DCMA Manual 4201-16

Safety and Occupational Health Program

Office of Primary Responsibility	**Talent Management Capability**
Effective:	November 5, 2018
Releasability:	Cleared for public release
Implements:	DCMA-INST 4201, "Civilian Personnel," July 20, 2018
Incorporates and Cancels:	DCMA-INST 611, "Safety and Occupational Health Program," September 30, 2004
Internal Control:	Process flow and key controls are located on the Resource Page
Labor Codes:	Located on the Resource Page
Resource Page Link:	https://360.dcma.mil/sites/policy/TM/SitePages/4201-16r.aspx
Approved by:	David H. Lewis, VADM, USN, Director

Purpose: This issuance, in accordance with the authority in DoD Directive 5105.64:

- Implements policy established in DCMA-INST 4201
- Provides and defines procedures for DCMA Safety and Occupational Health Program

TABLE OF CONTENTS

SECTION 1: GENERAL ISSUANCE INFORMATION

1.1. APPLICABILITY. This manual applies to all DCMA employees, including Military in any duty status assigned to DCMA and Local Foreign Nationals performing Safety and Occupational Health reviews for DCMA in foreign countries with agreements.

1.2. POLICY. It is DCMA policy to:

a. Establish and maintain clearly written and current procedures to achieve the Agency's safety mission and complying with laws, regulations, and DoD issuances.

b. Establish a Safety Management System (SMS) that incorporates leadership and employee participation, planning, implementation, operations, evaluations, corrective actions, and management reviews.

c. Provide in-depth guidance on DCMA Safety and Occupational Health (SOH) Programs.

d. Provide in-depth guidance on DCMA Medical Surveillance, Readiness, and Automated External Defibrillator Programs.

e. Apply risk management strategies to eliminate occupational and public injury, accidental death or illness, the loss of mission capability, and resources.

f. Integrate SOH functions and management control systems across all operations and activities, including acquisition, logistics, and facility management.

g. Provide safety and health training to DCMA employees, including specialized job safety and health training, appropriate to the work performed by the employee.

h. Follow State, local, or country standards for SOH, as applicable, when those standards are more stringent.

i. Execute this policy in a safe, efficient, effective, and ethical manner.

SECTION 2: RESPONSIBILITIES

2.1. DIRECTOR, DCMA. The DCMA Director will:

a. Perform the duties of or appoint a Designated Agency Safety and Health Official (DASHO) with the authority and responsibility to represent effectively the interest and support of the DCMA Director in the management and administration of the Agency SOH program in accordance with Subpart 1960.6 of Title 29, Code of Federal Regulations (CFR). The Director has the overall responsibility for the SOH of all Agency activities.

b. Issue the Director's Safety Policy Statement.

c. Establish and implement policy and procedures for the payment of differentials for duty involving unusual physical hardship or hazard to employees, or delegate the authority to represent the DCMA Director in accordance with Part 550 of Title 5, CFR.

2.2. DESIGNATED AGENCY SAFETY AND HEALTH OFFICIAL (DASHO). The DASHO will:

a. Ensure SOH programs carry out the provisions of DoD Instruction 6055.01; DoD Instruction 6040.45; Part 293 of Title 5, CFR; and Part 1960 of Title 29, CFR.

b. Ensure the appointment of SOH officials at appropriate levels with adequate budgets and staff to implement the SOH Programs, Medical Surveillance Program (MSP), and Medical Readiness Program (MRP) at all operational levels throughout the Agency.

c. Ensure the establishment of goals and objectives for reducing risk of injury or illness to DCMA personnel and minimizing the number of accidents.

d. Ensure plans and procedures are established for evaluating the Agency's SOH Program at each operational level.

e. Ensure a system is established prioritizing corrective actions related to the causes of accidents.

f. Provide annual DCMA Occupational Safety and Health Report to the Deputy Under Secretary of Defense for Installations and Environment (DUSD (I&E)) for incorporation into the DoD Annual Occupational Safety and Health Report to the Secretary of Labor.

g. Appoint SOH representatives to Federal Agency SOH committees and working groups.

h. Fully comply with the mishap reporting requirements contained in Part 1960 of Title 29, CFR and DoD Instruction 6055.07.

i. Chair the Agency Safety Working Group (SWG).

2.3. DIRECTOR, SAFETY CENTER. The Safety Center Director will:

a. Execute, manage, and implement the DCMA Director's SOH programs as the Office of Primary Responsibility (OPR).

b. Establish policy, procedures, and tools for implementation of the DCMA Director's SOH Programs.

c. Emphasize safety management strategies to drive SOH Program and SMS requirements.

d. Attend or delegate attendance to DoD SOH related councils and working groups.

e. Advise the DCMA Director and Senior Leadership Team on all SOH efforts within the Agency.

f. Ensure SMS principles are represented and integrated into new and existing training courses.

g. Budget for the resources necessary to implement a viable program.

h. Maintain liaison with DoD agencies, the Occupational Safety and Health Administration (OSHA), and other Federal agencies to ensure cooperation on matters of mutual concern, interpreting policies, and guidance for SOH activities.

i. Host the Agency SWG.

j. Chair the Collateral Duty Safety Advocate (CDSA) meetings.

2.4. DIRECTOR, SOH. The SOH Director will:

a. Function as the principle advisor and technical authority on SOH efforts to the Safety Center Director, Agency Director, DASHO, and Senior Leadership Team.

b. Develop safety programs, policies, goals, objectives, and establish guidelines to support and assess the effectiveness of the Agency SOH Program.

c. Interface with DoD agencies, OSHA, and other Federal agencies to ensure cooperation on matters of mutual concern, interpreting policies, and guidance for SOH activities.

d. Budget, implement, and oversee the resources necessary to implement SOH Programs within the framework of an SMS viable program, including promotional items for accident prevention and education.

e. Notify OSHA of work-related fatalities or catastrophes as defined by Part 1904 of Title 29, CFR.

f. Analyze safety training needs. Direct, coordinate, facilitate, develop, and provide safety education and training.

g. Perform trend analysis, prepare narratives, report metrics, and statistical reports of SOH programs at all levels of leadership and make recommendations for enhancements.

h. Establish SOH program assessment and inspection parameters and requirements.

i. Ensure hazard reports are investigated and maintain a master hazard report log.

j. Ensure identified SOH program deficiencies, discrepancies, and hazards are tracked through abatement or appropriate risk acceptance.

k. Direct, plan, and execute SOH initiatives, promotions, and campaigns for mishap prevention efforts.

l. Produce an annual inspection schedule and DoD and Department of Labor reports as required.

m. Establish and implement CDSA program.

n. Lead and direct SOH elements of Agency SWG.

o. Coordinate with other Agency functions (i.e., General Counsel, Security, Human Capital, Facilities, etc.) to address multi-component issues.

p. Maintain SOH records in accordance with applicable standards.

q. Administer SOH Awards program.

r. Develop written procedures defining how to engage OSHA representative(s) during formal or informal visits or inquiries (template is located on the resource page) and coordinate responses.

s. Request Contract Safety assistance outside of routine matters in accordance with DCMA Manual (DCMA-MAN) 2301-07, "Contract Safety Requirements."

2.5. COMMANDER/DIRECTOR OF THE OPERATIONAL UNITS. The Operational Unit Commander/Director will:

a. Ensure procedures are in place for providing a safe and healthful worksite for employees, mission partners, and visitors within their area of cognizance.

b. Ensure the personnel under their cognizance have effectively implemented SOH policies and programs.

c. Apply risk management principles and processes to all operations.

d. Appoint SOH functional designees as outlined in this Manual.

e. Appoint a SOH training coordinator for the Operational Unit to track completion of required safety training based on functional series.

f. Ensure employees within their Operational Unit have completed all SOH training in order to prevent mishaps, injuries, and occupational illnesses.

g. Ensure employees entering a contractor or government facility with additional site-specific safety training requirements have completed the training before entering.

h. Include safety conformance as an element in performance evaluations within their Operational Unit.

i. Establish procedures to protect all DoD personnel from coercion, discrimination, or reprisals for participation in SOH programs.

j. Accept SOH risk at the appropriate level according to the SOH Risk Acceptance Matrix (located on the resource page).

k. Coordinate with SOH for clarification of standards or when creating local guidance for SOH matters not covered in this manual.

2.6. COMMANDER/DIRECTOR OF A CONTRACT MANAGEMENT OFFICE (CMO). The CMO Commander/Director will:

a. Ensure procedures are in place for providing a safe and healthful workplace for employees, mission partners (see Mission Partner Guide), keystone employees, and visitors within their area of responsibility.

b. Ensure the effective implementation of SOH policies for their CMO and streamline CMOs.

c. Apply SOH risk management principles and processes to all operations.

d. Appoint SOH functional designees as outlined in this Manual.

e. Appoint a SOH training coordinator for the CMO to track completion of required safety training based on functional series.

f. Ensure employees have completed all SOH training in order to prevent mishaps, injuries, and occupational illnesses.

g. Ensure employees entering a contractor or government facility with additional site-specific safety training requirements have completed the training before entering.

h. Include safety conformance as an element in performance evaluations.

i. Establish procedures to protect all DoD personnel from coercion, discrimination, or reprisals for participation in the SOH Program.

j. Accept SOH risk at the appropriate level according to the SOH Risk Acceptance Matrix (located on the resource page).

k. Coordinate with SOH for clarification of standards or when creating Operational Unit guidance for SOH matters not covered in this Manual.

l. Ensure supervisors attend Agency provided supervisor safety training in accordance with Subpart 1960.55 of Title 29, CFR.

m. Ensure supervisors complete the Onboarding Checklist (located on the resource page), including attachments, with newly assigned employees to include local hazards specific to the job and location.

n. Ensure employee representatives are notified of any SOH onsite inspections or visits, invited to in/out brief meetings, as applicable, and receive a copy of the final report.

o. Provide SOH inspectors with appropriate resources and assistance to perform inspections, investigations, or assessments at the CMO.

p. Chair the CMO Safety Council.

2.7. SAFETY AND OCCUPATIONAL HEALTH (SOH) MANAGER/SPECIALIST. The SOH Manager/Specialist will:

a. Analyze and provide feedback for the SOH Risk Management Program within DCMA to identify, evaluate, and mitigate risk to employees.

b. Investigate all DCMA reported mishaps and hazards.

c. Evaluate all DCMA mishap notifications, reporting, and maintain records.

d. Evaluate the contractor’s fall protection programs.

e. Evaluate the contractor’s permit-required confined space (PRCS) programs.

f. Monitor DCMA personal protective equipment (PPE) programs.

g. Monitor employee non-compliance with medical surveillance requirements.

h. Monitor Job Hazard Analysis (JHA) completion for DCMA industrial work locations.

i. Monitor DCMA Hazard Communication (HAZCOM) Program and Office and Life Safety (OLS) Programs.

j. Provide initial and quarterly training for CDSA on their program responsibilities and SOH updates.

k. Provide safety policy and procedure responsibility training for supervisors, new commanders, and Agency employees at their respective classes/forums.

l. Conduct trend analysis; prepare narratives, report metrics and statistical reports for SOH programs at the Agency, Operational Unit, CMO, and team levels.

m. Make recommendations to the field for program enhancements.

n. Conduct assessments of workplaces, produce reports of findings, and track control recommendations until abatement.

2.8. HAZARD PAY DIFFERENTIAL (HPD) MANAGER. The HPD Manager will:

a. Conduct annual hazard risk assessments providing HPD authorization and hazard abatement to the SOH Director.

b. Provide technical assistance and operational instructions for the DCMA HPD Program.

c. Make recommendations for approval or disapproval of HPD.

d. Conduct assessments of hazardous workplaces, produce reports of findings, and track control recommendations until abatement.

e. Receive and evaluate quarterly HPD logs/reports.

f. Monitor timekeeping records for validation of HPD expenditures.

g. Utilize the expertise of the U.S. Army Technical Center for Explosives Safety; DoD Explosives Safety Board; Alcohol, Tobacco, and Firearms Agency; and state Fire Marshalls or Licensing Boards.

