. Scope. This chapter is applicable to all activities and tenant commands that operate or maintain laser systems aboard MCAS Cherry Point, its auxiliary landing fields, and range areas. 2d MAW units shall comply with the requirements of WgO 5104.1(Series). References (r) and (s) outline the requirements for Laser Range Safety.

3. Background. As laser systems become more numerous, solid laser radiation hazards prevention programs are key to assuring a mishap-free workplace. Reference (m) prescribes policy and guidance in the identification and control of laser radiation hazards. It applies to the design, use, and disposal of all equipment and systems capable of producing laser radiation including laser fiber optics. It also issues guidance on establishing a command Laser Hazard Control Program including requirements for a Laser System Safety Officer (LSSO), personnel training, laser engineering protective eye-wear, laser warning signs, and administrative and engineering protective measures.

4. Action. Local Laser Safety Organization's (LLSO) will be established within each activity/tenant command that possesses, operates, maintains or trains with laser devices. The LLSO will be incorporated within existing safety elements to the maximum extent possible. Technical expertise and the LSSO may be drawn from an available source within each unit; however, each will function through the organization's existing safety establishment.

a. The MCAS Cherry Point LSSO shall be appointed in writing by the CO and shall have direct access to the CO on all laser safety matters. The LSSO shall be a graduate of an approved LSSO Course. Duties shall include:

(1) Review this chapter annually and provide updates as necessary.

(2) Maintain an inventory of all lasers utilized aboard MCAS Cherry Point, its auxiliary landing fields, and range areas, for dissemination upon request to the Administrative Lead Agent (ALA), currently the BUMED within the DON or to higher headquarters.

(3) Coordinate LSSO training as needed.

(4) Maintain copies of laser radiation hazard surveys provided by the Range Laser Safety Specialist (RLSS) team, which document certification of military target ranges designated for use of laser weapons systems.

b. An LSSO shall be appointed in writing for any unit/activity using Class IIIB, Class IV, or military exempt lasers. The unit/activity LSSO shall be a graduate of an approved LSSO Course and shall have direct access to the unit/activity CO on all laser safety matters. Duties shall include:

(1) Publish a unit/activity local laser safety program command policy, safety regulations and SOPs, in accordance with this Order and references (a) through (e).

(2) Maintain an inventory of all unit/activity held laser devices along a Laser Data Worksheet for each device and provide a copy of the inventory to the installation LSSO upon request.

(3) Maintain copies of flight approvals and Laser Safety Review Board findings on each applicable laser system.

(4) Maintain a log of all operational, maintenance, or training laser firings to include: date, time, location, operator, purpose, and personnel present. A log of all airborne firings should include type of aircraft and Bureau Number (BUNO), location, heading, altitude, air-speed, and designation target.

(5) Maintain a current listing of all personnel who are authorized to engage in laser operations and ensure that each individual is enrolled in the proper medical surveillance program.

(6) Maintain training records of all personnel who engage in laser operations, maintenance, or training. These records will be maintained for two years and include times and dates of training received, as well as copies of designations and assignments for laser operations.

5. Laser Safety Training Program

a. All personnel working with laser devices or in areas using or storing Class IIIB, Class IV, or equivalent military-exempt lasers shall receive appropriate classroom training.

b. Local lesson plans will be submitted to the MCAS Cherry Point LSSO and safety and standardization. Such lesson plans should, at a minimum, encompass all applicable topics contained in the reference. Completed training rosters will be submitted to TSD.

c. Formal safety school requirements of LSSOs and other necessary laser safety training needed for operations and maintenance will be locally budgeted and coordinated through TSD.

d. Normal laser-related technical training (operations and maintenance) is not applicable under this Order.

6. Laser Eye Protection (LEP)

a. All personnel exposed to lasers, either directly or indirectly, are required to wear laser eye protection.

b. All goggles or spectacles must be properly labeled and inspected prior to use. All LEP devices shall have the proper optical density at the appropriate wave lengths for each type of laser being used.

