

The HR Safety and Occupational Health Division Introduces Itself

By Jim Lark, DCMA Boston

We are here for you. We are the Safety and Occupational Health Division of Defense Contract Management Agency Human Resources, and we work to make every tour of duty safe and healthful for you.

Our mission flows from the Occupational Safety and Health Act of 1970; Executive Order 12196, “Occupational Safety and Health Programs for Federal Employees”; and Department of Defense Instruction 6055.1, the “DOD Safety and Occupational Health Program.” That mission is to keep the DCMA workplace — whatever and wherever it is — free of hazards and harm.

To carry out our mission, we are ambassadors, consultants and facilitators. As ambassadors, we visit DCMA workplaces. Periodically, we spend a day or two at each contract management office, and, during these visits, we may also take a first-hand look at several contractor facilities.

At a CMO, our focus is on force multiplication. When face-to-face with employees, we try to impart some of our knowledge and experience to them and motivate them to apply our insight, so it’s not just nine people doing safety and health but nine plus everyone whom we reach and touch.

We pursue this force multiplication in a number of ways. First, we spend a large block of time one-on-one with the collateral duty safety advocate, the person who manages

CMO safety from day to day. We talk about things like handling employee hazard reports, obtaining personal protective equipment, recognizing and abating workplace hazards, promoting the Medical Surveillance Program and keeping the Emergency Action Plan up to date. Yes, we use a checklist — not so much to cite deficiencies as to make sure that we hit all the high points, consistently, in office after office.

Another way in which we multiply force at a CMO is with a formal presentation. A regular part of every visit to a CMO is a PowerPoint presentation to senior leadership and/or to command supervisors. Again, the high points of the DCMA SOH Program are stressed, with special attention to command and supervisory perspectives.

A third way in which we strengthen our effect at a CMO is meeting individual employees. That’s our chance to personalize safety for them. We might ask how comfortable they are at their workstations, or whether they fill out Federal Occupational Health data collection forms or what concerns they have about their workplaces. We listen and reply, and by our attention and care we try to expressly convey, “We are here for you.”

At a contractor facility, on the other hand, our focus is on expedited hazard control. Things that grab and hold our attention are aisles

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and passageways, required exits, hazardous materials, electrical equipment, production machinery, indoor air quality, noise, sanitation and personal protective equipment. We look for immediate hazards and offer ideas toward hazard abatement, because hazard control is what we do.

Interestingly, we do not ordinarily address explosives hazards, or the safety of flight or “safety clauses” in acquisition contracts. In such areas, we will react if we perceive an immediate risk; but the management of such risks we leave to the subject-matter experts in the Contract Safety Center of the DCMA Operations Directorate.

We’re not always on the road; we do have offices, where we do most of our consultation. For example, we respond to calls and e-mails

bloodborne pathogens, drinking water with a “funny” taste, extremes in indoor temperatures, housekeeping and aisle width. These are typical concerns in CMOs. Such concerns may also be felt by DCMA employees in contractor facilities, but in those contexts hurtful noise, or toxic air contaminants or the safe entry of confined spaces would be the more likely issue.

After receiving a hazard report, we research Occupational Safety and Health Administration and other federal safety standards, draw from our experience and ask each other for opinions. The information we develop is what we relate to the person who has called, and part of the information is usually a recommendation or two for resolving the concern. This portion of the consultation, however, is open-ended because we will ask for input. Of course, if an issue cannot be resolved without a first-hand look, we will make arrangements to see things for ourselves. Force multiplication all around.

By the way, we have an eye for ergonomics. By observing a person engaged at a workstation, we can pick out any signs of musculoskeletal disorder. The signs will be in the posture of the person and the configuration of the computer. We can make the observations either in person or via digital photo analysis. Our ergonomics recommendations have improved the good health of many, many DCMA employees.

We are facilitators, too. The industrial hygienists, in particular, facilitate the Occupational Health Program. The IHs, as they are known, review all of the Federal Occupational Health data collection forms. Often, they will have a question about the

about workplace hazards. Employees and supervisors frequently contact us about things like damaged asbestos-containing floor tile,

(Above) Clockwise from lower left: DCMA Safety and Occupational Health Division employees Jim Lark, Clarence J. Lariviere, Steve Broich, Linda Holland, Lloyd Roberts, Ed Porter, Cheryl Lewis, Robert Hailstone and Richard Green. (Photo by Carolina Woods, BRTRC)



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frequency or duration of a particular exposure, and they will contact the employee for more information. The additional input will affect medical surveillance determinations. There will also be contact, should an employee miss a Federal Occupational Health exam. An IH, or a safety manager, will call the employee to assist the person in getting back on track.

Regularly, we consult and facilitate with respect to hearing protection, safety eyewear and safety shoes. In general, we stress that all personal protective equipment should be comfortable; more particularly, we emphasize that ear plugs should have the highest noise reduction rating obtainable, that if safety glasses cause blurry vision it's time for a change and that safety shoes should be replaced if upper parts, insoles,

outsoles or heels can no longer “stand one in good stead.”

We would like to close this introduction with an invitation. “SOH Toolboxes” are about to be sent to every CMO. When a Toolbox arrives at your office, please see what's inside. It will be an actual box, about 8" x 6" x 1", and inside will be a set of “tools” — actually colorful, eye-catching cards — outlining the major elements of the DCMA SOH Program. Each card will display the pertinent safety standards and then list the key aspects of the program element. The SOH Toolbox will be a handy guide. And if you want to contact us about the Toolbox, or any other safety issue, we'd like that. We're always here for you. 



(Above) Front row, from left: Richard Green, industrial hygienist, Aeronautical Systems, Naval Sea Systems and DCMA Headquarters Divisions; Cheryl Lewis, Safety and Occupational Health manager, Space and Missile Systems Division; Linda Holland, Safety and Occupational Health manager, DCMA Headquarters, Special Programs and International Divisions; Lloyd Roberts, Safety and Occupational Health Division director; back row: Steve Broich, certified industrial hygienist and team lead; Ed Porter, certified industrial hygienist, Space and Missile Systems and Ground Systems and Munitions Divisions; Robert Hailstone, Safety and Occupational Health manager, Ground Systems and Munitions Division; Clarence J. Lariviere, Safety and Occupational Health manager, Aeronautical Division; and Jim Lark, Safety and Occupational Health manager, Naval Sea Systems Division. (Photo by Carolina Woods, BRTRC)