2.9. INDUSTRIAL HYGIENIST (IH). The IH will:

a. Investigate hazard reports.

b. Validate occupational exposures and manage SOH database.

c. Conduct health hazard assessments.

d. Manage the Ergonomics Program.

e. Participate in collaborative efforts, including the review of proposed national standards, and the DoD Industrial Hygiene Working Group.

f. Manage IH equipment to ensure equipment is calibrated and maintained in accordance with the manufacturer's instructions.

g. Manage Occupational Health Programs to include Respiratory Protection, Hearing Conservation, Ionizing Radiation, and Laser.

h. Manage Medical Surveillance testing and IH equipment budget to include funds input through Agency applications.

i. Contribute to SOH course development and provide instruction on medical surveillance related topics.

j. Conduct trend analysis, prepare narratives, and report metrics for SOH programs at the Agency, Operational Unit, CMO, and team levels.

k. Make recommendations to the field for program enhancements.

2.10. MEDICAL SURVEILLANCE PROGRAM (MSP) MANAGER. The MSP Manager will:

a. Administer Medical Surveillance Program, projects, and courses.

b. Plan and conduct program reviews to evaluate the effectiveness of the MSP to ensure it complies with DoD Instruction, regulations, and federal laws.

c. Ensure the serviced population is aware of medical surveillance procedures, to include their rights and responsibilities.

d. Collaborate with safety, IH, personnel, and building management officials to identify and either mitigate or eliminate occupational health hazards.

e. Evaluate exposure data and historical test results in determining MSP enrollment.

f. Advise employee of verified exposures/inclusion in MSP and follow-on steps/procedures, to include medical monitoring requirements.

g. Order medical testing/exams as required by regulations and laws, track results, and provide medical surveillance clearances to employee and supervisor.

h. Conduct trend analysis; prepare narratives and statistical reports for Agency Leadership concerning MSP compliance at the Agency, Operational Unit, CMO, and team levels.

2.11. MEDICAL READINESS PROGRAM (MRP) MANAGER. The MRP Manager will:

a. Administer Medical Readiness Program, projects, and courses.

b. Coordinate scheduling of medical and dental testing/exams and medical waiver completion to meet combatant command (COCOM) requirements prior to an employee obtaining a position with Contingency Response Force (CRF) or deploying on their behalf.

c. Assist Civilian Expeditionary Workforce (CEW) and International employees with completing COCOM and country specific medical and dental requirements to deploy, permanently change duty stations, or travel outside the continental United States (OCONUS).

d. Prepare narratives and statistical reports for Agency Leadership concerning MRP compliance at the Agency, Operational Unit, CMO, and team levels.

e. Order medical and dental testing/exams as required by COCOM and country clearance, track results, and communicate medical clearance status with employee and supervisor.

f. Conduct trend analysis.

2.12. AUTOMATIC EXTERNAL DEFIBRILLATOR (AED) PROGRAM MANAGER. The AED Program Manager will:

a. Administer the AED program and programmed budget.

b. Brief the AED onsite coordinator (OSC) on their program responsibilities.

c. Approve/Disapprove AED requests and coordinate equipment distribution.

d. Conduct trend analysis; prepare narratives and statistical reports for Agency Leadership concerning AED compliance at the Agency, Operational Unit, CMO, and team levels.

2.13. EMPLOYEE MEDICAL FOLDER (EMF) MANAGER. The EMF Manager will:

a. Be responsible for the administrative management of all Agency occupational medical records both onsite and in an archival storage facility.

b. Ensure proper records retention and security.

2.14. COLLATERAL DUTY SAFETY ADVOCATE (CDSA). The CDSA will:

a. Serve as liaison between the Commander/Director and Safety Center on all SOH matters.

b. Act as a point of contact for the administrative portion of the SOH Program functions within their organization.

c. Be designated in writing by the Commander/Director (template is located on the resource page).

d. Complete necessary/required training provided by SOH within 30 days of appointment.

e. Maintain applicable SOH records and files.

f. With the assistance of supervisors, complete the annual CMO Self-Assessment Checklist (located on the resource page).

g. Attend quarterly Safety Center sponsored CDSA meeting/training sessions.

h. Ensure accuracy of the OSHA Reception Plan for their organization (located on the resource page).

i. Maintain safety bulletin boards by posting required documents located on the resource page.

j. Ensure employees understand and are aware of elements of the Occupant Emergency Plans (OEP).

2.15. SUPERVISORS. The Supervisor will:

a. Provide a safe and healthful workplace for employees.

b. Ensure the effective implementation of SOH policies and programs, to include medical surveillance and medical readiness.

c. Apply SOH risk management principles and processes to all operations, including completion of JHA and PPE Request Form and review annually for changes.

d. Ensure employees have completed all SOH and contractor site-specific training per job series in order to recognize safety hazards and prevent mishaps, injuries, and occupational illnesses.

e. Include safety and medical surveillance and readiness requirement conformance as an element in employee performance evaluations, if applicable.

f. Ensure DoD personnel are protected from coercion, discrimination, or reprisals for participation in the SOH Program.

g. Ensure employees complete health-related examinations as needed for assigned position and workload.

h. Visit contractor locations with employees periodically to determine overall risk exposure from contractor operations, when feasible.

i. Ensure employees use the appropriate PPE and understand the proper care, use, and disposal of PPE.

j. Complete the Onboarding Checklist including all attachments (e.g., job safety training outline (JSTO), Ergonomic Self-Assessment, and Job Hazard Analysis) with newly assigned employees to include local hazards specific to the job and location the employee is assigned.

k. Attend Agency provided supervisor safety training in accordance with Subpart 1960.55 of Title 29, CFR.

l. Include safety elements in the First Level Supervisor Review, as applicable.

m. Fulfill HPD documentation requirements for compensation and validation.

2.16. EMPLOYEES. All Employees will:

a. Complete all required DCMA and contractor SOH training prior to performing mission tasks.

b. Follow all Agency, CMO, and contractor-related safety policies. When rules, regulations, or policies are contradictory, the employee will follow the most stringent policy.

c. Prior to entry into an industrial environment, review or initiate the:

(1) JHA.

(2) Data Collection Form (DCF).

(3) PPE Request Form.

d. Complete all required medical testing/exams for assigned Medical Surveillance and/or Medical Readiness Programs in a timely manner.

e. Look for alternative ways to mitigate risk and safely perform required jobs.

f. Ensure tasks do not pose an imminent risk of death or serious bodily harm and there is sufficient time to seek effective redress through normal hazard reporting and abatement procedures.

g. Be entitled to consider opinions, as applicable, on the extent of the hazard by a SOH professional.

h. Follow safe practices including, but not limited to:

(1) Compliance with worksite SOH standards and technical data.

(2) Compliance with the contractors' safety plan per facility.

(3) Proper use of tools and PPE.

(4) Reporting mishap, injuries, and damage to DCMA property.

(5) Reporting unsafe conditions or work practices.

i. Review, validate and update JHA, DCF, and PPE requirements annually and when new processes or equipment potentially increase risk to DCMA personnel.

j. Report hazardous conditions immediately.

SECTION 3: PROGRAM MANAGEMENT

3.1. PROGRAM MANAGEMENT.

a. The Agency must implement a SMS pursuant to DoD Instruction 6055.01.

b. Employees must be designated by their Commander/Director to perform various SOH functions, e.g., CDSA, SOH training coordinator, and others, as the mission dictates.

c. Execute local safety program.

(1) Completing Onboard of personnel see resource page checklists.

(2) A safety bulletin board must be established at each DCMA location with permanently assigned personnel, residents, or mission partners. The bulletin board must include only materials related to safety including:

(a) OSHA Reception Plan.

(b) OEP.

(c) OSHA 300 Log, posted annually from February 1 to April 30.

(d) Federal OSHA Poster.

(e) Mishap Process.

(f) Hazard Report.

d. SOH Program Assessments.

(1) The purpose of the annual self-assessment is to identify existing or potential hazards or exposures, ensure compliance with SOH Program requirements, and ensure DCMA employees have a workplace free of unnecessary risk.

(2) Each CMO must annually conduct a self-assessment of their SOH Program execution and effectiveness using an audit tool provided by SOH (CMO Self-Assessment Checklist is located on the resource page).

3.2. RECORDKEEPING.

a. SOH will retain safety and occupational health records in accordance with the most stringent applicable requirements.

b. Local record retention periods are available on the SOH Records Retention Reference Guide (located on the resource page).

SECTION 4: TRAINING

4.1. TRAINING.

a. The SOH Training Program ensures all employees are properly trained in order to prevent the loss of DCMA personnel and other resources, adversely affecting mission accomplishment. The program educates, trains, and equips DCMA employees with sufficient knowledge to identify hazards and achieve a safe and healthful worksite.

b. SOH must provide SOH orientation and background information to new Commanders/Directors, as required by Subpart 1960.54 of Title 29, CFR, so these leaders can direct the management of their SOH Program in accordance with established policy.

c. SOH must train supervisors to recognize, reduce or eliminate safety hazards in the workplace in accordance with Subpart 1960.55 of Title 29, CFR.

d. Prior to employees performing any required work in their job series, they must complete their safety training requirements for their job series and contractor safety training for the locations where they will be working.

e. SOH job series employees are encouraged to pursue professional safety credentialing recognized by the DoD for career development, technical competency, and safety program effectiveness.

f. Operational Units or directorates may request SOH to provide SOH training for the CMO.

g. Re-training may be instituted when an employee has a reportable safety incident.

SECTION 5: COUNCILS AND WORKING GROUPS

5.1. SAFETY COUNCILS AND WORKING GROUPS.

a. DCMA has quarterly safety meeting at all levels of the Agency.

b. Personnel responsible for carrying out SOH functions, use these venues to share information relevant to:

(1) The SOH Program.

(2) Resolving SOH issues.

(3) Reporting on recent safety trends and analyses, etc.

c. All Operational Unit and CMO councils or committees must be established via written charter (template is located on the resource page).

5.2. AGENCY SAFETY WORKING GROUP (SWG).

a. The SWG meeting agenda will be produced and distributed in advance. The agenda must include, but is not limited to:

(1) Safety awards.

(2) Agency safety goals.

(3) Publications/policy updates.

(4) Hazard Reports

(5) Mishap trends/statistics.

(6) Inspection trends.

(7) Medical Surveillance and Readiness Programs.

(8) Safety training compliance.

(9) SOH Program Accomplishments

(10) Agency Safety Program updates.

(11) Federal Employee Compensation Act (FECA) Office of Workers' Compensation Programs reporting.

(12) Aircraft Operations Safety.

(13) Contract Safety.

b. Agency-level SWG meetings will be held at least quarterly.

c. The SWG members meetings are attended by representatives from each of the following:

(1) All Components.

(2) DCMA Safety Center.

(3) DCMA FECA representative.

(4) Employees' Representative.

(5) Other personnel as directed by the Chairperson.

d. The SWG meeting will be used to:

(1) Foster cooperation and open channels of communication.

(2) Make recommendations to the Director/DASHO.

(3) Present the safety posture of the Agency to Senior Leadership.

(4) Engage all Agency safety disciplines by their participation in the forum.

(5) Discuss issues from Operational Unit Safety Councils.

e. Minutes of meetings are created, coordinated, and retained by DCMA Safety Center per DCMA records retention policy.

(1) The minutes will be approved and signed by the Chairperson.

(2) Once approved, the minutes are distributed to all members.

(3) Action items will be tracked through completion or resolution in the official files of DCMA Safety Center.

5.3. OPERATIONAL UNITS SAFETY COUNCILS.

a. A Safety Council agenda will be published in advance by the Operational Unit CDSA and include (as a minimum) the following topics:

(1) Safety awards.

(2) SOH goals.

(3) Publications/Policy updates.

(4) Mishap trends/statistics, raise operational units issues to Agency SWG.

(5) Inspection trends.

(6) Medical Surveillance and Readiness Programs compliance.

(7) Safety training compliance.

(8) CMO Self Assessment status.

(9) HQ SOH Program updates.

(10) Other elements as directed by the Chairperson.

b. Safety Councils will be held at least quarterly.

c. The Operational Unit Safety Council will be used to:

(1) Foster cooperation and open channels of communication.

(2) Make recommendations to the Commander/Director.

(3) Elevate relevant safety issues to the SWG.

d. The Safety Council meetings are chaired by the Operational Unit Commander/Director or Deputy and are attended by the:

(1) CDSA.

(2) SOH Manager/Specialist.

(3) Commander/Director or Deputy from each subordinate CMO.

(4) Employees' Representative.

(5) Other personnel as directed by the Chairperson.

e. Minutes for meeting must be kept by the Operational Unit's CDSA and a copy transmitted electronically to meeting attendees within 30 calendar days. After the coordination/approval period, the minutes will be retained in electronic format at the DCMA Operational Unit office for

two years (current fiscal year and previous) and are subject to inspection by the DCMA Safety Center or outside agencies during future assessments.

f. Forward any pertinent items up to SOH for inclusion in the SWG.