7. Medical Surveillance Program

a. This program is a Naval Medical Department function although the program implementation and reporting of overexposure incidents are the responsibilities of the LSSO.

b. Personnel using or working around Class IIIB or Class IV lasers shall be enrolled in the medical surveillance program either as "Laser Personnel" or "Incidental Personnel" as defined below:

(1) Maintenance personnel whose work with lasers requires them to bypass the safety interlocks and personnel involved in procedures that expose them to an open laser beam, shall be enrolled in the Medical Surveillance Program as "Laser Personnel."

(2) Operators of fielded military Class IIIB or IV systems and aircrew aboard aircraft using Class IIIB or IV military laser systems shall be enrolled in the Medical Surveillance Program as "Incidental Personnel."

(3) All other personnel will be categorized per specific job requirements.

c. Medical surveillance protocols for individuals designated as "Laser Personnel" or "Incidental Personnel" shall include a pre-placement exam that consists of a visual acuity exam and a review of their ocular history, and a termination exam, which consists of a visual acuity only.

8. Mishap Investigation Report Procedures. In the event of an overexposure incident or suspected overexposure incident, the following action shall be taken:

a. An initial notification message reporting any overexposure or suspected overexposure shall be sent to BUMED (MEDCOM 02). A follow-on phone call will be made to inform the chain of command, to include the MCAS Cherry Point LSSO. A mishap will be entered into ESAMS.

b. An investigation shall be conducted by the LSSO with assistance from MCAS Cherry Point LSSO. If an aircraft mishap investigation is initiated IAW reference (t), the Aviation Mishap Board (AMB) shall include a LSSO (Technical Laser Safety Officer (TLSO) designation minimum) on the investigation board as an adjunct member.

c. Mishap Reports shall be sent via the chain of command using ESAMS/Web-Enabled Safety System (WESS) in accordance with applicable mishap reporting directives with copies to Safety (DSS/LSSO), MCIEAST (DSS) or IIMEF (DSS) as appropriate, MARFORCOM (DSS), BUMED (Code 02) and CMC (SD).

Chapter 21

Excavation Permit (Dig Permit)

1. Purpose. To establish and implement a written policy for operations involving trenching and excavation work at MCAS Cherry Point. This chapter was established to assist in identifying, evaluating, and controlling the risks and hazards presented by work associated with excavations. All excavation work, regardless of the level of complexity, requires pre-planning which includes a safety brief, and excavation permit (Figure 21-1).

2. Procedures. Operations involving trenching or excavation can result in hazards that are difficult to control and expose workers to unnecessary hazards. Cave-ins, contaminations, and contact with buried utilities are just a couple of these hazards. The Public Works Officer (PWO) will ensure that permits (Figure 19-1) for contractors are completed. The PWO or Station Safety will ensure permits (Figure 21-1) for all others are completed.

a. All persons intending to "dig" or excavate within the boundaries of MCAS Cherry Point are required to complete an excavation permit before commencing work. Digging refers to any process or activity involving the disturbance of soil, regardless of size, depth or nature of excavation. Personnel must be trained per reference (u), Subpart P.

b. This does not include the following:

- (1) Planting trees and shrubs.
- (2) Antenna or tent stakes.
- (3) Engineer dig pit at Bogue Field.
- (4) Training at Marine Corps Outlying Field (MCO)F Atlantic.
- (5) Target repairs.
- (6) Environmental Remediation work.
- (7) Fire breaks.

c. The following will be completed before work commences.

- (1) Ensure a competent person is assigned to the job.
- (2) Determine soil type.
- (3) Check utility locations (color-code).
- (4) Check environmental cite maps.
- (5) Complete Digging Permit.
- (6) Identify location and place markers.
- (7) Brief workers before excavation begins (start of each shift).

(8) Inspect excavation (start of each shift).

(9) Stop work immediately if an unexpected utility, contamination, or unexploded ordnance is discovered.

(10) Return area to a safe condition.