5.4. CMO SAFETY COUNCILS.

a. A CMO Safety Council agenda will be published in advance by the CMO CDSA and include (as a minimum) the following topics:

(1) Safety awards.

(2) SOH goals.

(3) Publications/policy updates.

(4) Mishap trends/statistics.

(5) Inspection trends.

(6) Medical Surveillance and Readiness Programs compliance.

(7) Safety training compliance.

(8) CMO SOH Self Assessment status.

(9) HQ SOH Program updates.

(10) Other elements as directed by Chairperson.

b. CMO Safety Councils will be held at least quarterly.

c. The CMO Safety Council will be used to:

(1) Foster cooperation and open channels of communication.

(2) Make recommendations to the CMO Commander/Director.

(3) Elevate relevant safety issues to the Operational Unit Safety Council.

(4) Perform such additional tasks as the Chairperson may direct.

d. CMO Safety Councils are chaired by the CMO Commander Director or Deputy and are attended by the:

(1) CDSAs (and alternates) within the CMO.

(2) Employees' Representative.

(3) First line supervisors.

(4) Other personnel as directed by the Chairperson.

e. Commanders/Directors are encouraged to invite DCMA employees who are Mission Partners at the CMO location(s) to attend the CMO Safety Council and receive minutes.

f. Minutes of the meeting are kept by the senior CDSA at the CMO and a copy transmitted electronically to meeting attendees within 30 days. After the coordination/approval period, the minutes will be retained in electronic format at the CMO for two years and are subject to inspection by DCMA Operational Units, Safety Center, or outside agencies during future assessments.

g. Forward any pertinent items up to Operational Units Safety Councils.

5.5. CDSA MEETINGS.

a. CDSA meetings will be held at least quarterly.

b. CDSA meetings will be used to:

(1) Foster cooperation.

(2) Open channels of communication.

(3) Make recommendations to DCMA Safety Center.

(4) Train CDSA personnel in safety and health topics.

(5) Perform such additional tasks as the Chairperson may direct.

c. The CDSA meetings are chaired by DCMA Safety Center and attended by:

(1) Primary and streamline CDSAs.

(2) Employees' Representative who are invited to attend.

(3) Other personnel as directed by the Chairperson.

d. Minutes of the meeting are kept by the DCMA Safety Center and a copy must be transmitted electronically to all CDSA meeting attendees within 30 calendar days. After the coordination/approval period, the minutes will be retained in electronic format at the DCMA

Safety Center for two years and are subject to inspection by outside agencies during future assessments.

e. CDSAs to utilize/forward any pertinent items up to CMO Safety Councils.

SECTION 6: RISK MANAGEMENT

6.1. RISK MANAGEMENT.

a. The SOH Risk Management Program is used within DCMA to identify, evaluate, and mitigate risks for our employees. The SOH risk management process is the mishap prevention cornerstone for the SOH Program and will be used by DCMA leadership, supervisors and personnel at all levels to eliminate system hazards and deficiencies.

6.2. IDENTIFY HAZARDS.

a. Identification of hazards in the workplace is essential to the risk management process.

b. These hazards may be observed, reported, and found during inspections/audits and presumed to be present based on other similar worksites.

c. The SOH risk management process begins when any DCMA employee reports a hazard to SOH by completing an online hazard report survey. Hazards can also be reported by email or phone, or by completing the Hazard Report Form and submitting the form to the SOH email inbox.

6.3. ASSESS HAZARDS.

a. Hazard Reports must be investigated within **24 hours**. Supervisors must immediately stop work and withdraw exposed personnel until an imminent danger situation is eliminated or a mitigation measure is taken to decrease the risk to DCMA personnel. The person reporting the hazard will be notified of actions taken in response to the Hazard Report.

b. When a safety or health hazard is reported to the DCMA Safety Center, the SOH or IH must confirm the hazard and assign a risk assessment code (RAC). The RAC must be derived using the appropriate method contained in DoD Instruction 6055.01, Appendix to Enclosure 3.

c. When possible, the hazard should be compared to existing standards. Utilize appropriate local, state, federal, or international standards to apply the appropriate RACs and determine appropriate mitigation strategies.

d. If the hazard is assigned a RAC 1, RAC 2, or Probability A (likely to occur immediately), SOH must immediately notify the Director, SOH Division of the reported hazard. The supervisor must communicate to all affected personnel the hazard, controls, and abatement plan using the Notice of Hazard Form (located on the resource page).

e. Only qualified Safety and IH professionals may formally determine RACs.

(1) When a hazard exists at the local level, contact SOH for an assessment of the risk in accordance with DoD Instruction 6055.01.

(2) When recorded, the RAC will be identified using the format of the numerical RAC score, followed in parentheses by the Roman numeral and upper-case letter signifying its origin on Table 1 or Table 8(i.e., “RAC 3 (I, D) ”, “RAC 3 (II, C)”, “RAC 3 (III, B)”, RAC 3 (IV, A)”, etc.

6.4. IMPLEMENT CONTROLS.

a. Once assessed, the risk should be considered for appropriate controls to meet identified standards in a cost-effective manner. The hierarchy of controls, in the order they should be considered for application, are:

(1) Elimination.

(2) Substitution of less hazardous materials, processes, operations, or equipment.

(3) Engineering controls.

(4) Administrative controls.

(5) Personnel Protective Equipment.

b. Leadership will implement controls to reduce risk to an acceptable level. All mitigation plans must be approved by SOH. SOH risk acceptance must be in writing and signed by the applicable acceptance authority prior to resuming related operational capability.

(1) If risk cannot be reduced to acceptable levels, the supervisor must:

(a) Withdraw exposed personnel from the hazardous site until the hazard can be eliminated or mitigated to an acceptable level.

(b) Request a wavier through the chain of command up to the appropriate level based on the RAC.

(2) RAC 1 hazards must be abated or have a mitigation plan in place within 10 calendar days of hazard identification.

(3) RAC 2 hazards must be abated or have a mitigation plan in place within 30 calendar days of hazard identification.

(4) RAC 3 hazards must be abated or have a mitigation plan in place within 60 calendar days of hazard identification.

(5) RAC 4 and 5 hazards must be abated or have a mitigation plan in place within 90 calendar days of hazard identification.

6.5. RISK MITIGATION.

a. SOH must evaluate the residual risk and determine the appropriate RAC with all controls in place.

(1) The standard for risk management is approved at the appropriate leadership level of authority making an informed decision to control hazards or accept safety or health risks. Make risk decisions at the appropriate level to establish clear accountability.

(2) Those accountable for the success or failure of the mission must be included in the risk decision.

b. Accept no unnecessary risk.

(1) All DCMA missions, tasks, and daily routines involve risk and should be analyzed to determine the safest way to accomplish the requirements.

(2) The most logical choices for accomplishing a mission safely, meet all mission requirements while exposing personnel and resources to the lowest acceptable risk.

c. In those circumstances where local resources are not available to control residual risks, leaders will make conscious decisions to either accept the risk or elevate the risk decision to the next higher level of leadership.

d. In those instances when mission accomplishment and military necessity result in the requirement to make risk decisions to override standards, such decisions must be made at the appropriate level of command and based on full consideration of the safety, occupational health, and environmental impacts (e.g., the level of risk, hazard involved, mode of entry, synergism, potentiation, exposure, and worst-case scenario). These decisions must be documented, archived, and reevaluated on a recurring basis.

e. The authority to accept residual risk is based on the RAC with all prescribed risk controls in place. A risk acceptance memorandum must be completed by the appropriate level of authority. The SOH Risk Acceptance Matrix and memorandum are located on the resource page.

(1) RAC 1 (critical) risks may only be accepted by the DCMA Director.

(2) RAC 2 (serious) risks may be accepted by the Operational Unit Commander/ Director.

(3) RAC 3 (moderate) risks may be accepted by the CMO Commander/Director within DCMA within their area of oversight.

(4) RAC 4 (minor) and RAC 5 (negligible) risks may be accepted by the CMO Commander/Director or designee.

SECTION 7: INSPECTIONS

7.1. INSPECTIONS.

a. SOH inspections will be used to identify hazards in the workplace and evaluate compliance with SOH Program requirements.

(1) Qualified Safety and IH personnel will assist Components with annual site assessments to determine the condition of work areas, the safety of work practices, and the degree of compliance with safety and health requirements.

(2) Evaluations must be conducted more frequently for operations or worksites with higher risks or elevated mishap experience, special emphasis programs, changing operations or organizations, or other events indicating increased risk. Additional site assessments may be conducted to address the following:

(a) HPD requests.

(b) IH assessments for:

1. Hazard reports.

2. Inspection findings.

3. Inquiries related to indoor air quality.

4. Radiation.

5. Respiratory hazards.

6. Chemical exposures.

7. Other similar concerns.

(c) Hazard report and/or mishap report investigations.

b. The DCMA American Federation of Government Employees (AFGE) Council has the right to fully participate in the inspections as provided in Executive Order 12196, "Occupational Safety and Health Programs for Federal Employees," 29 CFR 1960, and DCMA Instructions. This includes safety inspections conducted by DCMA-TDS or other external entities. A copy of the final report of safety inspections will be provided to affected DCMA AFGE Council Local through the CMO.

7.2. WORKSITE VISITS BY DCMA SAFETY CENTER.

a. The SOH Assessor will:

(1) Notify the Commander/Director of the area prior to arrival.

(a) Upon notification, Commander/Director will identify participants with in the CMO.

(b) Commander/Director will invite Union Representation.

(2) Obtain clearances for entering contractor facilities prior to arrival.

(3) Request safety documents from the site, not available on the website, to perform a Desk Audit for adequacy.

(4) In-brief the Commander/Director and if applicable the contractor prior to auditing the facilities.

(5) Be joined by the CDSA, if available.

(6) Perform the onsite portion of the audit for compliance with safety regulations and policies as it applies to DCMA personnel, using CMO Self-Assessment Checklist (located on the resource page). The audit may include:

(a) Interviewing employees.

(b) Reviewing contractor site safety plans.

(c) Documenting site assessment details.

(7) At the completion of the assessment, provide an out-brief to the Commander/ Director. The out brief will include:

(a) DCMA program, facilities, training deficiencies, and observations.

(b) Contractor program, facilities, training deficiencies, and observations.

(c) Employee or leadership concerns.

(d) Corrective actions and/or recommendations.

b. The final report will be distributed within 30 calendar days to the:

(1) Commander/Director with oversight of the facility.

(2) Operational Units with oversight of the command of the facility audited.

(3) CDSA.

(4) SOH Director.

(5) Safety Center Director.

c. The final report will include:

(1) The SOH Program summary, findings, training deficiencies, and observations.

(2) Contractor program, facilities, training deficiencies, and observations.

(3) Employee or leadership concerns.

(4) Corrective actions and/or recommendations.

(5) The participation of the union representative.

d. If requested by the CMO or Operational Unit, the SOH Assessor will assist in the development of Corrective Actions Requests (CARs). SOH does not issue CARs.

e. Follow-up will be submitted every 30 days, at a minimum, until abatement is accepted.

7.3. WORKSITE INSPECTIONS BY EXTERNAL ENTITIES.

a. CMOs may be inspected by external entities. These entities include but are not limited to local, state, and federal environmental, safety, and health agencies. CMOs will have a completed OSHA Reception Plan on file (located on the resource page).

b. In such cases, local leadership will:

(1) Execute OSHA Reception Plan.

(2) Ask the official for and verify their credentials.

(3) Notify OSHA inspector that DCMA has a HQ Safety Office available.

(4) Contact DCMA Safety Center, Safety and Occupational Health Division of the visit.

(5) Forward any potential notices of violation to the DCMA Safety Center for review and approval, before any response is submitted.

SECTION 8: MISHAP NOTIFICATION, REPORTING, AND RECORD KEEPING

8.1. MISHAP NOTIFICATION, REPORTING, AND RECORD KEEPING.

a. DCMA must follow mishap procedures outlined in DoD Instruction 6055.07 and Part 1904 of Title 29, CFR.

b. All DCMA employees must report any work-related injury or illness to their supervisor.

c. Deployed DCMA personnel will report any mishap resulting in an injury or illness to local OCONUS unit safety representative, their current DCMA supervisor, and their DCMA Combat Support Center Point of Contact. The current DCMA supervisor will process the Mishap Report Form.

d. Supervisors must:

(1) Ensure employees promptly report any work-related injury or illness.

(2) Assist in the mishap investigation process for subordinate employees.

(3) Assist in implementation of corrective actions.

e. The first response following a mishap is to ensure first aid is provided to affected personnel and emergency services (i.e., medical response, police, fire, etc.) are notified, as required.

f. Reporting requirements and time constraints.

(1) Any work-related fatality must initially be reported to SOH immediately by phone or encrypted email until receipt of information is confirmed. Subpart 1904 of Title 29, CFR SOH must report fatalities to OSHA within 8 hours and potentially begin investigations.

(2) Any work-related mishap resulting in an inpatient hospitalization, amputation, and/or loss of an eye, must initially be reported to the SOH within 8 hours by phone or encrypted email until receipt of information is confirmed. Subpart 1904 of Title 29, SOH must report these types of mishaps to OSHA within 24 hours.

(3) All other work-related mishaps resulting in injury, illness, or property damage must initially be reported within one business day of the event via encrypted email to SOH.

(4) After initial notification, the supervisor must submit the completed DCMA Mishap Report Form within five business days of the event via encrypted email to SOH.

g. Upon notification of a mishap, SOH will investigate the mishap to ascertain the root cause to help prevent future occurrences and provide corrective actions, when applicable.

h. DCMA mishap reports contain privileged safety information. Privileged safety information will:

(1) Be used for safety purposes only. Mishap data is used to complete OSHA Forms 300, "Log of Work-Related Injuries and Illnesses" /300-A, "Summary of Work-Related Injuries and Illnesses," per 29 CFR 1904.35.

(2) Not be used to support disciplinary or adverse administrative action, to determine misconduct or line-of-duty status of any personnel, or as evidence before any evaluation board.

(3) Not be used to determine liability in administrative claims or litigation, whether for or against the Government.

i. SOH will not initiate punitive actions against an employee for safety violations.

(1) Punitive action is a supervisory and leadership function.

(2) A separate, non-SOH investigation should be conducted for these purposes.

(3) DCMA leadership will not use SOH-related materials to assess punitive actions.

SECTION 9: FALL PROTECTION PROGRAM

9.1. FALL PROTECTION PROGRAM.

a. The DCMA Fall Protection Program applies to DCMA employees required to work at heights of 4 feet or over:

(1) In or around manholes or floor-openings.

(2) Unprotected walk/work areas more than 4 feet from the ground.

(3) On working platforms, aerial lifts, scaffolding or similar lifting devices.

(4) Involving the use of a fall protection device.

b. DCMA does not provide fall protection equipment. Equipment should be provided by the contractor.

c. Supervisors will:

(1) Ensure employees complete required computer-based safety training courses on fall protection.

(2) Ensure employees complete contractor provided fall protection training includes:

(a) Work in/around manholes, unprotected operations above 4 feet, the use of working platforms, scaffolding, etc.

(b) Proper donning/doffing of fall protection devices.

(c) Fall protection device inspection criteria.

(d) Tagout procedures for defective devices.

(e) Pre-use inspections of lifting devices to include ladders.

(3) Ensure training is documented.

(4) Ensure employees required to use personal fall arrest equipment in the performance of their duties have been designated in writing by the Commander/Director using the Fall Protection Designation Letter.

(5) Conduct quarterly fall protection spot checks or validate spot checks are being conducted to review site-specific contractor fall protection program training and fall protection equipment compliance where DCMA personnel are working at an unprotected height above 4

feet utilizing the Fall Protection Audit Checklist (located on the resource page.) Present year and previous years'checklist must be kept on file as a deliverable for the CMO Self-Assessment.

d. Employees must:

(1) Identify working at unprotected heights on the DCF and JHA.

(2) Complete all required SOH and contractor provided training.

(3) Follow contractor procedures.

(4) Report program deficiencies to supervisor and SOH.

(5) Ensure manholes or floor-openings are guarded prior to working near these areas.

(6) Ensure guardrails are installed on platforms above four feet, or use fall protection devices when guardrails are not provided.

(7) Inspect fall protection devices to include safety harnesses, lines, tie off points, ladders, etc., prior to use.

e. DCMA employees must not drive or operate aerial lifts, powered platforms, etc. Qualified and trained contractor employees will operate these devices.

9.2. LIFTING DEVICES AND FALL ARREST SYSTEMS.

a. DCMA personnel cannot enter a lifting device unless:

(1) An appropriate fall protection device is provided.

(2) An overhead tie off point has been identified.

(3) There is no other safe means to perform the DCMA operation or job function.

(4) Another approved fall protection plan is provided. SOH must approve alternative fall protection plans for DCMA personnel.

b. When an employee utilizes a personal fall arrest system (or similar device), the employee must:

(1) Ensure the device is the correct size for their body type.

(2) Ensure lanyards have self-locking snap hooks.

(3) Only use shock-absorbing or retractable lanyards.

(4) Use lanyards of appropriate length and type for height and operation.

(5) Inspect all personal fall arrest systems prior to use.

(6) Understand the fall hazards associated with the specific job operation.

(7) Maintain communication with crew in the lifting device and/or on the group.

(8) Understand the proper use; don/doffing procedures, etc.

c. Where DCMA employees are required to work at unprotected heights, SOH staff will:

(1) Evaluate the contractor's fall protection program using the Fall Protection Audit Checklist (located on the resource page).

(2) Review the contractor's fall protection program again when the process changes or in the event of a mishap or near miss involving fall protection.

SECTION 10: PERMIT-REQUIRED CONFINED SPACE (PRCS) PROGRAM

10.1. PRCS PROGRAM. This section applies to DCMA employees entering a PRCS in the course of their assigned duties. DCMA employees should implement the hierarchy of controls to eliminate or reduce the risk associated with entry into PRCS.

a. Commanders/Directors and supervisors will inform SOH personnel of any local PRCS requirements under their jurisdiction.

b. If an OCONUS contractor is not required to meet OSHA standards for a PRCS Program, Commanders/Directors in coordination with SOH must develop a PRCS Program for DCMA employees.

c. Supervisors will:

(1) Conduct quarterly PRCS spot checks or validate spot checks are being conducted utilizing the PRCS Audit Checklist (located on the resource page) and keep on file as a deliverable for the CMO Self-Assessment.

(2) Ensure employees identify PRCS entry on their most current JHA, DCF, and are current in all MSP requirements.

(3) Ensure employees meet PRCS awareness training and contractor site-specific PRCS training.

(4) Ensure employees required to enter PRCS in the performance of their duties have been designated in writing by the Commander/Director using the Qualified Permit-Required Confined Space Entry Personnel Designation Letter.

(5) Ensure all employees adhere to all contractor safety requirements.

(6) Notify SOH when there is a change to the contractor's PRCS entry program, identification of new PRCS hazards, and/or report of any PRCS near miss or mishap.

d. DCMA employees will not perform duties as a PRCS Attendant, PRCS Rescue Team or PRCS Supervisor as defined by Subpart 1910.194 of Title 29, CFR.

e. Employees entering PRCS will:

(1) Identify entry into PRCS on DCF and JHA.

(2) Complete all required training prior to PRCS entry.

(3) Understand and adhere to contractor PRCS program procedures.

(4) Report irregularities or deviation from the contractor PRCS program procedures.

f. SOH will:

(1) Evaluate the contractor's PRCS program using the PRCS Audit Checklist (located on the resource page).

(2) Review the contractor's PRCS program again when the process changes or in the event of a mishap or near miss involving PRCS entry.

SECTION 11: PERSONAL PROTECTIVE EQUIPMENT (PPE) PROGRAM

11.1. PPE PROGRAM.

a. DCMA employees are required to use PPE when:

(1) The contractor requires PPE.

(2) Identified on a related DCMA JHA.

(3) Required by local DCMA leadership.

(4) Mandated by local, state, or federal regulation.

b. PPE will be provided by the requesting CMO, with exceptions, at no cost to the employee within recommended Agency cost thresholds (located on the resource page).

c. DCMA PPE Procurement Process.

(1) An employee requests PPE by completing the DCMA PPE Request Form. The form will be submitted to the immediate supervisor and CDSA.

(2) The supervisor and/or CDSA will review the employee's PPE request and submit the form to SOH.

(3) SOH reviews type and kind of PPE for the hazard. SOH will validate the PPE request by reviewing the employee's safety training, related JHA, DCF, and MSP compliance. SOH will return completed documents to the requestor.

(4) The purchase or reimbursement process is controlled locally.

(5) The supervisor and employee verifies all PPE meets or exceeds appropriate OSHA requirements and national consensus standards (i.e., American National Standards Institute, International Safety Equipment Association, American Society for Testing and Materials (ASTM) International, etc.), is appropriate for the hazard, and the employee knows why to wear, how to wear, how to inspect it, PPE limitations, care, and disposition.

d. Employees may purchase and utilize their own PPE, but may not use the PPE until validated by immediate supervisor. In this situation, employees and supervisors must still follow the PPE Procurement Process.

e. After PPE has been issued or obtained the supervisor and employee will ensure the DCMA PPE Request Form is completed and filed.

SECTION 12: MATERIAL HANDLING EQUIPMENT, NEW TECHNOLOGY, AND LOCKOUT/TAGOUT

12.1. MATERIAL HANDLING EQUIPMENT, NEW TECHNOLOGY, AND LOCKOUT/TAGOUT.

a. Material handling equipment includes hoists, product lifts, and cranes. DCMA employees working in and around material handling equipment will verify the equipment (i.e., hooks, slings, hoists, and other material handling equipment parts) is in good working condition prior to conducting oversight or product review while the device is under load; and ensure the risk associated with the tasks are assessed and proper controls are in place to reduce the risk (e.g., conducting work only when product is not under load).

b. Employees must immediately notify the supervisor and SOH of the use of new technology or unregulated processes and conduct a thorough risk assessment using the JHA.

c. Employees working in or around equipment requiring lockout or tagout devices to safeguard employees from unexpected energization or startup of machinery and equipment, or the release of hazardous energy (e.g., mechanical, electrical, hydraulic, pneumatic, chemical, or thermal) during service or maintenance activities will:

(1) Review the contractor's lockout/tagout program and provide a copy of the program to SOH.

(2) Complete contractor lockout/tagout training as an authorized or affected employee.

(a) Authorized employees must be trained to recognize hazardous energy sources, the type and magnitude of hazardous energy sources in the workplace, and energy control procedures.

(b) A completion certificate or other form of documentation of completion must be provided to the supervisor.

(3) Inspect the lockout/tagout device to ensure the energy has been restricted.

SECTION 13: HAZARD COMMUNICATION (HAZCOM) PROGRAM

13.1. PROGRAM REQUIREMENTS.

a. DCMA does not maintain an inventory of hazardous chemicals and is not required to have a written HAZCOM Program.

b. Employees exposed to hazardous materials by inhalation, ingestion, or dermal contact (e.g., flammable gases, silica dust, and liquid fuels) will:

(1) Document hazardous materials on the JHA and DCF.

(2) Complete required HAZCOM training.

(3) Review and understand the contractor's HAZCOM program.

(4) Review applicable Safety Data Sheets (SDSs).

(5) Understand safe handling, storage, and labeling requirements.

(6) Use required PPE.

(7) Report accidental chemical exposures to SOH.

c. Contractors will:

(1) Provide HAZCOM procedures and SDSs for DCMA review.

(2) Provide the following site-specific information on:

(a) Emergency evacuation requirements for applicable chemicals.

(b) Additional hazardous properties of chemicals (i.e., mixtures) specific to the facility.

(c) Protective measures for the hazardous materials.

d. Eyewash stations and/or showers must be provided in the immediate work area where an employee's eyes or body may be exposed to injurious corrosive materials (as indicated by the SDS). Prior to potential exposure to injurious corrosive materials, DCMA employees will ensure the:

(1) Contractor has provided an eyewash station and shower (as applicable).

(2) Eyewash station and shower are easily accessible and within 10 seconds of the work area.

(3) Path to the eyewash station and shower is unobstructed.

(4) Eyewash station and shower are in good working condition.