3. Definitions

a. Competent Person. An employee of the responsible entity who is, per reference (u), Subpart P, capable of identifying existing and predictable hazards in the surroundings or working conditions and who has authorization to take prompt corrective measures to eliminate them. This person must be knowledgeable about soil analysis, the use of protective systems, and the requirements of reference (u), Subpart P.

b. Excavations. Are defined as any human-made cut, cavity, trench, or depression in an earth surface formed by earth removal or any operation that bores into the strata.

c. Utility location. Services requiring a trained person designated to mark utilities by the color code designated.

d. Worker exposure. Is the term used for an individual entering an excavation that is deeper than five feet or shallower involving other factors that could contribute to a cave-in or other personnel hazard (e.g., workers position in a trench, vibration, contamination, or surface water)

e. Color Codes

Red	Electric power lines, cables, conduit, and lighting cables.
Orange	Telecommunication, alarm or signal lines, cables, or conduit.
Yellow	Natural gas, oil, steam, petroleum, or other gaseous or flammable material.
Green	Sewers and drain lines.
Blue	Drinking water.
Violet	Reclaimed water, irrigation, and <u>slurry</u> lines.
Pink	Temporary survey markings, unknown/unidentified facilities.
White	Proposed excavation limits or route.

4. This does not alleviate the requirement for Environmental Affairs Department (EAD) to be notified before operations involving trenching and excavation commences. This process is meant to ensure the safety of employees and contractors aboard MCAS Cherry Point.

TRENCH/EXCAVATION AND ENTRY PERMIT									
LOCATION:							DATE/PERIOD AUTHORIZED		
TIME OF INSPECTION(S)					IF CONTRACTOR COMPANY NAME				
WEATHER CONDITIONS:							TEMP:		
CREW LEADER / PH #					SUPERVISOR / PH #				
DIMENSIONS		DEPTH =				YES NO		HAZARDOUS CONDITIONS	
		TOP		W L		o o		Surface drainage	
		BOTTOM		W L		o o		Below water table	
OSHA SOIL CLASSIFICATION			TESTED			o o		Bulging walls	
o A			METHOD USED			o o		Floor heaving	
o B						o o		Frozen soil	
o C						o o		Super imposed loads	
						o o		Vibration	
						o o		Wet soil	
PROTECTION METHODS					UNEVEN IRREGULAR WALLS				
(Walls Must be vertical-No voids)					o Trench box				
SHORING					Sloping: o 1:1 (45 deg) o 1 1/2:1 (34 deg)				
o Timber					Yes No ENVIRONMENTAL CONDITIONS				
o Pneumatic					o o Confined Space Permit Required				
o Hydraulic					o o Gas detector used?				
o Screw Jacks					Yes No UTILITY SURVEY DONE				
o Trench Shield					o o Utility rep:				
COMMENTS:									
THE MAJORITY OF SOIL ON BOARD CHERRY POINT IS TYPE C					COMPETENT PERSON SIGNATURE AUTHORIZING PERMIT				
ALL UNSAFE CONDITIONS MUST BE CORRECTED PRIOR TO TRENCH ENTRY. IF ANY HAZARDOUS CONDITIONS ARE OBSERVED, THE TRENCH MUST BE IMMEDIATELY EVACUATED AND NO ONE ALLOWED TO RE-ENTER UNTIL CORRECTIVE ACTION HAS BEEN TAKEN.					SIGNATURE OF PERSON GIVING SAFETY BRIEF				
FOLLOW UP REQUIREMENTS									
PLACEMENT OF SPOILS & EQUIPMENT					LADDER LOCATION				
o o Spoils at least 2 feet from edge of trench					o o Located in protected area				
o o Spoils not increasing super-imposed load					o o Within 25 ft of safe travel				
o o Back hoe at end of trench					o o Secured				
OTHER					o o Extends 36 in. above the landing				
o o WEATHER CHECKED FOR RAIN					o o Leads to safe landing				
EMERGENCY & OTHER PHONE NUMBERS									
FIRE AND EMERGENCY RESCUE: 911 or 466-3333 466-7570				BASE WEATHER 466-2523			BASE SAFETY 466-2730		
				WORK RECEPTION 466-4364			BASE ENVIRONMENTAL 466-3631		
ALTERNATE FORMS ARE AUTHORIZED IF ALL DATA IS PROVIDED									

Figure 21-1. Trench/Excavation and Entry Permit

Chapter 22

Electrical Safety

1. Purpose. To ensure compliance with regulatory requirements applicable to electrical systems. MCAS Cherry Point policy is to work on electrical equipment and systems in a de-energized state unless de-energizing the equipment introduces a greater hazard or is infeasible. This is intended to protect employees against electrical shock, burns, and other potential electrical safety hazards and to comply with references (d) and (o).

2. Objective

a. Educate all electrical employees on the potential dangers; avoid arc flash related accidents; reduce exposure of body parts to electrical arc flash in case of accidents; and, to a greater extent, work on electrical equipment, and systems in an electrically-safe condition.

b. Provide safe work practices for working on energized electrical components as well as to provide guidance on PPE and personnel training for working with electrical equipment/systems.

c. Have a written plan with procedures and justification for working on live parts.

d. Have specified training to work on exposed live parts. Training shall be in accordance with reference (o)

e. Use appropriate PPE for working near exposed live parts and equipment rated for the voltage and energy level involved.

Chapter 23

HEAT AND COLD INJURY PREVENTION PROGRAM

1. Purpose. To provides information about specific guidance aboard MCAS Cherry Point for the prevention of heat and cold injuries. Risk management (RM) is required for all operational and training exercises. Reference (f) shall be used for all requirements and operational planning not covered in this order.

2. Background. The local hot weather season for MCAS Cherry Point and outlying fields spans from 1 May through 31 October. Additionally, reference (f) defines hot weather as temperatures at or above 80°F. Cold injuries are not as easily defined. The effects of low environmental temperatures on the human body may be localized or generalized, or both. They may occur at temperatures above or below freezing and under wet or dry conditions. The features of cold injury are dependent on the environmental temperature (ambient and wind chill temperature), exposure time and individual susceptibility or resistance.

3. Implementation

a. Conduct heat and cold injury prevention and awareness training at least annually or when deemed necessary by the commander utilizing qualified personnel. Training will include the causes, types, prevention, and emergency treatment of injuries.

b. Ensure that all heat or cold related mishaps are reported in accordance with ref (i).

4. MCAS Cherry Point Local Hot Weather Procedures

a. MCAS Cherry Point Hot Weather Season. The local hot weather season for MCAS Cherry Point and outlying fields spans from 1 May through 31 October. Additionally, reference (a) defines hot weather as temperatures at or above 80°F. Ensure personnel participating in training or operations are familiar with the Wet Bulb Globe Temperature (WBGT) index and the associated flag warning system. Basic signs and symptoms of heat related injuries are included in Table 23-1

b. Automated Heat Stress System. During the local hot weather season the Automated Heat Stress System (AHSS) is activated and monitored by METOC to ensure Wet Bulb Globe Temperature (WBGT) index flag conditions ("Green", "Yellow", "Red", and "Black") are disseminated. Once a WBGT index flag condition is met, exceeded, or no longer meets defined criteria, the condition is disseminated via telephone.

c. Wet Bulb Globe Temperature (WBGT) Index. The WBGT index reading is the standard used as an indicator of external heat stress on the human body. It is a single number derived mathematically from three distinct temperature measurements: wet bulb temperatures, dry bulb temperatures, and globe temperatures. Color coded flags are flown in strategic locations (Table 23-2) so that all personnel are aware of the current heat stress index and can make appropriate work schedule adjustments.

(1) WBGT Index <80. Extremely intense physical exertion may precipitate heat exhaustion or heat stroke; therefore, caution must be taken. A white flag is flown at this condition level.

(2) WBGT index is between 80 and 84.9. Discretion is required in planning heavy exercise for un-acclimatized personnel. This is a marginal heat stress limit for all personnel. A green flag is flown at this condition level.