SECTION 14: OFFICE AND LIFE SAFETY (OLS) PROGRAM

14.1. OLS PROGRAM.

a. The OLS Program addresses workplace hazards experienced in the course of a normal workday. Hazards may include structural fires; electrical safety; slip, trip, or fall hazards; and indoor air quality issues.

b. The CMO must execute and retain the OLS Checklist (located on the resource page) annually for all CMO office locations.

c. Indoor environmental quality (IEQ) refers to the quality of a building's environment in relation to the health and well-being of those who occupy space within it. IEQ is determined by many factors including lighting, temperature, air quality, and damp conditions. To assist with preventing poor IEQ, all DCMA employees must:

(1) Report leaks or water incursion in the workplace to their supervisor or persons responsible for building maintenance immediately and notify SOH via the Hazard Reporting Process for significant leaks or water incursion. Porous building materials wet from leaks or flooding should be dried within 48 hours to prevent mold growth.

(2) Refrain from the use of scented aerosols, perfume, oils, incense, and sprays in the workplace with the potential to cause adverse reactions such as asthma, upper respiratory symptoms, and headaches.

(3) Never apply pesticides in the worksite to include over-the-counter pesticide products, pyrethrins, Chlorfenapyr, diatomaceous earth, boric acid, and cold pressed neem oil.

d. Commanders/Directors will ensure:

(1) Movable workstations or furniture are arranged to allow egress in an emergency and prevent slips, trips, and falls

(2) Walkways and workstations are free of physical hazards such as cords across walkways, leaving low drawers open, and objects falling from overhead.

(3) Walkways and pathways to/from the building are maintained to prevent slip, trips, and fall hazards, to include a Rain and Ice Management Plan (if applicable).

(4) Emergency management plans and fire prevention equipment meet or exceed local, state, and federal regulations.

(5) At minimum hearing distance, fire alarms must not exceed 110 decibels A-weighted (dBA). Therefore, disposable earplugs should not be provided or used during evacuation. The use of disposable earplugs may delay evacuation in the event of an emergency.

(6) Alarm evacuation signals are different from shelter-in-place signals.

SECTION 15: ERGONOMICS PROGRAM

15.1. ERGONOMICS PROGRAM.

a. Work-related musculoskeletal disorders (WMSDs) are costly and can significantly reduce worker productivity and morale. WMSDs are preventable through engineering controls and safe work practices. The Ergonomics Program will apply controls and work practices to eliminate WMSDs.

b. Employees must complete the ergonomics computer-based training course.

c. Employees must complete the Ergonomic Self-Evaluation Form, found on the resource page, for their assigned workstations. A new Ergonomic Self-Evaluation Form must be completed if an employee is assigned a new workstation.

d. Supervisors must have a completed Ergonomic Self-Evaluation Form on file for each employee.

e. DCMA Facilities will coordinate with SOH when selecting workstation desks and chairs to ensure the furniture will adjust to fit the majority of workers.

f. Employees must not lift more than 44 pounds in a single load without mechanical assistance or the aid of co-workers. Reduced weight limits may be appropriate for some employees.

g. Employees can report concerns of WMSDs or unresolved conditions through the SOH online hazard report survey or by submitting the completed Ergonomic Self-Evaluation Form with specific concerns to SOH.

h. Foot rests and wrist rests will be provided by the appropriate component or CMO when requested by a DCMA employee.

i. DCMA employees with a medically documented musculoskeletal disorder can request certain types of ergonomic equipment through the Reasonable Accommodation process managed by the DCMA Disability Program Office under the Equal Employment Opportunity Office.

SECTION 16: AUTOMATED EXTERNAL DEFIBRILLATOR (AED) PROGRAM

16.1. AED PROGRAM. The DCMA AED Program will follow guidelines for the placement of AEDs in Federal facilities in accordance with Page 28495 of Volume 66, Federal Register (FR).

a. Acquisition of AEDs within DCMA.

(1) Commanders/Directors who desire to place an AED in their facility will:

(a) Prepare and forward an AED request package to SOH for acquisition.

(b) Appoint an AED OSC for each geographical location with an AED.

(2) SOH will consider the AED request and, if approved:

(a) Procure an AED with headquarters DCMA funds.

(b) Include the AED into the medical prescription coverage by the medical contractor.

(c) Brief the AED OSC on their program responsibilities.

b. DCMA volunteer responders will:

(1) Complete a blood borne pathogens and first aid training computer-based class biennially prior to receiving AED and cardiopulmonary resuscitation (CPR) certification or recertification.

(2) Receive initial and periodic training in adult CPR and AED usage.

(a) This training will meet the requirements for, and result in, certification by the American Red Cross or the American Heart Association.

(b) The training and certification may be obtained through SOH's medical contractor or may be obtained locally through various commercial or volunteer sources approved by the medical contractor.

(3) Contact the AED OSC after each use of the AED in rendering assistance to others. The AED contains an electronic memory, which must be downloaded by personnel designated by SOH.

(4) Volunteers may contact the MSP Manager regarding any post response exposures.

c. The AED OSC will:

(1) Upon appointment, verify the AED inventory with the DCMA AED Program Manager.

(2) Notify the AED Program Manager and the medical contractor in the event the AED is used in an emergency.

(3) Maintain an AED Program in accordance with the contractor-provided site-specific protocol and program requirements including submission of completed checklists (located on the resource page) to the medical contractor through the SOH Division.

(4) Maintain serviceable AED equipment in accordance with the manufacturer and contractor's instructions.

(5) Conduct at least one mock AED exercise per year and provide documentation of the exercise to the medical contractor through the SOH Division.

(6) Manage the AED volunteer cadre including enrollment in required blood borne pathogen and first aid awareness-level computer-based training.

SECTION 17: MANAGEMENT OF EMPLOYEE MEDICAL FOLDERS (EMF)

17.1. MANAGEMENT OF EMFs.

a. All DCMA EMFs will include a DD Form 2005, "Privacy Act Statement - Health Care Records," signed by the affected employee.

b. Employees may obtain a copy of their EMF upon request to the DCMA Agency EMF Manager.

c. All EMFs will be used, maintained, and disclosed in accordance with Systems of Records Notice OPM/GOVT-10, Page 35360 of Volume 71, FR.

d. Upon in-service death, retirement, or separation from Civil Service, the EMF will be maintained inactive onsite for three years. A final entry will be placed on the Standard Form (SF) 600, “Chronological Record of Medical Care,” (or equivalent) clearly identifying the “not earlier than” destruction date for the medical folder. For those in the DCMA lead MSP, the date of destruction will be established as 40 years after separation; for all other medical folders, the date of destruction will be established as 30 years after separation.

e. After the three-year inactive maintenance period, the EMF will be forwarded to the , National Archives and Records Administration for storage, in accordance with Subpart 1910.1020 of Title 29, CFR and DoD Directive 5400.11.

f. EMFs will be destroyed by the National Archives and Records Administration 75 years after the birth date of the employee, 60 years after the date of the earliest document in the folders (if the date of birth cannot be ascertained), or 30 years after the latest separation, whichever is later in accordance with DoD Instruction 6055.05. The exception to this is those EMFs pertaining to employees who were in the Lead MSP, which will be retained for at least 40 years, or for the duration of employment plus 20 years, whichever is longer, in accordance Subpart 1910.1020 of Title 29, CFR.

g. In the event records containing personal information are lost, stolen, or compromised, the affected employee will be promptly notified of any loss, theft, or compromise in accordance with DoD Directive 5400.11.

(1) The notification will be made no later than 10 working days after the loss, theft, or compromise is discovered and the identities of the affected employees are ascertained.

(2) If the affected employees cannot be readily identified, a generalized notice to the potentially impacted employee population will be disseminated by a method deemed most likely to reach affected employees by the Agency EMF Manager.

SECTION 18: MEDICAL READINESS PROGRAM (MRP)

18.1. MRP. The DCMA MRP is intended to provide medical oversight and guidance to DCMA employees who deploy, transfer, and/or travel OCONUS in an official capacity.

a. All DCMA employees who plan to deploy/Permanent Change of Station (PCS)/Temporary Duty (TDY)/travel OCONUS on official duty will contact the Medical Readiness Team (MRT) for medical readiness information, including immunizations, health advice while overseas, and DoD medical Operational Unit command requirements for country entry. Contact will be made as soon as possible whenever deployment/PCS/TDY/OCONUS travel plans are made to ensure adequate time for a thorough preparation of the traveler. Information is provided based on the COCOM/country clearance requirements and recommendations from the State Department, Center for Disease Control and Prevention, and Travax.

b. The MRT will provide to employees planning for deployment into areas of responsibility (AORs) for US Central Command (CENTCOM), US Africa Command (AFRICOM), US European Command (EUCOM), US Northern Command (NORTHCOM), U.S. Pacific Command (PACOM), or any other DoD AOR:

(1) Health clearance requirements.

(2) Coordination with the **Medical Contractor** for vaccinations and prophylactic medications.

(3) Information on emergency medical facilities.

(4) Advice on food and water precautions during travel.

(5) Advice on general health threats in the travel area.

(6) Assistance with completing any needed medical waiver documentation per COCOM requirement.

c. The MRT will communicate to employees hired into the Agency's CRF all required medical testing and qualifications for deployment into COCOM area and assist these employees with any medical waiver requirements.

d. The Selecting Official, Hiring Manager, and/or Supervisor will:

(1) Identify all medical standards, physical requirements and environmental factors on the Request for Personnel Action and position description when filling a position with conditions of employment, including, but not limited to any medical requirements, confined space entry, or respiratory protection.

(2) Ensure selectees have met all medical standards or a waiver or reasonable accommodation is in place, prior to an entry on duty date being established.

(3) Ensure required medical standards as described in the position description are maintained by the employee or a waiver/reasonable accommodation remains valid (e.g. undergo annual medical and dental examinations, meet COCOM standards of fitness, receive required immunizations, etc.).

(4) Contact the MRT if current employees with medical physical standard requirements are injured on or off-duty. Supervisors will coordinate on-duty mishap reports as normally required identifying the employee as CRF.

e. The Army Servicing Team (AST) will:

(1) Advise management and employees on all physical requirements, medical standards, or unique medical requirements including immunization requirements, applicable AOR guidance, and country entry requirements.

(2) Ensure required medical standards, physical requirements, and environmental factors identified by management are specifically listed in the position description under "Physical Demands" and "Work Environment."

(3) Ensure all unique medical standards, physical requirements, environmental factors, examinations, and immunizations are advertised in the Job Opportunity Announcement (JOA). The JOA will contain a link to COCOM standards and a handout of non-waiverable conditions.

(4) Counsel employees on all pre-deployment and post-deployment or permanent change of duty station health activities as required.

(5) Ensure the tentative job offer states the job offer is contingent upon successfully meeting all medical standards for the position.

(6) Advise all selectees residing in the CONUS that physical exams are performed through a **Medical Contractor**.

(7) Coordinate with MRT for all selectees residing OCONUS.

(8) Notify the selecting official/hiring manager to determine the best course of action when a selectee is deemed not medically qualified or fails to meet any of the required medical standards .

(9) Withdraw the tentative job offer after coordination with the selecting official/hiring manager and HC approval if a waiver or reasonable accommodation cannot be granted.

(10) Forward all medical documentation received to the MRT.

(11) Notify the permanent duty travel team when candidates are medically cleared so orders may be issued.

f. The DCMA Permanent Duty Travel Team will:

(1) Prepare PCS orders for employees performing permanent duty travel.

(2) Distribute PCS orders to employees only after medical requirements are met.

g. DCMA International and DCMA Information Technology will:

(1) Track all tour rotation dates for employees hired for permanent duty station in the CENTCOM AOR and notify MRT of any extensions.

(2) Ensure all employees adhere to medical clearances for permanent duty assignments and temporary duty assignments 28 days or more.

(3) Ensure employees maintain medical standards (e.g. undergo annual medical examinations, receive required immunizations, etc.).

(4) Ensure OCONUS permanent duty station employees assigned to CENTCOM positions are sent TDY enroute through a deployment center or in-country medical treatment facility to obtain immunizations not available from Medical Contractor. Employees will not proceed to the AOR without starting required immunizations.

h. Current CRF DCMA Employees will:

(1) Notify the MRT 90 days prior to employee exam expiration. Medical clearances remain valid for 12 months.

(2) Complete exam through Medical Contractor prior to the expiration date.

(3) Complete the DD Form 2795, Pre-Deployment Health Assessment, within 120 days of expected deployment.

(4) Maintain communication with the MRT with regards to appointment status, report any changes in health status impacting their ability to meet COCOM medical requirements (to include injuries on or off duty), and provide all required documentation from personal physicians/specialist needed to ensure COCOM medical clearance to meet conditions of employment.

i. All employees working in the CENTCOM theater for 28 days or more must complete a medical examination to determine medical, psychological, and physical fitness in accordance with the CENTCOM medical standards. All employees traveling for any period of time to theater must receive applicable immunizations. In addition, employees working in the CENTCOM AOR for more than 12 months must remain current during the entire assignment and

be re-evaluated for fitness to deploy every 12 months to stay deployed. Employees assigned to other locations must follow applicable COCOM, AOR guidance, and country entry requirements including immunization requirements.

j. CRF position selectees will receive a tentative job offer letter informing the selectee of the medical standards that must be met and maintained as a condition of employment throughout employment in the offered position. If the CONUS based selectee accepts the tentative offer, AST will schedule a medical exam through the Medical Contractor. For OCONUS based selectees, AST will advise the selectee to schedule the medical exam and immunizations through a private provider based on applicable requirements. AST will coordinate the completed exam results through the MRT via email to receive medical clearance by the Medical Contractor. The position description, physical requirements, environmental factors, and any country or AOR requirements must be provided to the MRT for submission to the medical contractor.

(1) After medical clearance is received, MRT will schedule immunizations to be accomplished through the Medical Contractor. Immunizations not available through the Medical Contractor will be provided at a deployment center or in-country medical treatment facility.

(2) Dental examination and clearance will be provided through a personal dental provider when required.

k. Reimbursement for medical examination.

(1) The cost of an authorized examination by a private physician may only be reimbursed when no medical contractor medical examiners are available or the workload at the medical contractor facility precludes scheduling a timely medical examination.

(2) MRT must provide the authorization for reimbursement to the selectee in writing before a private physician is consulted. If reimbursement is authorized, individuals must obtain an itemized receipt for medical services, pay the bill when received, and then submit the claim for reimbursement. The claim for reimbursement is initiated upon the employee's arrival at the duty location for new employee's or after processing for current employees.

(3) Reimbursement will not be authorized if individuals voluntarily elect to use a private physician rather than an available medical contractor facility, nor will the results of the physical exam be accepted to meet conditions of employment.

(4) Subsequent testing, co-pays, appointments, and or document fees incurred by employees deemed not medically qualified are the responsibility of the employee or applicant.

l. Waiver process for deployment in the CENTCOM AOR.

(1) If a selectee is found to be not medically qualified based on a deployment physical, the MRT will determine the appropriateness of a medical waiver based on CENTCOM guidance.

(2) If a medical waiver is determined to be appropriate by the MRT, the MRT will contact the applicant/employee to determine their desire and commitment to pursue a waiver(s). If the applicant/employee is agreeable, MRT will prepare and submit the medical waiver request package to the CENTCOM Surgeon for decision. Medical waiver approval authority resides with the CENTCOM Surgeon.

(3) Medical waivers remain valid for the length of time approved by CENTCOM.

(4). If a medical waiver is not granted by CENTCOM, the MRT notifes the AST, Human Capital, and the DCMA Deployment Cell of employee status for their disposition.

m. CRF employees will complete the DD Form 2900, Post Deployment Health Re-Assessment.

(1) 75 days after returning to their home station, MRT notifies the CRF employee to complete and submit the DD Form 2900 between 90-180 days from their redeployment date.

(2) Prior to redeployment; CRF employees iniate the DD Form 2900 in country and provide a copy of the form to the MRT.

(3) MRT submits the completed DD Form 2900 to the medical contrator for action.

(4) The medical contractor reviews the DD Form 2900, and makes a medical recommendation to refer the CRF employee to the appropriate healthcare provider and OWCP for further treatment, when warranted.

(5) MRT provides employee with the recommendations and documents follow-ups.

n. DCMA International employees assigned to a COCOM.

(1) Employees must complete a thorough medical examination to determine medical, psychological and physical fitness in accordance with COCOM medical standards.

(2) Medical clearances remain valid for 12 months. Clearance for employees with a medical waiver must be re-evaluated annually for fitness to remain deployed.

(3) Employees in theater who do not have a medical waiver will be offered the option of having an annual physical at government expense.

(4) Dental clearances are valid for 12 months and must remain current during the entire assignment.

(5) Pre-deployment immunizations will be provided to the employee prior to PCS assignment. Immunizations records will be submitted to the MRT annually for review. All employees are required to comply with immunization requirements for the COCOM.

(6) All TDY personnel must comply with the COCOM requirements and Foreign Clearance Guide for the countries to which they are traveling.

(7) The determination of fitness specifically includes the ability to accomplish the tasks and duties unique to a particular operation, and the ability to tolerate the environmental and operational conditions of the deployed location, including wearing protective equipment and use of required prophylactic medications. Minimum standards include the ability to wear respiratory protective equipment and other chemical/biological personal protective equipment.

(8) Employees must carry all required medical documentation to theater.

(9) Employees must in-process at the military health clinic upon arrival in theater.

SECTION 19: MEDICAL SURVEILLANCE PROGRAMS (MSP) AND MEDICAL MONITORING

19.1. MSPs. The DCMA MSPs are implemented due to statutory requirements, to ensure employees meet medical clearance standards for performing their duties in a specified worksite environment, and/or to document and evaluate employee exposures to hazardous substances where a statutory requirement for surveillance may not exist.

a. DCMA employees in industrial work environments must complete a DCF detailing occupational exposures or lack thereof upon reporting to a new work area. A new DCF will also be completed when exposures change.

b. Employees are enrolled in specific MSPs based on their submission of a DCF to the DCMA MSP Manager and subsequent validation by a DCMA IH.

c. Specific procedures for each MSP are established by the Occupational Health Physician in accordance with DoD Instruction 6055.05, DoD Manual 6055.05, DoD Instruction 6055.08, DoD Instruction 6055.12, DoD Instruction 6055.15, and Part 1910 of Title 29, CFR.

19.2. MEDICAL MONITORING. Medical monitoring, sometimes called biological monitoring, is used in conjunction with a MSP to assess occupational exposures and health risks to employees. Measurements are taken of certain factors in the biological media (e.g., urine, blood, exhaled air, etc.) of the affected employee. The results are evaluated by the occupational health professional to assist in determining the need for further medical evaluation and to help determine the adequacy of engineering controls, work practices, and PPE. Medical monitoring complements the collection of IH samples (personal and area) in the worksite environment. In some cases, medical monitoring may be required under Federal regulation. In other cases, medical monitoring may be required as due diligence in effectively providing a safe and healthful worksite for DCMA employees.

a. DCMA employees may be identified for potential medical monitoring based on:

(1) The results of a medical surveillance examination.

(2) The results of an IH survey documenting worksite conditions.

(3) The entries reported by the employee on a DCF (link located on the resource page), verified by the supervisor, and validated by the DCMA IH (SOH).

b. Once an employee has been identified for potential medical monitoring, the MSP Manager will make the final decision whether to proceed with medical monitoring.

c. The MSP Manager will notify the affected employee and their supervisor of the need for medical monitoring and coordinate with the supporting medical contractor, as needed, for the completion of the monitoring.

d. The employee will participate in the medical monitoring activities, as necessary, providing blood, urine, and other required components at the intervals specified by the MSP Manager.

e. The MSP Manager will ensure the medical monitoring results are properly interpreted by the medical contractor, Occupational Health Physician, or toxicologist, as needed, and consult with the DCMA IH on the interpretation.

f. The MSP Manager will:

(1) Post the results to the employee's DCMA EMF.

(2) Within 15 working days after receipt of the results (within 5 working days for medical monitoring for lead exposures if the blood lead level is at or above 40 µg/dL), provide the results of the medical monitoring to the employee, in writing. Whenever the results indicate the representative employee exposure, without regard to respirators, exceeds the American Conference of Governmental Industrial Hygienists Threshold Limit Value (TLV), the MSP Manager will include in the written notice a statement stating the TLV was exceeded and, in coordination with the DCMA IH, provide a description of the corrective action taken or to be taken to reduce exposure to or below the TLV.

(3) Discuss the implications of the results when the results exceed an occupational exposure limit or biological exposure indices with the employee and the supervisor, but without divulging actual test results.

(4) The results of medical monitoring will be used to:

(a) Document the worksite exposure of the employee providing samples.

(b) Apply, on a presumptive basis, those exposure results to other DCMA employees performing similar work in the same facility, or in similar facilities with the same industrial processes.

(c) Evaluate the effectiveness of engineering controls, administrative controls, and PPE in the worksite.

(d) Determine the need for, and scope of, further IH worksite assessments.

SECTION 20: HEARING CONSERVATION PROGRAM (HCP)

20.1. HCP. Enrollment in the DCMA HCP is required for employees with specified noise exposures in accordance with Subpart 1910.95 of Title 29, CFR and DoD Instruction 6055.12 "Hearing Conservation Program (HCP)."

a. Enrollment in HCP. In accordance with DoD Instruction 6055.12, the following DCMA employees will be enrolled in the DCMA HCP, based on their occupational exposures:

(1) Those exposed to continuous and intermittent noise (20 Hertz (Hz) to 16 Kilohertz (KHz)) with an 8-hour time-weighted average of 85 dBA or greater.

(2) Those exposed to impulse noise sound pressure levels (SPLs) of 140 decibels peak (dBP) or greater.

(3) Those exposed to ultrasound SPLs, of any duration:

(a) At or above 80 dBA at the 10 KHz, 12.5 KHz, or 16 KHz one-third octave band center frequencies:

(b) At or above 105 dBA at the 20 KHz one-third octave band center frequency:

(c) At or above 110 dBA at the 25 KHz one-third octave band center frequency:

(d) At or above 115 dBA at the 31.5 KHz, 40 KHz, or 50 KHz one-third octave band center frequencies.

b. DCMA HCP metrics will include, but are not limited to, significant threshold shift (STS) rates and audiogram completion rates.

c. Age corrections will not be applied to STSs when reporting work-related injuries and illnesses in accordance with Part 1904 of Title 29, CFR.

20.2. NOISE ASSESSMENTS.

a. IHs will assess noise in all potentially hazardous noise work areas initially and reassess when operations change using the risk management process.

(1) Continuous and intermittent noise levels, including noise dosimetry, will be measured using A-weighting, slow response, integrating all sound levels from 80 dBA to 140 dBA, using a time-intensity exchange rate of 3 decibels (dB).

(2) Peak responses noted during evaluation of continuous and intermittent noise levels may be recorded, but will not be reported without an explanation of the implications of peak readings for the instrument concerned.

(3) Impulse noise levels will be measured using C-weighted responses.

(4) Area monitoring may be used as a screening tool to determine potential personnel exposure.

(5) Personal noise monitoring should be conducted for the entire length of the employee's work shift.

(6) If ototoxins are present in the worksite, their presence will be recorded in the noise assessment report.

b. Instrumentation. Noise measurement instrumentation will meet or exceed the requirements of DoD Instruction 6055.12. The instrumentation, including acoustical calibrators, will be subjected to a complete electro-acoustic calibration no more than one year before a noise survey.

20.3. LABELING AND TRAINING.

a. Demarcation and labeling of DCMA-owned property/equipment.

(1) All potentially hazardous noise areas (see Glossary) must be clearly identified by signs located at their entrances or boundaries. Signage will comply with DoD Instruction 6055.12.

(2) Each tool or piece of equipment, including vehicles, producing noise levels greater than 85 dBA will be conspicuously marked to alert personnel of the potential hazard, unless the entire space is designated as a hazardous noise area and the equipment is stationary.

b. Training. In accordance with Subpart 1910.95 of Title 29, CFR, all DCMA employees working in hazardous noise environments will receive annual training in the proper selection, fit, use, and care of personal hearing protectors and be able to demonstrate a proper fitting technique.

20.4. SELECTION AND USE OF HEARING PROTECTION.

a. The goal of hearing protection is to reduce the noise level of the employee to at least 85 dBA, but not less than 70 dBA. If the perceived noise level cannot be reduced to 85 dBA, other controls are required.

b. The Noise Reduction Rating (NRR) on the packaging label of the hearing protection may be used as a guide in the selection of appropriate hearing protection. However, the following de-rating method will be used to determine the level of protection likely to be provided by the hearing protector.

(1) Subtract 7 dB from the NRR value.

(2) Multiply the result by a factor based on the type of hearing protector. If the hearing protector is a set of earmuffs, multiply by 0.75. If the hearing protectors are foam earplugs, multiply by 0.50. If the hearing protectors are other types, including multiple-flange pre-formed earplugs and ear canal caps, multiply by 0.30.