(3) WBGT index between 85 and 87.9. Strenuous exercise and activity must be curtailed for new and un-acclimatized personnel during the first 3 weeks of heat exposure. Outdoor classes in the sun must be avoided when the WBGT Index exceeds 85°F. A yellow (amber) flag is flown at this condition level.

(4) WBGT index is between 88 and 89.9. Strenuous exercise must be curtailed for all personnel with less than 12 weeks training in hot weather. A red flag is flown at this condition level.

(5) WBGT index is 90 or above. Physical training and strenuous exercise must be suspended for all personnel. (Excludes operational commitment not for training purposes). A black flag is flown at this level.

(6) Wearing body armor or NBC protective uniforms adds approximately 10 points to the measured WBGT. Exposure should be adjusted accordingly.

d. Telephone notification should contact METOC at (252)466-2761/4667. Telephone numbers which have been entered into the Telephone Alerting System will be contacted as flag conditions arise/change.

e. Heat Index Dissemination Responsibilities. The following have responsibilities pertaining to disseminating information related to heat conditions.

(1) Automatic Heat Stress System online can be found at:
<https://ahss.mcieast.usmc.mil/Home/>

(2) Joint Public Affairs. When notified of flag conditions, post the appropriate flag condition on the marquees.

(3) Range Management Department. When notified of changes in Flag conditions, inform all ranges of the heat stress condition.

f. Unit Prevention/Treatment of Heat Related Injuries

(1) Prevention and First Aid. References (a), (b), (e) and (f) contain information necessary to prevent and treat heat related injuries. Table 23-1 is taken directly from enclosure (1) of reference (a) and discusses signs/symptoms and first aid for heat related injuries. In addition to the guidance in the references, commanders should ensure the following personnel/equipment is available during unit-sponsored physical training.

(a) A corpsman or combat medic.

(b) A government safety vehicle for transporting equipment and stragglers (not heat injury victims).

(c) Ample water and/or hydration sports drinks.

(d) Emergency communications or cell phones to call Fire and Emergency Services (FES / 911).

g. Treatment. Naval Health Clinic Cherry Point (NHCCP) does not provide emergency services and is not currently prepared or equipped to handle heat related injuries. Marines with heat related injuries should not be transported to NHCCP. CALL 911. FES is trained and equipped to assist personnel with heat injuries and they can arrive at most locations aboard MCAS Cherry Point within five minutes. While awaiting FES, personnel should administer appropriate first aid per Table 23-1.





h. Supervisors should be constantly on the lookout for heat symptoms during outdoor activities. Below are some basic signs and symptoms of heat related injuries.

Signs and Symptoms of Heat Related Injuries

Table 23-1

SIGNS/SYMPTOMS	FIRST AID
Heat Cramps: Muscle cramps of the arms, legs, and/or stomach and excessive sweating.	<ol style="list-style-type: none"> 1. Move individual to a cool shady area or improvise shade; loosen clothing. 2. Monitor the individual and give water as tolerated; should slowly drink at least one full canteen.
Heat exhaustion: Heavy sweating with pale, moist, cool skin; headache, weakness, dizziness, and/or loss of appetite, heat cramps, nausea (with or without vomiting), chills (gooseflesh), rapid breathing, change in mental status, confusion, and tingling of the arms and/or feet. Core temperature is 104°F or less.	<ol style="list-style-type: none"> 1. Move individual to a cool shady area or improvise shade; loosen or remove clothing. 2. Monitor the individual and give water as tolerated; should slowly drink at least one full canteen. 3. Spray or pour water on individual and fan to cause a cooling effect. 4. Urgent medical evaluation is indicated, especially if there are mental status changes. 5. If you have ice packs, use them. Put them in arms, armpits, and neck.
Heat Stroke: The individual stops sweating (hot, dry skin). They first may experience headache, dizziness, nausea, fast pulse and respiration, seizures and mental confusion. They may collapse and suddenly become unconscious. Core temperature is greater than 104°F, typically around 108°F(although it may be as low as 102°F). THIS IS A MEDICAL EMERGENCY.	<ol style="list-style-type: none"> 1. Heat stroke is a life-threatening medical emergency. Move the individual to a cool shady area or improvise shade; loosen or remove clothing. 2. Start cooling the individual immediately. Spray or pour water on individual and fan. 3. Elevate legs. If you have ice packs, use them. Put them in arms, armpits, and neck. 4. If conscious, individual should slowly drink at least 1 cup (8 oz.) of cool water every 20 minutes. Do not force water if abdominal discomfort occurs. 5. Seek medical aid immediately. Continue cooling while awaiting transport, and continue first aid while enroute.