(3) The result will be the decibel reduction in perceived noise levels most employees should expect to experience if using the specified hearing protector.

(4) It is not appropriate to apply the de-rating procedure to custom earplugs, which have been molded to fit the employee's individual ear canals.

c. If an employee wears earmuffs at the same time as earplugs (dual protection), use the NRR de-rating method to determine the decibel reduction in perceived noise levels for the earplugs, then add an additional reduction of 5 dB for the earmuffs.

d. Hearing protection is required to be worn whenever continuous, steady-state noise levels are 85 dBA or greater in the worksite, or when impulse noise is greater than 140 dBA.

(1) Dual protection (earmuffs and earplugs at the same time) is required whenever continuous worksite noise exceeds 100 dBA for any duration.

(2) While wearing dual protection, continuous noise exposures will not exceed 115 dBA without the application of other control measures.

(3) If the use of PPE and the application of control measures do not reduce the perceived continuous noise level to 85 dBA as an 8-hour time-weighted average, acceptance of the residual risk will be considered by an appropriate authority and documentation of the risk acceptance will be placed in the employee's occupational health record.

SECTION 21: IONIZING RADIATION PROTECTION PROGRAM

21.1. IONIZING RADIATION PROTECTION PROGRAM.

a. The DCMA Ionizing Radiation Protection Program is required by Part 20 of Title 10, CFR, Subpart 1910.1096 of Title 29, CFR and DoD Instruction 6055.08, "Occupational Ionizing Radiation Protection Program." The program applies to all DCMA employees who are occupationally exposed to ionizing radiation, with exceptions identified in DoD Instruction 6055.08. This program includes naturally-occurring radioactive material regulated by the Nuclear Regulatory Commission (NRC) and radon regulated by OSHA.

(1) Occupational and environmental exposures to ionizing radiation will be maintained at a level as low as reasonably achievable with consideration given to efficiency, cost, and mission requirements.

(2) Radiation dosimetry badges within DCMA.

(a) DCMA employees are issued radiation dosimetry badges based on an appropriate DCF submitted by the employee and validated by the DCMA Radiation Protection Officer (RPO) or IH. Under an Interservice Support Agreement, the US Army Dosimetry Center (USADC), formerly known as the US Army Primary Standards Laboratory, provides radiation dosimetry services to DCMA through a Radiation Safety Administrator (RSA).

(b) RSAs (including Mission Partner RSA) will be appointed in writing by the CMO Commander/Director (see resource page).

(c) DCMA-supplied radiation dosimetry badges will be issued to DCMA employees:

1. Working in any area with measureable gamma (or x-ray) radiation meeting or exceeding 2 milliRads per hour (2 mR/hr).

2. Whenever there is a significant potential to exceed 10 percent of the limits identified in Part 20 of Title 10, CFR.

(d) DCMA employees who are certified in Non-Destructive Testing Radiographic Techniques may also be issued radiation dosimetry badges if their current or potential duties are expected to result in one of the scenarios identified.

(e) Reporting and review of dosimetry badge results.

1. Following analyses of dosimetry badges, USADC provides dosimetry data, through an online database, to the DCMA RPO and RSAs on a quarterly basis.

2. The RSA will review the quarterly dosimetry data when it becomes available and will promptly consult the DCMA RPO if dosimetry data meets or exceeds any of the following doses:

a. Shallow dose (monthly or quarterly) of 0.100 Roentgen equivalent man. (REM),

b. Eye dose (monthly or quarterly) of 0.100 REM,

c. Deep dose (monthly or quarterly) of 0.100 REM,

d. Neutron dose (monthly or quarterly) of 0.100 REM; or

e. Lifetime total effective dose equivalent of 5.000 REM.

3. Upon receipt of dosimetry results, the RSA will notify individual dosimetry badge wearers of their measured dose, obtain the employee's signature at the bottom of the applicable USADC Annual/Quarterly History of Exposure to Ionizing Radiation, and sign as the Radiation Safety Officer (RSO).

a. If the employee, for any reason, is unwilling or unable to sign the form, the RSA will enter an appropriate explanation in the employee's signature block.

b. These signed forms will be retained by the RSA until the applicable NRC Form 5, "Occupational Dose Record for a Monitoring Period," is available online from USADC.

4. The RSA will obtain individual signatures electronically or on a printed hard copy of the annual NRC Form 5. The RSA will sign the form as the RSO and mail, fax, or scan and send via encrypted email to the DCMA RPO for inclusion in the employee's occupational health record.

5. The RPO will investigate all monthly or quarterly dosimetry data greater than 0.100 REM, resulting in a report provided to the employee, the employee's supervisor, the RSA, the Agency EMF Manager, and the CMO Commander, as appropriate, and placed in the employee's EMF.

6. The DCMA RPO will periodically review dosimetry data to observe exposure trends, to evaluate the efficient utilization of dosimetry resources, and to produce and maintain metrics based on USADC reports. An annual action summary will be briefed at the DCMA Safety Working Group.

b. NRC Licensee Radiation Protection Program Requirements.

(1) The licensee (usually the contractor) is the holder of a license for material under a general or specific license issued by the NRC.

(2) The licensee must develop, document, and implement a radiation protection program. The program must include suitable and timely measurements of concentrations of radioactive

materials in air in work areas, quantities of radionuclides in the body, quantities of radionuclides excreted from the body, or combinations of these measurements.

(a) DCMA employees must provide copies of licensee measurements, at least annually, to SOH for incorporation into their EMF.

(b) DCMA employees must provide any measurements for the quantities of radionuclides excreted from the body to the MSP Manager. These measurements include oral or nasal swabs, alpha spectroscopy or laser phosphorimeter analysis of fecal/urine samples, or liquid scintillation counting of urine samples.

c. Declaration of pregnancy.

(1) In accordance with Part 20 of Title 10, CFR, all women enrolled in the DCMA Radiation Protection MSP have the right to formally declare their pregnancy (template is on the resource page).

(2) Once the pregnancy is declared, steps will be taken to ensure the radiation exposure to the embryo/fetus will not exceed 0.5 Rem during the entire pregnancy.

SECTION 22: RESPIRATORY PROTECTION PROGRAM

22.1. OVERVIEW.

a. Respirators should only be required when no other engineering or administrative controls can mitigate the risk.

b. DCMA employees who intend to wear a respirator must complete a DCF listing the type of respirator that will be worn and the hazard present necessitating the use of a respirator.

22.2. MEDICAL AND FIT TESTING REQUIREMENTS.

a. Medical Evaluations. DCMA respirator users must be medically evaluated prior to the initial use of the respirator and annually thereafter. The medical evaluation must include:

(1) A medical questionnaire and initial medical examination.

(2) A recommendation to clear or not clear the employee for respirator use.

b. Fit Testing. Fit testing of tight-fitting respirators must be arranged with the contractor prior to respirator use. DCMA employees must be fit tested using the same make, model, style, and size of respirator that will be used. Fit testing must be administered using an OSHA-accepted qualitative or quantitative fit test.

22.3. TRAINING AND USE.

a. Employees must complete a PPE Request Form prior to receiving and using a respirators to ensure the correct respirator is selected based on the hazard. A copy of the contractor's Respiratory Protection Program must be included with the PPE Request.

b. Employees must receive and document annual training on the how to inspect, clean, store, use, and discard the respirator.

22.4. VOLUNTARY USE.

a. A medical evaluation is not required for using dust mask (disposable filtering facepiece respirators) when not required by law. All other voluntary use respirators require medical evaluation prior to use.

b. An improperly used or cleaned respirator may become a hazard to the worker.

c. Respirators must be certified by the National Institute for Occupational Safety and Health and appropriate for the hazard (e.g., a respirator for dust particulate will not protect against gases or vapors from chemicals).

d. Employees must complete a PPE Request Form prior to wearing a voluntary use respirator in the workplace.

SECTION 23: HAZARD PAY DIFFERENTIAL (HPD)

23.1. HPD OVERVIEW.

a. This Section governs the use of HPD to compensate DCMA employees for hazardous workplace exposures, while striving to eliminate or mitigate these exposures.

(1) It implements procedures and assigns responsibilities regarding HPD requests, hazard identification, safety risk assessments, premium pay evaluations, premium pay authorization/termination, personnel actions, and time certification.

(2) The HPD Program is written as it relates to the regulations governing the safety, health, and well-being of DCMA employees.

b. The HPD Program is available to civilian employees during times when they are actually exposed to various degrees of hazard, physical hardship, and working conditions of an unusually severe nature. Authorization of HPD does not eliminate the continuing responsibility of all concerned to initiate positive action to mitigate or remove risk contributing to or causing the hazard, physical hardship, or adverse working condition.

c. The existence of HPD is not intended to condone work practices circumventing Federal, State, or local laws, rules, and regulations. Deviation from these requirements must be approved by the DCMA Commander/Director or designee.

d. Continued operations of HPD tasks must be approved at the appropriate level according to the SOH Risk Acceptance Matrix (located on the resource page).

23.2. IDENTIFICATION OF HAZARDOUS WORKPLACE EXPOSURES.

a. The CMO will submit an HPD Risk Assessment Request and Data Submission Package (located on the resource page) to the DCMA HPD Program Manager for assessment.

(1) If merited, the HPD Manager will coordinate scheduling for the assessment in accordance with DoD Instruction 6055.01.

(2) Each potential HPD location and/or operation requires a separate detailed HPD data submission sheet to be completed and submitted for evaluation.

b. When a potential hazard or actual discomfort is identified in a workplace, first consideration must be given to the protection of the employee.

(1) Protective measures reducing the hazard to the employee and/or relieving discomfort must be implemented, if practicable.

(2) The payment of HPD is a measure applicable in only situations when no available means can reasonably be employed to adequately or appropriately eliminate the hazard or discomfort to acceptable levels.

23.3. RISK ASSESSMENT OF HAZARDOUS WORKPLACE EXPOSURES.

a. Approved HPD operations will be inspected annually when feasible.

(1) The forecasted HPD assessment schedule will be released with the SOH Inspection and Assessment Schedule.

(2) Each HPD Letter of Determination and Continued Operations Risk Acceptance Memo in effect, along with its corresponding HPD Hazard Assessment Report, will be reviewed annually by the DCMA HPD Program Manager to confirm its continued applicability.

(3) The DCMA HPD Program Manager will communicate with the affected DCMA workplaces and employees to ensure the hazardous conditions still exist with designated control measures in place.

(4) A record of these reviews will be maintained by the DCMA HPD Program Manager.

b. New requests for HPD consideration from a CMO must be submitted to the HPD Manager who will provide the CMO an initial notification of receipt.

(1) The HPD Manager will determine:

(a) If the HPD data supports the requirement and intent of Part 550 of Title 5, CFR.

(b) If there is sufficient data for a decision. The HPD Manager will notify the CMO and begin discussions on improving sufficiency of the data for a possible resubmission, if necessary.

(2) Once the HPD Risk Assessment Request is found to be sufficient, CMO leadership and potentially affected employees will ensure all DCMA surveillance activity related to the request is documented on an HPD Surveillance Log (located on the resource page) in order to capture data if HPD is subsequently authorized.

(3) The DCMA HPD Program Manager will coordinate with the CMO to conduct the HPD risk assessment by evaluating operations and workplaces.

(a) The HPD Program Manager may use the Contractor's process documents or operational hazard assessments as the sole, or contributing, basis of evaluation.

(b) The HPD Manager will review information to determine a requirement for an onsite evaluation of workplace operations for exposures to higher risk operations, frequency of exposures, and duration of exposures.

(c) The HPD Manager will confirm an objective requirement for exposures to high-risk operations (e.g., contract-driven, Letter of Delegation, Quality Assurance Letter of Instruction, or other documented requirement), as written in the Government Contract Quality Assurance Surveillance Plan.

(d) As a component of the HPD risk assessment, the HPD Program Manager will assign appropriate RACs to the identified hazards.

(e) In the DCMA application of Part 550.904 of Title 5, CFR, the term "a less than significant level (of risk)" is equivalent to "less than a RAC 2 (Serious) or RAC 3 (Moderate) (one hour duration of exposures with frequency more than 3 times per week)."