Table 23-2

Flag Color	WGBT Index (°F)	Intensity of Physical Exercise
Green 	80-84.9	Discretion required in planning heavy exercise for unseasoned personnel.
Yellow 	85-87.9	Strenuous exercise and activity (e.g., close order drill) should be curtailed for new and un-acclimated personnel during the first three weeks of heat exposure.
Red 	88-89.9	Strenuous exercise curtailed for all personnel with less than 12 weeks training in hot weather.
Black 	90 and Above	Physical training and strenuous exercise suspended for ALL PERSONNEL (excludes operational commitment not for training purposes).

5. MCAS Cherry Point Cold Weather Precautions

a. Cold Stress Effects

(1) The adverse effects of low environmental temperatures on the human body may be localized or generalized, or both. They may occur at temperatures above or below freezing and under wet or dry conditions. The features of cold injury are dependent on the environmental temperature (ambient and wind chill temperature), exposure time and individual susceptibility or resistance. The body's response to total cooling is to try and maintain body temperature and increase heat production. Shivering is the body's attempt to increase heat production. With prolonged or severe exposure, the defense mechanisms fail, heat loss exceeds heat production, and the body temperature falls.

(2) Cold-related injuries are usually preventable. Preventive measures include providing adequate clothing, nutrition, hydration, and dry shelter, limiting or avoiding alcohol, and allowing gradual acclimatization. Proper clothing is especially important, such as dry suits for diving, anti-exposure suits on deck (also gear for the face, hands, feet and head), as well as changing socks at least daily. Using proper equipment, such as plastic-coated tools and equipment (instead of handling bare metal), will also help in reducing cold-related injuries. Wind speed (wind chill) must always be taken into account when considering the severity of cold stress.

(3) Each individual should know how to minimize cold stress, recognize the symptoms of cold injuries, and provide basic first aid. Common cold stress conditions are listed in reference (f).

b. Environmental Measurements - The wind chill temperature is how cold the human body will feel due to a combination of cold temperature and air movement (wind). As the air speed increases in cold temperatures, heat is drawn from the body, driving down skin temperature and eventually the internal body temperature. Therefore, the combination of wind and temperature creates the effect of wind chill, which makes it feel much colder. The Wind Chill Temperature Index is displayed Table 23-3.

c. Frostbite/Hypothermia

(1) Keep in mind that even covered skin can be vulnerable to frostbite, so the best preventative measure is to avoid extended exposure to extremely cold conditions.

(2) Frostbite manifests itself as superficial damage (skin turns white, waxy, or grey-yellow in color and becomes numb), and progresses to a deep frostbite, where the skin becomes entirely numb, may blister, and even turn black in color.

(3) If frostbite occurs, or it's suspected, get indoors immediately and seek first aid. Clothing that could restrict blood flow should be removed and sterile gauze or medical wrap should be inserted between fingers and toes to prevent them sticking together. Elevation may help and minor, superficial frostbite can be submerged in warm (100-105 degree) water.

(4) Hypothermia occurs when body temperatures drop dramatically, and symptoms which include shivering, exhaustion, confusion, shallow breath, irregular heartbeat, loss of coordination, and others may indicate this injury.

(5) If hypothermia is suspected, move indoors immediately and call for medical attention. Remove any wet clothing and use blankets, towels, and other materials around the victim to promote warmth and dry conditions. Handle the individual carefully, keep them in a horizontal position, and keep their head covered to preserve body heat. If necessary, be prepared to perform CPR or call 911.

Table 23-3