(4) Within 45 calendar days of completion of the survey, all field documentation received will be evaluated by the HPD Program Manager, who will provide a report defining the RAC and recommendation for approval or disapproval to the decision authority for compensation. The HPD determination package will be signed by the decision authority and released to the CMO for execution with recommended process controls Any action items in the report must be tracked by the CMO until abatement.

23.4. DETERMINATION OF ELIGIBILITY FOR HPD.

a. Payment of HPD to DCMA employees, where appropriate and as established under Part 550 of Title 5, CFR will be approved by the decision authority. For specific questions on pay administration, refer to DCMA-MAN 4201-06, "Compensation and Incentives." The Director has delegated HPD decision authority to the DCMA Technical Directorate (TD) Director.

b. After receipt and approval of the HPD risk assessment report and recommendation, the DCMA TD Director will issue a formal HPD Letter of Determination to the requesting CMO Commander/Director.

c. Affected employees conducting approved HPD tasks may request compensation as of the date stamp signed on Letter of Determination.

23.5. CONTINUITY PROCEDURES.

a. The CMO Commander/Director, upon approval of HPD for employees, will:

(1) Ensure all affected employees, including alternates and stand-by personnel, have been identified. The HPD Letter of Determination and Continued Operations Risk Acceptance memo will document the HPD-applicable limits, such as physical worksites and/or specific work operations, to help identify the affected workers.

(2) Submit a Request for Personnel Action (Standard Form 52)/AUTONOA action to the appropriate DCMA Human Capital servicing center to:

(a) Request HPD for all affected DCMA employees, including alternates and stand-by personnel. Request should be in accordance with DCMA-MAN 4201-06.

(b) Update the Position Description, for each affected employee, to include the statement "Work performance of a potentially hazardous nature may be required at certain contractor operations, facilities, or locations."

b. Supervisors of affected employees will ensure:

(1) Hazard exposure levels are logged.

(2) Workplace controls, including training and the use of required PPE, are utilized to mitigate the risk to acceptable levels per the HPD Risk Assessment Report.

(3) Electronic copies of all HPD Surveillance Logs are provided to the DCMA HPD Program Manager on a quarterly basis.

c. Affected employees will:

(1) Complete assigned training.

(2) Use prescribed workplace controls, including PPE, to mitigate hazards.

(3) Properly identify HPD time/activity in the time keeping record system. Employees will maintain and provide an HPD Surveillance Log (located on the resource page) accounting for:

(a) Operation witnessed (by location/process).

(b) Type of hazard.

(c) The time/duration of exposure to the hazard.

(d) The Government contract quality assurance surveillance plan activity performed by the DCMA employee.

(e) Rationale for exposure (i.e., the specific mandatory/contract reference requiring DCMA employees to be present during the hazardous operation).

d. Termination of HPD.

(1) DCMA must discontinue payment of HPD to an employee when controls have reduced the risk to less than a RAC 3 or DCMA employees are no longer performing duties requiring exposure to the hazards.

(2) Affected employees will be formally notified of the HPD termination.

GLOSSARY

G.1. DEFINITIONS.

Attendant. An individual stationed outside one or more permit spaces who monitors the authorized entrants and who performs all attendant's duties assigned in the employer's permit-required confined space program.

Audiogram completion rate. The percentage of workers identified as requiring periodic audiograms who receive their audiograms.

Confined Space. A space that: Is large enough and so configured that an employee can bodily enter and perform assigned work; Has limited or restricted means for entry or exit (i.e., tanks, vessels, silos, storage bins, hoppers, vaults, and pits are spaces that may have limited means of entry) and is not designed for continuous employee occupancy

Emergency (in Permit-Required Confined Space operations). Any occurrence (including any failure of hazard control or monitoring equipment) or event internal or external to the permit space that could endanger entrants.

Entrant. An employee who is authorized by their employer to enter a permit-required confined space.

Entry. The action by which a person passes through an opening into a permit-required confined space. Entry includes ensuing work activities in that space and is considered to have occurred as soon as any part of the entrant's body breaks the plane of an opening into the space.

Entry Permit. The written or printed document provided by the employer to allow and control entry into a permit-required space.

Entry Supervisor. The person (such as the employer, foreman, or crew chief) responsible for determining if acceptable entry conditions are present at a permit space where entry is planned, for authorizing entry and overseeing entry operations, and for terminating entry as required.

Ergonomics. The field of study that seeks to fit the job to the person, rather than the person to the job. It includes the evaluation and design of worksites, environments, jobs, tasks, equipment, and processes in relationship to human capabilities and interactions in the worksite.

Fall Protection Plan. A written planning document in which the employer identifies all areas on the job site where a fall hazard of four feet or greater exists. The plan describes the method or methods of fall protection to be utilized to protect employees, and includes the procedures governing the installation use, inspection, and removal of the fall protection method or methods which are selected by the employer.

Hazardous Atmosphere. An atmosphere that may expose employees to the risk of death, incapacitation, and impairment of ability to self-rescue, injury, or acute illness from one or more

of the following causes: Flammable gas, vapor, or mist in excess of 10% of its lower flammable limit (LFL); Airborne combustible dust at a concentration that meets or exceeds its LFL (approximated as a condition in which the dust obscures vision at a distance of 5 feet (1.52 m) or less); Atmospheric oxygen concentration below 19.5% or above 23.5%; Atmospheric concentration of any substance which could result in employee exposure in excess of its dose or permissible exposure limit (except those concentrations of substances that are not capable of causing death, incapacitation, impairment of ability to self, rescue, injury, or acute illness due to its health effects); Any other atmospheric condition immediately dangerous to life or health

Hazardous Chemical. Any chemical that is a health hazard and/or a physical hazard.

Hazardous Chemical Inventory List. A list of hazardous chemicals known to be present in a work area. Each item has a unique identifier, either a name or a number, which ties the item to the particular safety data sheet also marked with that identifier.

Mission partner(s). An Agency employee that belongs to a chain of command outside of the organization where they physically reside. DCMA employees assigned to an alternate location within existing Host Organizations across the Agency.

Non-Permit Confined Space. A confined space that does not contain or, with respect to atmospheric hazards, have the potential to contain any hazard capable of causing death or serious physical harm.

Operational Units. DCMA organizational entity charged with ensuring mission accomplishment for their organization. For purposes of this manual only, Operational Units include: East, Central, and West Regions, the International Directorate, and the Special Programs Directorate.

Permit-Required Confined Space (PRCS). A confined space that has one or more of the following characteristics: Contains or has the potential to contain a hazardous atmosphere; Contains a material that has the potential for engulfing an entrant; Has an internal configuration such that an entrant could be trapped or asphyxiated by inwardly converging walls or by a floor which slopes downward and tapers to a smaller cross-section; or Contains any other recognized serious safety or health hazard.

Permit System. The employer's written procedures for preparing and issuing permits for entry and for returning the PRCS to service following termination of entry.

Personal Protective Equipment (PPE). Specialized clothing or equipment worn by an employee to protect against a hazard. The equipment and clothing is required to mitigate risk of injury from or exposure to hazardous conditions encountered during the performance of duty. PPE includes, but is not limited to: fire resistant clothing, hard hat, flight helmet, goggles, gloves, respirators, hearing protection, chainsaw chaps, and shelter.

Physical Hazard. A hazard that could be energized electrical parts, moving mechanical equipment, structures impeding movement, heat or cold, and ionizing/non-ionizing radiation.

Qualified Person (Fall Protection). One with a recognized degree or professional certificate and extensive knowledge and experience in the subject field who is capable of design, analysis, evaluation, and specifications in the subject work, project, or product.

Radioactive. The process of giving off radiant energy in the form of particles or electromagnetic rays by the disintegration of atomic nuclei.

Safety Data Sheet (SDS). A written and/or electronic document that informs the reader about the properties of hazardous chemicals/materials, potential harmful effects, and appropriate protective measures. "The SDS includes information such as the properties of each chemical; the physical, health, and environmental health hazards; protective measures; and safety precautions for handling, storing, and transporting the chemical (29 CFR 1910.1200)"

Work-Related Injuries. Injuries or occupational illnesses incurred while performing duties in an on-duty status.

Work-Related Musculoskeletal Disorder (WMSD). Afflictions of the muscles, nerves, tendons, ligaments, joints, cartilage or spinal discs to which the performance and/or environment of work contribute to the disorder. Other commonly used terms for WMSDs include cumulative trauma disorders, repetitive motion illnesses, and repetitive strain injuries.

GLOSSARY

G.2. ACRONYMS.

AED	automated external defibrillator
AFGE	American Federation of Government Employees
AOR	area of responsibility
AST	Army Servicing Team
CAR	corrective action requests
CDSA	collateral duty safety advocate
CENTCOM	United States Central Command
CEW	civilian expeditionary workforce
CFR	code of federal regulations
CMO	contract management office
COCOM	combatant command
CONUS	continental United States
CPR	cardiopulmonary resuscitation
CRF	contingency response force
DASHO	Designated Agency Safety and Health Official
dB	decibels
dBA	decibels, A-weighted
DCF	data collection form
EMF	employee medical folder
FECA	federal employee compensation act
FR	federal register
HAZCOM	hazardous communication
HCP	hearing conservation program
HPD	hazard pay differential
Hz	hertz
IEQ	indoor environmental quality
IH	industrial hygiene; industrial hygienist
JHA	Job Hazard Analysis
KHz	kilohertz
LFL	lower flammable limit
MRP	medical readiness program
MRT	medical readiness team
MSP	medical surveillance program

NRC	Nuclear Regulatory Commission
NRR	noise reduction rating
OCONUS	outside the continental United States
OEP	occupant emergency plan
OLS	office and life safety
OSC	onsite coordinator
OSHA	Occupational Safety and Health Administration
PCS	permanent change of station
PPE	personal protective equipment
PRCS	permit-required confined space
RAC	risk assessment code
REM	roentgen equivalent man
RPO	radiation protection officer
RSA	radiation safety administrator
RSO	radiation safety officer
SDS	safety data sheet
SF	standard form
SMS	safety management system
SPL	sound pressure level
SOH	safety and occupational health
STS	standard threshold shift
SWG	safety working group
TD	technical directorate
TDY	temporary duty
TLV	threshold limit value
USADC	United States Army Dosimetry Center
WMSD	work-related musculoskeletal disorder

REFERENCES

Code of Federal Regulations, Title 5, Part 293
Code of Federal Regulations, Title 5, Part 550
Code of Federal Regulations, Title 10, Part 20
Code of Federal Regulations, Title 29, Part 1904
Code of Federal Regulations, Title 29, Part 1904.35
Code of Federal Regulations, Title 29, Part 1910
Code of Federal Regulations, Title 29, Part 1960
Code of Federal Regulations, Title 29, Subpart 1910.95
Code of Federal Regulations, Title 29, Subpart 1910.194
Code of Federal Regulations, Title 29, Subpart 1910.1020
Code of Federal Regulations, Title 29, Subpart 1910.1096
Code of Federal Regulations, Title 29, Subpart 1910.1200
Code of Federal Regulations, Title 29, Subpart 1960.6
Code of Federal Regulations, Title 29, Subpart 1960.54
Code of Federal Regulations, Title 29, Subpart 1960.55
DCMA Manual 2301-07, "Contract Safety," TBD
DCMA Manual 4201-06, "Compensation and Incentives," TBD
DCMA Manual 4301-06 V2, ""Pay Administration," TBD
DoD Directive 5105.64, "Defense Contract Management Agency (DCMA)," January 10, 2013
DoD Directive 5400.11, "DoD Privacy Program," October 29, 2014
DoD Instruction 6040.45, "DoD Health Record Life Cycle Management," April 11, 2017
DoD Instruction 6055.01, "DoD Safety and Occupational Health (SOH) Program," October 14, 2014
DoD Instruction 6055.05, "Occupational and Environmental Health (OEH)," November 21, 2017
DoD Instruction 6055.07, "Mishap Notification, Investigation, Reporting, and Record Keeping," June 6, 2011
DoD Instruction 6055.08, "Occupational Ionizing Radiation Protection Program," November 17, 2017
DoD Instruction 6055.12, "Hearing Conservation Program (HCP)," October 25, 2017
DoD Instruction 6055.15, "DoD Laser Protection Program," May 4, 2007
DoD Manual 6055.05, "Occupational Medical Examinations and Surveillance Manual," April 17, 2017
Executive Order 12196, "Occupational Safety and Health Programs for Federal Employees"
Federal Register, Volume 66, Page 28495, May 23, 2001
Federal Register, Volume 71, Page 35360, June 19, 2006